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PRE-OP INSTRUCTIONS

Date of Surgery: _____ Arrival Time: _____ Surgical Eye: _____

1. Nothing to eat or drink after: MIDNIGHT OR _____ a.m. (EXCEPT for medication as outlined in Item #3)
 2. Bring a list of current medications (this includes: vitamins, supplements, and pain relievers) AND surgeries.
 3. On the morning of surgery take all of your scheduled medication **as early as possible** with a small sip of water. **IF YOU ARE A DIABETIC: Speak with a surgery center nurse about taking your medication.**
 4. So that surgery will not be delayed, you **MUST** have a driver to and from your surgery. Your driver **MUST** stay at the surgery center at all times. Due to limited seating space bring only your driver with you on surgery day.
 5. Wear comfortable clothing on the day of your surgery. You will not have to change your clothes.
 6. **DO NOT** wear makeup. Leave jewelry and other valuables at home.
 7. You will receive separate bills from your physician, the surgery center, and the anesthesiologist.
 8. There is a \$10 kit fee for supplies including cataract sunglasses, a plastic shield, Refresh tears (for dry eyes), and tape. PLEASE RETAIN THIS KIT and remaining supplies if you will have surgery on your SECOND EYE.
 9. Remove hearing aids prior to surgery.
 10. Remove soft or hard contacts 2 days prior to surgery.
 11. To reschedule or for additional questions call surgery center staff at **601-985-9120** or **1-800-880-7606**.
 12. **Start drops on _____ (1 day before surgery). You will administer 3 different drops (if your insurance does not cover the medication listed, please let our office know).**
 13. **Use your drops when you wake up on the day of surgery.** For 1 week after surgery continue the drops, do not rub the eye, and wear the shield when asleep or napping. (Unless directed by your physician otherwise.)
 - a) **Prolensa:** 1 drop 1 time a day in **Right/Left** eye. Wait 5 minutes between each type of drop.
 - b) **Lotemax:** 1 drop 4 times a day (breakfast, lunch, dinner, and bedtime) in **Right/Left** eye. Wait 5 minutes between each type of drop.
 - c) **Besivance:** 1 drop 4 times a day (breakfast, lunch, dinner, and bedtime) in **Right/Left** eye. Wait 5 minutes between each type of drop. This drop is thicker; please use last when administering drops.
- FOR SECOND EYE SURGERY: Contact your pharmacy if you need a refill on your drops.**

Bring your kit and drops with you to the post-op appointment you will have the morning after surgery.