

PLEASE READ ENTIRE DOCUMENT

PRE AND POST SURGERY INFORMATION

Date(s) of surgery: _____

Procedure type: _____

Surgeon: _____

Scheduler: _____ Phone: _____

LOCATION AND TIMING OF YOUR SURGERY:

BELLEVUE MEDICAL CENTER 2ND FLOOR, AMBULATORY SURGERY CENTER, CHECK-IN 2B. You will be contacted between 11am and 2 pm on the business day before surgery with your arrival time. Call (425) 502-4032, if you have not been contacted by 2 pm.

Please note:

1. If your surgery is on a Monday, verify your arrival time on the previous Friday.
2. If your surgery falls on the day after a holiday, call on the last weekday before the holiday.
3. You may be required to check in as early as 6:00 AM

EXAMINATION REQUIREMENTS TO HAVE YOUR SURGERY:

DUE TO ANESTHESIA GUIDELINES, A PHYSICAL EXAM **MUST** BE COMPLETED **WITHIN 30 DAYS PRIOR** TO SURGERY:

You will need to schedule a pre-op appointment with your Primary Care Provider.

ANESTHESIA ASSESSMENT WILL BE DONE ON THE DAY OF SURGERY

PREPARING FOR YOUR SURGERY

EYE MEDICATION(S): Pick up at the Bellevue GHC pharmacy on the day of surgery.

PREDNISOLONE –Instill one drop into the left eye four times a day beginning the day after surgery **(Breakfast, Lunch, Dinner and Bed time)**

OFLOXACIN - Instill one drop into operative eye four times a day beginning the day after surgery **(Breakfast, Lunch, Dinner and Bed time)**

Please **wait approximately 5 minutes** in between the taking the first eye drop and second drop when schedule overlaps

PLEASE READ CAREFULLY, FAILURE TO FOLLOW INSTRUCTIONS CAN RESULT IN THE DELAY OR CANCELLATION OF YOUR SURGERY.

Eating and Drinking: After midnight, the night before surgery:

- DO NOT eat solid foods
- DO NOT chew gum, suck on candy or mints
- DO NOT chew tobacco or consume any alcoholic beverages

Up to two (2) hours before your arrival time, YOU MAY HAVE:

- Water, clear fruit juice (apple or cranberry, **NOT** orange juice)
- Black coffee, **no** milk, sugar or creamers
- Clear tea
- Carbonated beverages

You may brush your teeth and rinse with mouthwash

NOTHING BY MOUTH FOR THE LAST 2 HOURS PRIOR TO CHECK-IN

OTHER:

DO NOT wear any jewelry, makeup or contact lenses on the day of surgery.

Please wear a short sleeve shirt/blouse that zips or buttons in the front.

Plan on being at the surgery center for about 2-4 hours from the time you check-in until you will be ready to go home.

YOUR USUAL MEDICATIONS:

Take your usual prescription medications with small sips of water on the morning of your surgery, (**EXCEPT**):

DIABETICS: **DO NOT** take your diabetic medications on the morning of surgery.

DO NOT take non-prescription, herbal medications or any other supplements on the morning of surgery.

If you take Aspirin or blood thinners, be sure to receive instructions from your surgeon's office about these medications.

If you have Asthma, please use your inhaler the morning of surgery and bring it with you.

If you have a pacemaker or a defibrillator, be sure to inform your surgeon.

BE SURE TO MAKE TRANSPORTATION ARRANGEMENTS FOR THE SURGERY.

Plan for your escort to stay at the surgery center for the **entire** procedure until you are ready for discharge. Procedure length is approximately 2 hours. You won't be able to drive yourself home or take public transportation. We may have to cancel your surgery if we cannot verify that you have an escort to take you home.

We recommend that you have someone with you at home after surgery.

POST- OP APPOINTMENT(S):

Please bring your eye drops to your post-operative appointments.

Date: _____ Time: _____ Provider: _____

Date: _____ Time: _____ Provider: _____

Date: _____ Time: _____ Provider: _____

IMPORTANT PHONE NUMBERS:

CONSULTING NURSE SERVICES: (800) 297-6877

CUSTOMER SERVICE for coverage and benefits: (888) 901-4636



Driving directions

From Interstate 405 southbound

Take Exit 13B for N.E. 8th Street East/West.
 Turn right onto westbound N.E. 8th Street.
 Turn right onto 112th Avenue N.E.
 Turn right onto N.E. 10th Street, driving over I-405.
 Turn right into the medical center.

From Interstate 405 northbound

Take Exit 13A for N.E. 4th Street.
 Turn right onto N.E. 4th Street.
 Turn left onto 116th Avenue N.E.
 Turn left onto N.E. 10th Street.
 Turn left into the medical center.

For customized driving directions please go to www.mapquest.com

Parking rates

Hours	Rates
0-1 hour	Free
1-2 hours	\$3
2-5 hours	\$5
5-24 hours	\$7
Lost ticket	\$7

Visits lasting 5 hours or more are eligible for \$2 vouchers

11511 N.E. 10th St
Bellevue, WA 98004
425-502-3000

Post Surgery Instructions – Dr. Francis



**Please read the following instructions
so that we can achieve the best result after your surgery**

Eye Drops

When using your eye drops please wait at least 5 minutes between drops. You will start your eye drops the day after your surgery.

- **Ofloxacin** (Tan Cap) – Antibiotic: Use this drop four times a day for 7 more days. (Breakfast, Lunch, Dinner, Bedtime)
- **Prednisolone Acetate 1%** (White Cap) – Anti-inflammatory: Shake well before use. Use this drop 4 times a day for 1 week, then 3 times a day for one week, then 2 times a day for one week, then once a day for 1 week. Then stop.

Other Instructions

Leave your eye patch on; it will be removed at your follow up appointment tomorrow.

- Your eye may feel scratchy and look red during the first 24 to 48 hours after surgery. For mild discomfort, you may take Tylenol or Ibuprofen.
- Your vision may seem out of balance, light sensitive and blurry during the first week. This should gradually improve.
- You may resume your normal diet and medications
- Eye Shield: Please wear the eye shield at bedtime for the first week. This helps to prevent you from inadvertently rubbing your eye.
- Do not lift anything heavy (25 pounds or more) for the first week after surgery. Mild activity is recommended such as walking or light exercise.
- Try to keep water from going directly in your eye when washing your face.
- If you have sleep apnea and use a CPAP/BIPAP device, continue to use the device after surgery as you normally would.
- You have received sedation today. **DO NOT DRIVE** or participate in activities that require normal reflexes and coordination for the rest of the day. **DO NOT** sign any legal documents or make any important decisions for 24 hours.

If you are having significant pain, loss of vision, nausea or vomiting, please contact 206 215 3850 during the day and 1(800) 331-3719 after hours.

PLEASE SEE DR. _____ ON THE DAY AFTER SURGERY AT _____ a.m. / p.m.

Special instructions

- Face down** If face down positioning is required you may be loaned a set of four (4) positioning pillows. Please cover them with a pillow slip when using. They need to be kept in a smoke free environment. Please return the positioning pillows to Vitreoretinal Associates seven (7) to ten (10) days after surgery. You can either bring them to your one (1) week post-op appointment or mail them to the office.
- Gas bubble** A gas bubble has been placed in your eye. You will be given a special wristband to wear. Do not fly, sleep on your back, or drive over high mountain passes (Max elevation 1500ft) until cleared to do so by your surgeon. Tell your Anesthesiologist if any further surgeries are needed while the gas bubble is present.

