





### PRE-OPERATIVE INSTRUCTIONS

**SURGERY DATE:** \_\_\_\_\_ **RIGHT EYE:** \_\_\_\_\_ **LEFT EYE** \_\_\_\_\_

- Start these medications 3 days prior to surgery and use the morning of surgery.
- **MEDICATIONS:** Wait 3 - 5 minutes between each drop. Shake each bottle before using.
- If this is your first cataract surgery, you have been given prescriptions that you must fill.

	DAY 1	DAY 2	DAY 3
 <b>VIGAMOX</b> (prescription given)	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○
 <b>NEVANAC</b> (prescription given)	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○
 <b>OMNIPRED</b>	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○
 <b>OCUSOFT</b> (eyelid scrubs)	○ ○	○ ○	○ ○

- **If you are diabetic, do not take your insulin the evening before or the morning of surgery, bring your insulin with you the day of surgery. Do not take your oral diabetic medication the morning of surgery. Take all other medications the morning of surgery as directed with a SIP of water.**
- Please do not wear earrings or your watch.
- **Please bring your surgery kit with your eye drops on the day of surgery.**
- Nothing to eat or drink 6 hours prior to surgery admit time.
- Take a bath and shampoo your hair the day before or morning of your surgery. You may brush your teeth the morning of surgery.
- Please arrange for a responsible adult to drive you to the center and be available to drive you home. Family members or visitors will be welcomed to wait in the center's reception area. One family member or visitor is asked to remain at the center during your stay.

Please call The Cataract and Lasik Center of Utah at (801) 224-6767 or (800) 437-3937 if you develop a fever, rash, or cold, or if for any reason you cannot come on the scheduled date.

**The pre-operative instructions for my surgery have been explained to me thoroughly. I understand the instructions and will comply with them as stated. I further understand that not following the instructions as presented could cause post-operative complications or cause my surgery to be canceled.**

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

