Kensington Eye Institute

340 COLLEGE STREET
6th FLOOR
TORONTO ONTARIO
416-928-2132

Admission Instructions

Your surgery date is:_____ **Your surgery time is:** _____

Arrival: Please arrive at the Kensington Eye Institute 60 to 90 minutes prior to your scheduled surgery time at: _____

Please note that our hours of operation are 7:00am to 5:00pm Monday to Friday.

Parking: The underground parking garage is located behind 340 College Street (via Brunswick Avenue). The garage is open from 6:45 am to 10 pm daily Monday to Friday and Sat and Sun 8am-6pm. If you need parking after these hours of operation, you can use the meter on the surface behind 340 College St at anytime.

$9.00 Day Maximum
$2.50 Per 1/2 Hour
$5.00 Evening and Weekends Maximum After 6:00 Pm

Food: **Do Not** have solid foods or milk products after Midnight.

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

Reminders: Please bring your OHIP card to every visit.

Please bring a valid form of payment (visa,m/c,debit,cash) 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.

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 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.

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Discharge Instructions

Do not drive a car or drink alcohol for 24 hours.

Cataract Surgery

Immediately after surgery it is very important that you follow these instructions:

1. Do not rub your eye. If your eye is uncomfortable, take some painkillers: 1 or 2 Tylenol tablets every 6 hours. **Do not take Aspirin (ASA)** unless your doctor tells you to.
2. Make sure before you leave the facility that you know the date and location of your next appointment.

After Your Surgery

Wound care

Your cataract wound will take about 6-8 weeks to heal.
It is normal for your eye to be red, uncomfortable, light sensitive, teary and blurred following surgery. These symptoms will gradually improve.

Hygiene

Use a clean washcloth and normal tap water to clean secretions from your lashes or the corner of your eye.
Do not wash your eye with any commercial washes. When you shower or wash your hair, keep your eye closed to keep water out.

Activities

You may- bend, stoop, cough, sleep on any side you wish, bath, shave, walk outside, watch TV.
To protect your operated eye during the day, wear regular glasses or sunglasses
Unless you are told to, you don't need to wear a patch during the day.
At night, wear the plastic shield that you took home from the facility until you are told to stop from the Doctor.
Avoid doing any activity that might put excessive pressure on or cause something to come into contact with the eye.
You can return to work when you feel able, and your doctor agrees.

Medication

Your surgeon will give you a prescription for eye drops. These are only for the eye that was operated on.
Please fill the prescription and use the eye drops as directed. Bring the eye drops with you on your follow- up appointment.

When to start your drops

1.___ Start your eye drops as soon as you fill the prescription and get home.

2.___ Start your eye drops after your follow-up appointment with your surgeon (the day after your surgery).

Emergency Care

The Kensington Eye Institute is not a 24 hour service facility.

Call your surgeon's office for:
Increasing pain in the operated eye
Increasing redness in the eye
A gush of fluid from the eye
Dimming of vision
A fever- a temperature more than 38C or 101F

Follow up Appointment
Doctor_____ **Phone**_____

Location_____

Date_____ **Time**_____

Please have family doctor complete this form 2 weeks prior to surgery.
Please fax form to (4) 748-8582.
Patient needs ECG

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Pre-operative History and Physical Examination

Note: to be completed by patient's primary care physician.

Patient Name: _____

Date of Surgery: _____ (month/day/year) Surgeon(s): _____

Proposed surgery: _____

Allergies: _____ Medications: _____ (name and dosage)

Past medical and surgical history: _____

Functional Inquiry:

	Normal	If Abnormal, describe
Neurological	☐	
Cardiovascular	☐	for significant heart disease, please attach recent EKG
Respiratory	☐	
Gastrointestinal	☐	
Genitourinary	☐	
Endocrine	☐	
Hematological	☐	
Musculoskeltal	☐	

Physical Examination:

Heart Rate:	Respiratory Rate:	Blood Pressure:	Height (cm):	Weight (kg):

System	Normal	Abnormal	System	Normal	Abnormal
General	☐	☐	Head, Eyes, Ears, Nose, and Throat	☐	☐
Neck	☐	☐	Abdomen	☐	☐
Lungs	☐	☐	Musculoskeletal	☐	☐
Heart	☐	☐	Neurological	☐	☐
			Skin and Hair	☐	☐

Describe Abnormalities: _____

_____

Impression: _____

_____

Date: _____ (Month/Day/Year) Time: _____ (HH:MM) PRINT Name: _____MD

MD Phone: _____ MD Fax: _____ Signature: _____MD

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Please complete this questionnaire and fax to 416-748-8582.

Patient Nam

Date of Birth

Date of Surgery

Surgeon

Pre-operative Patient Questionnaire

NOTE: To be completed by patient and returned to surgeon's office

Check the correct box for each question.

No	Yes	
☐	☐	Have you ever had a heart attack?
☐	☐	Do you ever have chest pain or angina?
☐	☐	Do you have high blood pressure?
☐	☐	Do you have pacemaker / rhythm problems?
☐	☐	Do you have sleep apnea?
☐	☐	Do you have a cough, asthma, bronchitis or emphysema?
☐	☐	Do you get short of breath climbing one flight of stairs?
☐	☐	Do you smoke? How many cigarettes per day? _____
☐	☐	Do you drink alcohol?
☐	☐	Any history of liver disease, jaundice or hepatitis?
☐	☐	Any indigestion, heartburn or hiatus hernia?
☐	☐	Do you have any kidney trouble?
☐	☐	Do you have diabetes?
☐	☐	Any history of thyroid problems?
☐	☐	Any numbness or weakness of arms or legs?
☐	☐	Any history of epilepsy, stroke, TIA?
☐	☐	Have you or members of your family had problems with anesthetics?
☐	☐	Do you have any capped, loose or false teeth?
☐	☐	Any chance you could be pregnant?
☐	☐	Do you bruise or bleed easily?

List your allergies: _____

List your medications: _____

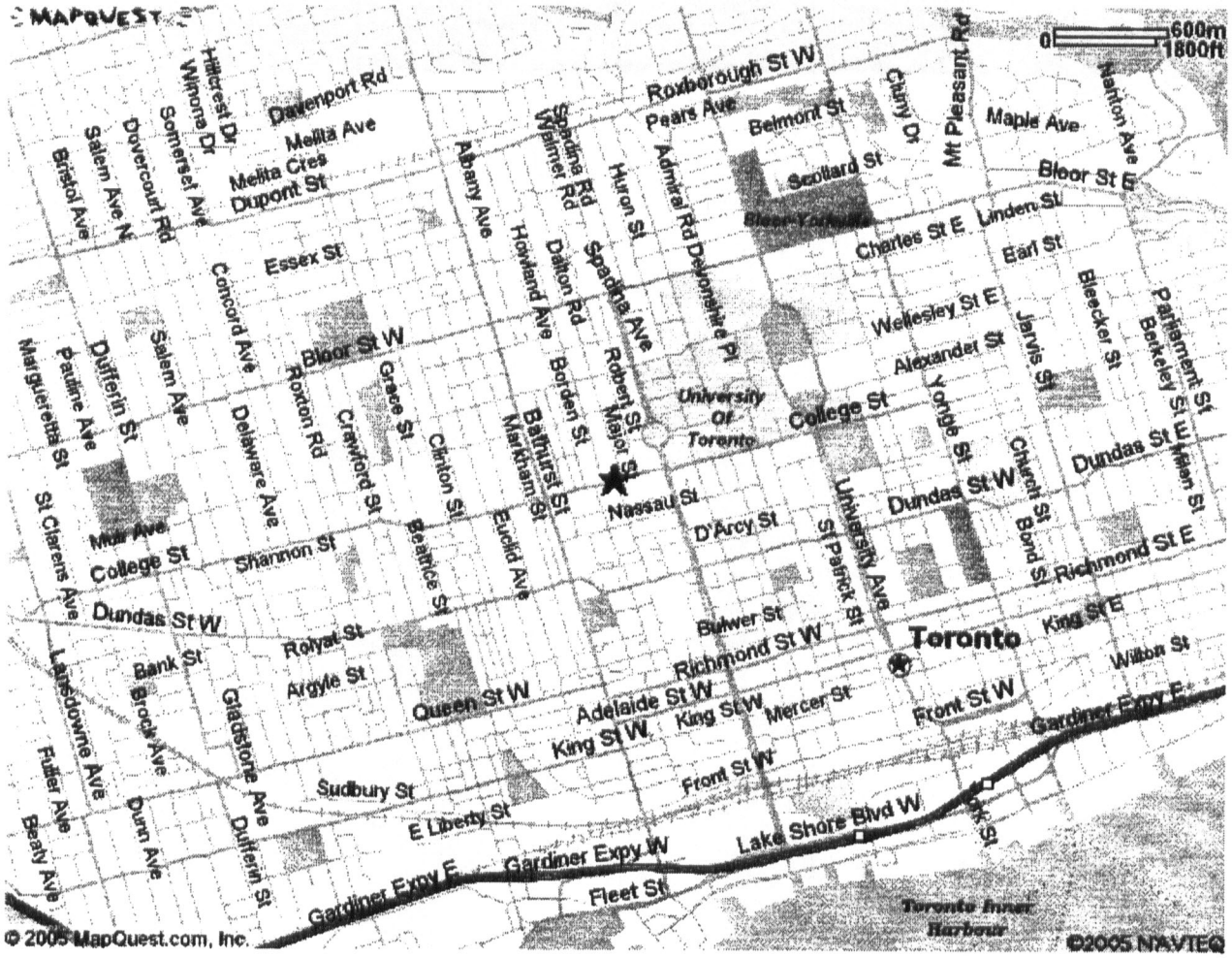
List any operations you have had: _____

Additional information for the anesthetist/health care provider (for example, if you are seeing a heart doctor, lung doctor or other specialist, please list and inform your surgeon or nurse): _____

_____

Completed by: _____ If not the patient, state relationship: _____
print your name

_____ Date: _____
your signature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Winona Dr
Somerset Ave
Dovercourt Rd
Salem Ave N
Bristol Ave
Essex St
Concord Ave
Delaware Ave
Roxton Rd
Crawford St
Grace St
Clinton St
Beatrice St
Euclid Ave
Albany Ave
Howland Ave
Borden St
Spadina Rd
Wymner Rd
Spadina Ave
Robert St
Major St
Huron St
Bathurst St
Markham St
Roxborough St W
Pears Ave
Belmont St
Admiral Rd
Devonshire Pl
Scollard St
Bloor-Yorkville
Charles St E
Chaly Dr
Mt Pleasant Rd
Maple Ave
Linden St
Earl St
Hanton Ave
Bloor St E
Wellesley St E
Alexander St
Jarvis St
Bleecker St
Parliament St
Berkeley St
William St
Bloor St W
Dufferin St
Salem Ave
Marguerettta St
Pauline Ave
St Clarens Ave
Mair Ave
College St
Dundas St W
Shannon St
Roiyat St
Bank St
Argyle St
Queen St W
Brock Ave
Gladstone Ave
Lansdowne Ave
Fuller Ave
Beaty Ave
Dunn Ave
Dufferin St
Sudbury St
E Liberty St
Gardiner Expy E
Fleet St
University Of Toronto
College St
Nassau St
D'Arcy St
Dundas St W
Yonge St
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Bond St
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Richmond St E
University Ave
St Patrick St
Bulwer St
Richmond St W
Adelaide St W
King St W
King St W
Mercer St
Front St W
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