

PREPARING FOR YOUR PROCEDURE



PROCEDURE INFORMATION

To help ensure you understand the cataract procedure, we provide each patient with this comprehensive information packet. Please bring this folder to each appointment.

Patient Name: _____

DOB: _____ **Date:** _____

IMPORTANT DATES

1. Your pre-operative appointment at Benjamin Eye Institute is scheduled for _____ at _____.

At this appointment we will:

- Confirm your selected procedure and lenses
 - Perform all of the necessary measurements for surgery (IOL master, visual field, pentacam, OCT and A-scan)
 - Sign all necessary documents including consents and waivers
 - Collect payment. The following methods of payment are accepted: Cash or Cashiers/Certified Check, Up to 12 months of no-interst financing, Credit Card (VISA, Mastercard, Discover, or AMEX), Debit Card and FSA/HSA Card.
- Note: if you are financing the procedure, please make sure to apply in advance (www.carecredit.com). Approval is required at least one day prior to your pre-operative appointment.*

2. Your pre-operative clearance with internist is scheduled for _____ at _____ with _____.

Please call and schedule an appointment with your family doctor 10-14 days prior to surgery. You will need a history & physical, lab work, EKG, chest x-ray and COVID 19 test (optional). Please have your doctor send Benjamin Eye Institute your post-operative clearance to Fax: 310.275.5523

3. Your surgery on your RIGHT EYE / LEFT EYE is scheduled for _____ at _____ at Speciality Surgical Center, 9001 Wilshire Blvd, Ste 101, Beverly Hills, CA.

Surgery Includes:

- | | | |
|------------------------------------|------------------------------------|---|
| ● Cataract | ● Glaucoma MIGS | ● Remove & Replace |
| <input type="checkbox"/> Femto | <input type="checkbox"/> Omni | <input type="checkbox"/> AC IOL |
| <input type="checkbox"/> Preby IOL | <input type="checkbox"/> Goniotomy | <input type="checkbox"/> Yamane Suture Fixation |
| <input type="checkbox"/> Toric | <input type="checkbox"/> ECP | <input type="checkbox"/> Gortex Suture Scleral Fixation |
| <input type="checkbox"/> ORA | <input type="checkbox"/> Hydrus | <input type="checkbox"/> Other |
| | <input type="checkbox"/> iStent | |

4. Your one-day post-operative appointment at Benjamin Eye Institute is scheduled for _____ at _____.

BEFORE YOUR CATARACT PROCEDURE

Two days before your procedure

- ✗ **DO NOT** wear jewelry or makeup
- ✓ Starting two days before your surgery, put one drop in the surgical eye 3x per day (breakfast, lunch and dinner)
- ✓ Make sure an adult driver is available to stay with you during the procedure, take you home following the procedure and will be available for the next 24 hours, if needed.
- ✓ Bring all medications you are currently taking
- ✓ Bring all medical insurance ID cards with you

The night before your procedure

- ✓ Have dinner as usual
- ✓ To help prevent nausea and vomiting, **DO NOT** eat or drink anything after midnight
- ✓ Get a good night's rest

The morning of your procedure

- ✗ **DO NOT** eat or drink anything
- ✗ **DO NOT** use any eye drops
- ✗ **DO NOT** take diabetes medications
- ✓ You may take the following medications with tiny sips of water (just enough to swallow the pills): Blood pressure, heart condition or thyroid
- ✓ Wear loose-fitting, short-sleeved clothing

DURING YOUR CATARACT PROCEDURE

- Most cataract procedures are performed under topical or local anesthesia and numbing eye drops. Although you may feel slight pressure during the procedure, you should not experience any discomfort or pain.
- If you feel any pain or become nauseated during the procedure, let the physician or nurse know so they can make you more comfortable. Following the procedure, you will spend a short period of time in the recovery area. It is important that you keep your post-operative checkup appointment scheduled for the next day.

WHAT TO EXPECT AFTER YOUR CATARACT PROCEDURE

- You may experience discomfort for a few days following your procedure and can take Tylenol for relief. If you are allergic to Tylenol, please use what you would normally take for a headache
- Your vision may be slightly blurred for up to two to four weeks following the procedure, as your eye recovers
- Your eye may appear slightly red; this will gradually clear during the first few days after the procedure. You may also notice that your pupil (the black part of your eye) is smaller than the pupil of the other eye. This is normal. The pupil will slowly return to its normal size within two days after the procedure.

FOLLOWING YOUR CATARACT PROCEDURE

Day of your procedure

- ✗ **DO NOT** rub your eye
- ✗ **DO NOT** shower or wash your hair until cleared by the doctor
- ✓ **DO** wear your eye shields at all times
- ✓ **DO** Resume all medications as before the surgery
- ✓ You may also resume light activities and use devices such as tablets, cellphone or TV.

Following days

- ✗ **DO NOT** rub your eyes for 6 weeks following your treatment. If your eyes itch, notify your eye doctor and an anti-itch medication can be prescribed.
- ✗ **DO NOT** participate in strenuous exercise for one week, light exercise is okay.
- ✗ **DO NOT** swim (pools, hot tubs, oceans, rivers, or lakes) or use a sauna for 1 week after your surgery.
- ✗ **DO NOT** use mascara for 1 week. It is okay to use eye shadow and other make-up.
- ✗ **DO NOT** color your hair for 1 week.
- ✓ **DO** come to your one-day follow-up appointment
- ✓ **DO** follow your eye drop instructions closely
- ✓ **DO** wear your eye shield only at night for one week (2 weeks if you sleep on your stomach). Use the tape to fasten shields to your eye.
- ✓ **DO** use sunglasses when outdoors for the first 4 weeks to protect your eyes from wind and dust.
- ✓ **DO** wear protective eyewear for racquet and contact sports and safety goggles for jobs and hobbies that require them.