



# SKYVISION CENTERS

## INSTRUCTIONS FOR CATARACT SURGERY

Your cataract surgery has been scheduled for \_\_\_\_\_, at the Surgery Center on \_\_\_\_\_. Please see the information sheet with address and phone number. Your arrival time is \_\_\_\_\_ am for a \_\_\_\_\_ am surgery. Arriving an hour before your scheduled surgery allows for preparation and eliminates the need for a separate appointment for preadmission testing.

You have been given a prescription for \_\_\_\_\_. Please instill this drop in your \_\_\_\_\_ eye four (4) times a day, five (5) days before your surgery. You need to start this drop \_\_\_\_\_.

**If you take Aspirin daily, please discontinue ten (10) days before your surgery.** If you are on the blood thinner **Coumadin**, please discontinue for five (5) days. If you are on **Persantine (Dipyridamole)** or **Plavix**, please discontinue ten days prior to **surgery**. Please contact your Primary Care Physician regarding these requests. Your prescribing doctor will advise.

If you are taking medications for heart, high blood pressure, or breathing, you may take these the morning of your procedure with a sip of water, otherwise, please **do not eat or drink anything after midnight the night before your surgery**. You may resume your regular diet after your procedure.

Wear comfortable clothing, ladies – no makeup. Wash your face the morning of, as you will be wearing a patch after your surgery until the following morning. Your appointment for the next day is set for \_\_\_\_\_ @ \_\_\_\_\_.  
at \_\_\_\_\_.

If you have any questions or concerns, please call **440-892-3931**.