

KELL WEST REGIONAL HOSPITAL
5420 Kell West Blvd. (940) 692-5888
PLEASE CONTACT KELL WEST TO PRE-REGISTER.

PRE-REGISTRATION:

- Have your insurance cards on hand. Also, please have available a list of your medications, surgical history, major or chronic conditions, and allergies.
- Certain diet pills and herbal products may need to be discontinued two weeks prior to your surgery. Please notify us (Kell West Hospital) if you are taking any of these items.
- A member of the Anesthesia Dept. may need to speak with you personally if your medical history warrants.
- ALL patients must preregister. Even if you have been to the hospital recently.

DAY OF SURGERY:

- DO NOT EAT OR DRINK ANYTHING (EVEN WATER) AFTER 12:00 MIDNIGHT THE NIGHT BEFORE YOUR SURGERY.
- Bathe the evening before surgery. No makeup, perfume, cologne, aftershave, etc.
- Please DO NOT chew gum or use smokeless tobacco. These are important precautions to prevent potentially serious complications.
- Dress comfortably in clean loose fitting clothes for surgery.
- You will be asked to decide if you would consent to receive blood products. Although the permit requires us (KWH) to ask, outpatient cataract surgery VERY RARELY results in the use of blood products.
- Contact lenses, and eyeglasses must be placed in a container prior to surgery. Please bring an appropriate storage container.
- If you have advanced directives, please bring a copy to placed in your record.

AFTER SURGERY:

- In recovery, a single family member may be allowed to join you, if time and space are available.
- The average recovery stay is approximately 30 minutes. The anesthesia department will release you when your condition permits. Please do not leave until you feel secure and comfortable.
- A responsible adult must drive you. Patients are recommended to have someone with them overnight after any anesthetic. Our policy does not allow a patient to be released to a taxi for transportation.

Surgery: _____ Arrival Time: _____

Eye: _____ Left _____ Right _____ Both

** Please review "**SURGERY EYE DROP INSTRUCTION**" sheet.**

SURGERY EYE DROP INSTRUCTIONS

You will receive 4 prescriptions for eye drops prior to surgery. Please follow the instructions below carefully; failure to do so will result in cancellation of your surgery. These prescriptions start BEFORE surgery.

ALL DROPS ARE TO BE USED IN THE OPERATIVE EYE ONLY.

Start Drops: _____ Eye: _____ Left _____ Right _____ Both

1. **BESIVANCE**

1 DROP TWO TIMES PER DAY
(USE FOR 2 WEEKS, THEN DISCONTINUE)

2. **ILEVRO**

1 DROP ONCE A DAY
(USE FOR 2 WEEKS, THEN DISCONTINUE)

3. **DUREZOL**

1 DROP FOUR TIMES A DAY FOR 1 WEEK
(THEN)
1 DROP TWO TIMES A DAY FOR 1 WEEK
(THEN)
1 DROP ONCE A DAY FOR 1WEEK, (THEN) DISCONTINUE

4. **ATROPINE**

1 DROP ONCE A DAY
THIS DROP DILATES. BE CAREFUL NOT TO DILATE OTHER EYE.
(USE UNTIL SURGERY, THEN DISCONTINUE)

*** BE SURE TO USE YOUR DROPS EVEN THE MORNING OF SURGERY.**

*** YOU WILL HAVE DROPS LEFT OVER. SAVE THESE DROPS IF YOU WILL BE HAVING YOUR OTHER EYE OPERATED ON.**

*** IF THIS IS YOUR SECOND EYE SURGERY, PLEASE BRING YOUR CATARACT SUNGLASSES WITH YOU TO THE HOSPITAL.**