

## PREOPERATIVE INSTRUCTIONS FOR INTRAOCULAR LENS SURGERY

1. Your eye surgery has been scheduled for Wednesday: \_\_\_\_/\_\_\_\_/\_\_\_\_

We will call you four to five days prior to your surgery date with your exact check in time.

2. On \_\_\_\_/\_\_\_\_/\_\_\_\_ start using in the: Right Left eye both:  
Antibiotic: \_\_\_\_\_: one drop 3 times a day (breakfast, lunch, & dinner) and;  
 **Bromday**: one drop once per day, or  
 **Nevanac**: one drop 3 times a day. Please wait 5 minutes between drops. *Please **BRING** your eye drops and/or kit with you since you will need them immediately after your procedure.*

Begin using lid scrubs morning and night to clean around your eyes. Do not apply these eye drops on the morning of the procedure.

3. **THE NIGHT BEFORE SURGERY, DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT.**  
Eat a good snack before bedtime (before midnight).
4. It is okay to take your normal medication in the morning with a small sip of water unless specified otherwise by our staff. If you are diabetic, please bring your insulin and syringe with you to surgery.
5. Please leave all jewelry and valuables at home. For female patients, please do not wear any makeup on the morning of your surgery.
6. Please wear loose fitting clothes (i.e. **short sleeve shirts**) as there may be heart monitors that will need to be placed on your arms and around your chest area. Please wear comfortable flat shoes.
7. Do not smoke for at least 24 hours before surgery.
8. During surgery, your state of comfort and consciousness will be monitored by a board-certified anesthesiologist at all times. Your head will rest comfortably on a well-supported foam pillow. There will be a surgical drape placed over your face and eyes to ensure sterility throughout the entire procedure.
9. You must have transportation arranged for someone to drive you home or to your destination after surgery. Please anticipate approximately two hours for your entire stay at our surgery center; however, the person driving you back will not be required to wait here for the entire duration.
10. You or your insurance carrier will be receiving a separate bill from the anesthesiologist for their care.
11. Your surgery fees need to be paid in full prior to your procedure. We accept all major credit cards, cashier's check, and cash. **We do accept personal checks if paid and cleared seven to ten business days before your surgery.**
12. Please read all of the enclosed information and follow your preoperative instructions. If you have any questions, please call us at **707-522-6200**.

One day follow-up appointment on: \_\_\_\_\_ between 8:30 – 10am.

One week follow-up appointment on: \_\_\_\_\_ with \_\_\_\_\_