



SKYVISION CENTERS

INSTRUCTIONS FOR YOUR CRYSTALENS PROCEDURE

The surgery for your **RIGHT** **LEFT** eye has been scheduled for _____ with an arrival time of _____ am / pm. Your surgery will take place at the Fairview Hospital **Surgery Center**, located at **850 COLUMBIA ROAD, WESTLAKE, OHIO 44145 PH 440-808-4000**. The scheduled time of your surgery is _____ am / pm. Arriving an hour before your scheduled surgery allows for preparation and eliminated the need for separated appointments for preadmission testing.

Please instill the **ZYMAR and ACULAR LS** drops in your _____ eye four (4) times a day, five (5) days before your procedure. You need to start this drop _____.

If you take an **Aspirin** daily, please discontinue **ten** days before your procedure. If you are on the blood thinner **Coumadin**, please discontinue for **five** days. If you are on **Persantine (Dipyridamole) or Plavix**, please discontinue for **ten** days prior. Please contact your primary care physician or the 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 BEFORE YOUR SURGERY**. You may resume your regular diet after.

Wear comfortable clothing, ladies – no make-up. Wash your face the morning of as you will be wearing a shield after your surgery until your post operative appointment the next day, set for _____ @ _____.

You can expect to be seen for post operative appointments on Friday and the following Tuesday or Wednesday. You can expect to be on prescription eye drops for two weeks after the procedure (per eye). It is imperative you follow through with all instructions and appointments.

If you have any questions or concerns, please contact us at 440-892-3931.