

Dr. Stanley M. Chan MD FRCSC

Ophthalmologist – Specializing in Cataract Surgery, Corneal Disease and Uveitis

Instructions for Patients undergoing Cataract Surgery

You are booked for CATARACT surgery: LEFT eye RIGHT eye BOTH eyes

Your DATE(S) OF SURGERY: _____

My office will phone you the day prior to surgery to inform you of your surgery time.
If you have not heard from our office by 4:00 pm, please call the Admitting Department at (780) 735-5244.

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Please take the following steps to prepare yourself for surgery.

AS SOON AS POSSIBLE:

1. Make an appointment with your Family Doctor so that he or she can fill out the **Physician History and Physical Form** and arrange for any tests that may be required. Ask your doctor to fax this completed form to our office at 735-5242 at least 2 weeks prior to your surgery date. Failure to do so may result in having your surgery date cancelled.
2. Fill out the **Data Base 1** and **Data Base 2 forms**. Read and sign **Risk Factors in Cataract Surgery form**. Bring these forms with you on the day of surgery.
3. Have the attached prescription filled. **Start drops in the operative eye 3 days before surgery**. A sheet in your package has information on the administration of drops. If you are scheduled to have surgery on both eyes, have your bottles labeled for LEFT or RIGHT and follow the same routine for the second eye.

FOR YOUR SAFETY, PLEASE ADHERE TO THE FOLLOWING DIRECTIONS:

1. **READ** and follow the instructions in the Day Surgery brochure. It contains very important information regarding your surgery. If you have any questions, please contact my office at 735-4985.
2. **DO NOT** eat or drink after midnight the night before your surgery. Do not drink water, chew gum, eat candy, or use tobacco.
3. **DO NOT** take any medications including diabetic medications but **BRING** all medications you need to take with you the day of your surgery.
4. **DO NOT** drink any alcohol the day before your operation.
5. **CONTACT** my office if you have a cold, fever, cough or sore throat during the week before your surgery.
6. **CONTACT** my office as soon as possible if you must cancel your surgery.

Thank you for your cooperation.