

PRE-OP Pred+Moxi+Brom Medication Instructions

Patient Name: _____ Account #: _____

Surgery Date: ___/___/___

RIGHT LEFT

PRE-OP CHECKLIST

- Provide the surgery center your health history (instructions provided)



3 days before surgery

Three times a day

Day 1 ___/___ ○ ○ ○

Day 2 ___/___ ○ ○ ○

Day 3 ___/___ ○ ○ ○



Day of Surgery

Morning ___/___ ○

Then switch to post-op calendar



Day of Surgery

1 hour before arrival time ○

20 minutes after 1st drop ○

20 minutes after 2nd drop ○

PRE-OP INSTRUCTIONS

- The surgery center will call before surgery to tell you what time your surgery will be.
- NO FOOD after midnight the night prior to your surgery. This includes gum, candy, and mints. Surgery will be cancelled or postponed if this is not strictly adhered to. Clear liquids 2 hours prior to arrival time. (Black coffee only, no creamer, no pulp, non particle)
- Do not stop any medications unless otherwise instructed by the surgical center.
- The surgery center will instruct you what medications to take the day of surgery, unless specified by primary care provider
- You must arrange transportation to and from the surgery center on the day of surgery as well as your one-day post-op appointment the following day.

Patient Signature: _____ Date: ___/___/___

If you have any **questions**, please contact us at **716-564-2020**.

*****Drops are non-refundable even if your surgery is cancelled.*****

POST-OP Pred+Moxi+Brom Medication Instructions

(Wash your hands before administering drops)



Post-Op WEEK 1

Three times a day

Day of Surgery—After

Day 2 ___/___

Day 3 ___/___

Day 4 ___/___

Day 5 ___/___

Day 6 ___/___

Day 7 ___/___



Post-Op WEEK 2

Three times a day

Day 8 ___/___

Day 9 ___/___

Day 10 ___/___

Day 11 ___/___

Day 12 ___/___

Day 13 ___/___

Day 14 ___/___



Post-Op WEEK 3

Two times a day

Day 15 ___/___

Day 16 ___/___

Day 17 ___/___

Day 18 ___/___

Day 19 ___/___

Day 20 ___/___

Day 21 ___/___



Post-Op WEEK 4

Once a day

Day 22 ___/___

Day 23 ___/___

Day 24 ___/___

Day 25 ___/___

Day 26 ___/___

Day 27 ___/___

Day 28 ___/___

POST-OP INSTRUCTIONS

- Sleep with shield at bedtime for 7 days, protective eyewear (glasses or sunglasses) during the day
- No lifting greater than 10lbs, light activity is okay
- No pool or hot tub for 2 weeks
- NO EYE RUBBING
- No eye makeup for 1 week
- Do not drive until cleared by your doctor

Continue all normally prescribed eye drops and artificial tears (as needed)

Call for any changes of vision or other alarming symptoms that occur between appointments.

If you have any **questions or problems**, please contact us at **716-564-2020**.

Patient Signature: _____ **Date:** ___/___/___

Your next post-operative visit is: ___/___/___ at ___:___ am / pm

Niagara Falls Office Amherst Office

*****Drops are non-refundable even if your surgery is cancelled.*****



Cataract Surgery Discharge Instructions

AT HOME:

- Please shake all drops and use per instruction sheet given by your surgeon
- After you arrive home from the surgery center, administer your prescribed eye drops and continue every three (3) hours UNTIL BEDTIME. You do not need to continue overnight.
- Before bedtime, apply your clear plastic eye shield over the surgical eye with the provided tape for 7 days
- Do not rub or touch the operative eye
- No eye makeup for 1 week
- Always wash your hands before administering eye drops, ointments, or change your eye patch/shield
- If your surgeon has applied a patch following your surgery, it is to remain in place and your surgeon will remove it at your follow-up appointment
- You may resume your medications per your primary physician's instructions
- Resume a regular diet as tolerated
- If you have received sedative medications for your anesthetic, you may not drink alcohol, drive, operate heavy machinery, or sign legal documents for approximately 24 hours
- Avoid bending at the waist and heavy lifting (greater than 10 pounds) until instructed further by your surgeon
- No pool or hot tub for 2 weeks

THE FOLLOWING SYMPTOMS ARE POSSIBLE AND MAY LAST 24 HOURS:

- Initial blurry vision with some fluctuation, including dim vision the night of surgery only
- Flashing light and other visual hallucinations
- Pink or colored vision, darkening of vision at nighttime
- Transient double vision
- Foreign body sensation
- Mild eye ache, brow ache, headache (Take Tylenol 1-2 tablets every 4 hours as needed)
- Bruising of eyelid or hemorrhage on white part of eye
- Mild nausea

CALL FICHTE, ENDL & ELMER EYECARE AT 564-2020:

- If you experience a great deal of pain or increased swelling
- You have severe nausea or vomiting
- Severe eye pain or headache not relieved by Tylenol
- Total loss of vision lasting greater than 15 minutes

Never hesitate to call if you have any questions about your eye surgery.

Your next post-operative visit is: ___/___/___
at ___:___ am / pm

Niagara Falls Office Amherst Office

IN CASE OF EMERGENCY—Call 911 or go to the nearest emergency room if you experience emergency chest pain, difficulty breathing or loss of consciousness.

THE STAFF HAS REVIEWED THE ABOVE POST-OPERATIVE INSTRUCTIONS WITH ME TO MY UNDERSTANDING.

Patient/Responsible Party Signature: _____ Date: ___/___/___ Instructions given by (nurse initials): _____