YOUR CATARACT SURGERY INFORMATION

We ask you to make every possible effort not to cancel your surgery after you have been given a date for the surgery as it involves an inordinate amount of work to reschedule the surgery and the **valuable operating room time might go to waste**. If you cancel your surgery less than **two weeks** before the surgery date without a good reason (severe illness preventing you from having the surgery-doctor's note will be required), you will be required to pay \$ 250 fee.

| Your Cataract surgery is be | ooked at: | | |
|-------------------------------|----------------------|-----------------|-----------------|
| St. Joseph's Health Centre | 30 The Queensway | Toronto, ON M6R | 1B5 |
| SURGERY DATE | | | |
| Your surgery date is schedule | ed for: Date: | | Arrival Time: _ |
| Your second eye surgery is s | cheduled for Date: _ | - | Arrival Time : |

DAY OF THE SURGERY

On arrival at the Health Centre go directly to Pre-Admission/Day of Surgery on the Second Floor accessible by the Morrow Wing elevators to register.

IMPORTANT:

- 1) **No food or drink** midnight prior to surgery (small sips of the water with your medications are OK)
- 2) You **MUST** have a responsible adult present from your arrival until departure on the day of surgery
- 3) Wear **LOOSE CLOTHING**, flat shoes, please shower the night before the surgery and tie long hair in a ponytail. Hearing aids, dentures and glasses can be worn, but will be removed for surgery
- 4) Continue all eye drops (for glaucoma etc) up to and including the morning of the surgery
- 5) Bring your prescribed eye drops with you to the hospital in case of question
- 6) Please, leave MONEY, JEWELLERY and VALUABLES AT HOME. Although loss/theft is highly unlikely, as belongings will be placed in a locker their security can't be guaranteed. A credit card or bank card can be used for lens payment if this applies to you.
- 7) NO MAKE UP nail polish or contact lenses
- 8) **LENS PAYMENT** if you have elected to receive an upgraded lens implant payment is made at the health centre on the day of surgery. Your payment will be processed at Pre-Admission/Day Surgery where you are registering anyways for your surgery. **BRING CREDIT CARD OR BANK CARD with you.** For cash payment you must go to patient accounts and this might delay the process but can be done if you wish.

MEDICATIONS: TAKE ALL your regular medications with a small sip of water on the morning of your surgery You MAY continue any blood thinning medications.

DIABETIC MEDICATIONS: **DO NOT** take your diabetes pills on the morning of your surgery. **TAKE HALF** of your regular morning insulin dose.

DEPARTURE TIME: After the surgery your doctor will see you at the hospital during lunchtime or at the end of the day. It is not safe to leave until the doctor has checked the status of your eye. Usually, morning patients are checked around 1230 and afternoon patients around 330 but it is impossible to predict exactly what time of day this will be, so the safest thing is to plan to be at the health centre until mid-afternoon. This appointment is in the eye clinic, Sunnyside wing, ground floor. Hospital staff will direct you to this clinic and tell you the exact time on the day of surgery.

BEFORE YOUR SURGERY

EYE MEASUREMENTS

We must measure BOTH eyes to safely choose the new lens that will be implanted. Two measurement techniques are used and both tests will take place at our office. A-scan ultrasound is covered by OHIP and IOL Master is not covered by OHIP, but is recommended to all patients as it is usually more accurate. The charge is \$300 for both eyes. The \$300 is payable on the day of the test. Please, contact Marina for appointment.

SEE YOUR FAMILY DOCTOR

You will receive a **Pre-Operative History and Physical Examination form**. You must visit your family doctor in order to complete this form **ONE MONTH** before the surgery. Please **forward the completed form to our office**, and bring the original sheets with you to the hospital on the day of the surgery as a backup. If you can't see or don't have a family doctor INFORM US and arrangements can be made for your surgeon to complete the form.

FILL PRESCRIPTION FOR DROPS

You will need to take certain drops <u>after</u> your surgery. A prescription will be given to you to take to the pharmacy. Please review the instructions included in the package for taking the drops appropriately.

There is one drop to take the night before and morning of your surgery (red top bottle) and then there are three drops to take after your surgery. The instructions for these drops will be on the bottles/boxes and reviewed with you by your pharmacist. **Bring your drops to every apt** to avoid confusion.

AFTER YOUR SURGERY

- 1) Your eye will be covered with a shield. Wear it for 24 hrs and then at bedtime for 5 nights.
- 2) If you need glasses for your other eye, you can wear them during the day. You can have an optician pop out the lens of your operated eye if necessary. Sunglasses can be worn as well if you wish.
- 3) Do not wear makeup, rub, squeeze or scratch the eye for 10 days.
- 4) Be sure to take your eye drops as directed. Continue taking your regular drops if you are on them (eg glaucoma medications). Start them right away if you can and get 2 or 3 doses in on day of surgery.
- 5) Your vision will likely be blurry after the surgery, but will gradually improve over a few days to weeks.
- 6) Do not drive, operate machinery or consume alcohol for 24 hours following your surgery.
- 7) Do not swim, sauna, lift heavy items, or do any vigorous activities, for 10 days.

| | | y warning | | | | | |
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| Decreasing vision | Increasing redness or discharge | Increasing pain, or swelling of the lids |
|-------------------|---------------------------------|--|
| , , | • | s or if you have not heard back from us emergency room in your neighborhood. |

All Appts other than day of surgery are at TESS – our office – 801 Eglinton Ave. W. Please, call Front Desk for scheduling an ppointment

| PRE-OP VISIT ON: | FIRST POST-OP VISIT ON: | SECOND POST-OP VISIT ON: | | |
|------------------|-------------------------|--------------------------|--|--|
| Date: | Date: | Date: | | |
| Time: | Time: | Time: | | |

| <u>Attention:</u> If you are soft contact lens wearer, your lenses must be out at least 2 weeks before any advanced calculations. |
|---|
| If you are Rigid lenses wearer the time from removal of the lens to the time of measurement should be at least 3 weeks. |
| Start eye drops Refresh Optive Fusion on one drop 3-4 times a day in both eyes till the day of your test and on the day of your test before the test. |

Your app for the IOL Master test on_____

At_____

Location:

801 Eglinton ave West suite 301