

Your surgery date for your _____ eye is: _____

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Please note that your surgery time will be given to you 1 week prior to your surgery

Arrival Time: _____ **Surgery time may change. You will be contacted in advance if a time change is required.**

On arrival, please go directly to the Main Entrance of the hospital to the Patient Registration Desk. You will be required to pay for any premium lens fee if you have decided to upgrade your lens. After registration, please proceed to the 3rd Floor Day Surgery Department via the Main or Montgomery Elevator.

Parking: The parking lot is located on 555 Finch Avenue West. Parking hour are from 7:00am to 7:00 pm daily Monday to Friday.

Food: **Do Not** have solid foods or milk products after Midnight the night before surgery.

Beverages: You may have clear liquids up to three hours before admission to the facility. Clear fluids include water or apple juice only.

Reminders: Please bring your OHIP card to every visit.

Please bring a valid form of payment (visa,m/c,debit) if you are purchasing a premium lens.

Please wear loose comfortable clothing with a full button up front, as you will not be required to wear a hospital gown.

You will be discharged from the facility 20-45 minutes after surgery.

We recommend that you do not bring valuables to the facility or wear any eye makeup.

If necessary, please arrange for a family member/friend to act as translator.

Please arrange for an escort to accompany you home.

You will not be able to drive a car for 24 hours post surgery.

If you regularly take blood pressure or heart medication, please take as usual on the morning of surgery. If you are diabetic, do not take your oral medication or insulin on the morning of surgery.

A \$500.00 fee will apply for patients that cancel surgery with less than a one week notice. A \$100 fee will apply for patients who change their surgery date.



NORTH YORK GENERAL

PATIENT QUESTIONNAIRE DEPARTMENT OF ANAESTHESIA

PATIENT to complete this form and fax to 416-748-8582.

Failure to fill out this form completely may delay your surgery.

FORM 1677

REV. 9/08

HAVE YOU EVER HAD:	YES	NO	DON'T KNOW	WHEN	HAVE YOU EVER HAD:	YES	NO	DON'T KNOW	WHEN
Heart Disease/Heart Attack/Chest Pain					Severe Snoring/Sleep Apnea				
High Blood Pressure					Stroke /"ministroke"/TIA				
Shortness of Breath					Chronic Pain				
Recent Cough/Cold					Acid Reflux/Ulcer				
Asthma/Wheezing					Back Problems				
Glaucoma					Thyroid Problems				
Epilepsy					Blood Thinners/Aspirin				
Hepatitis/Jaundice/HIV					Joint Replacement				
Bleeding Problems/Clotting Problems					Artificial Body Parts				
Kidney Problems					Difficulty Opening Mouth				
Diabetes					Difficulty Moving Neck				
Blood Transfusion					Rheumatoid Arthritis				
Reaction to Local/General Anaesthetic					Cortisone/Prednisone				
Do you wear Contact Lenses?					Medications you take including Vitamins/Herbals: Dose Frequency				
Do you have Caps, Bridges, Crowns, Dentures, Loose Teeth?									
Is there a Family History of Problems with Anaesthetic?									
List previous operations or admissions to a hospital. When?									
Have you seen a Specialist in the last 5 years? Name and phone #: <input type="checkbox"/> Heart Doctor (Cardiologist): <input type="checkbox"/> Lung Doctor (Respirologist): <input type="checkbox"/> Nerve Doctor (Neurologist):					Do You have any Allergies to any Food Medicine or Latex?: No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes - What?				
Possibility of pregnancy: No <input type="checkbox"/> Yes <input type="checkbox"/>					To be completed by nurse on day of surgery:				
Cigarettes per Day: Ounces Alcohol per Week:					Time of Last Fluids:		Time of Last Food:		
Recreational/Street Drugs:									
Did You have or ever had any of the following Tests: <u>When</u> ?					Pre-Admit Nurse:		Date:		
<input type="checkbox"/> Exercise Stress Test (Treadmill): <input type="checkbox"/> Nuclear Medicine Stress Test (Mibi): <input type="checkbox"/> Angiogram/Angioplasty: <input type="checkbox"/> Ultrasound of Heart (Echo): <input type="checkbox"/> Holter Monitor: <input type="checkbox"/> Lung Function:					Day of Surgery Nurse:		Date:		
					Comments:				



ABOUT YOUR CATARACT SURGERY

Day of your surgery:

1. You may eat solid food until midnight the day before your surgery and only clear fluids 4 hours before the time of your surgery.
2. Take your regular medications with a sip of water unless you are told differently.
3. Follow your surgeon's recommendations for your blood thinning medications including Aspirin, Plavix and Coumadin as well as any diabetic (hypoglycaemic) medication.
4. The operation will take 15-20 minutes although sometimes it can take over an hour
5. You will be comfortable during the operation. There is an anaesthetist to give you mild sedation or whatever you require. The surgeon cannot do a careful operation unless you are comfortable and pain-free. If you cannot lie comfortably, the staff will make you as comfortable as possible with pillows and blankets.
6. The surgeon will speak with you before your operation. If you have any last minute questions, you can ask him these questions at that time.
7. Please bring your OHIP card with you.

After your surgery:

1. You will be taken to the recovery area for the nurse to check how you are doing. You will be offered a drink of juice. You will be able to go home only with someone to assist you.
2. Do not rub your eye. If there is some discharge, wipe it away with a clean moist wash cloth around your eye but do not wipe inside the eye.
3. You will be given an eye shield that you may tape over your eye for the first night. Do not use a patch with a string or elastic as the patch could slip and rub on your eye
4. You must be with someone for the ride home and for the first night. Although you should not have any significant problems after your surgery, some patients may complain of pain and/or nausea. If the pain is severe or you have nausea or vomiting call the doctor's office for instructions
5. Start your drops about an hour after the surgery to the operated eye. The day of your surgery you should take the drops every 2-3 hours so that you take the drops 3 times a day
6. You will see the doctor either later the same day or the next day according to the appointment you are given
7. It is normal for the eye to be blurry the first few days after the surgery. Although you may see quite clearly soon after the surgery, don not worry about blurriness at first. You will see the surgeon within the first day and he will discuss how you are doing at that time.

8. You may eat what you like after surgery: but do not drink alcohol after 24 hours as this may interact with the anaesthesia medications you have had during surgery.
9. Do not drive for 24 hours.

What can I do?

1. You may lift light objects but do not do heavy lifting for the first 2 weeks.
2. You may bend, look down, and even tie your shoelaces.
3. You may read and watch TV but you may need some reading glasses that you can buy at the drug store. There is no problem putting on your glasses but your glasses prescription may have changed because of the surgery. The surgeon will update your prescription in a week or two of have you referring ophthalmologist or optometrist prescribe glasses at the time.
4. Do not go swimming for 3 weeks.
5. Do not play with dirt (no gardening or shearing the dog for 2 weeks).
6. You may shower starting the day after surgery, but try to shower from neck down. To wash your hair bend your head back or have a hairdresser do you hair to avoid water and soap running into your newly operated eye.
7. You may have sex.

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