



# Preparing for Your Eye Surgery

Please **read** this booklet before your surgery.

Please **bring** this booklet and your completed forms with you on the day of your surgery.

Patient Name: \_\_\_\_\_

Surgeon: \_\_\_\_\_

Date of Surgery: \_\_\_\_\_

Please check-in at the hospital by: \_\_\_\_\_

**(Check-in time is 2 hours before your surgery time.)**

Please go to the "Cataracts – Eye Clinics" Registration Desk on the 1<sup>st</sup> floor. A volunteer in the Lobby can direct you to the Registration area.

Blood work       Yes       No

EKG               Yes       No

If yes to either of the above, please ensure you read "Test(s) Before Surgery" on page 2.

## The most important member of your health care team is **YOU**.

Patients and families who play an active role in their care tend to have the best health outcomes. The best way you can play an active role is to **ask questions**. Make sure that you understand as much as you can about the surgery you will have. Staff are more than willing to give you the information you need.

This booklet will help you plan for your upcoming surgery.

### What Happens Before Surgery?

You may receive a phone call from the hospital to confirm the date and time of your surgery and to provide more information about your surgery.

#### Test(s) Before Surgery:

- Your surgeon's office will let you know if you need to have blood work and/or an EKG done before surgery.
- You will need to have the test(s) done at a LifeLabs® location. To find the LifeLabs® location closest to you, please call: **1 (877)849-3637**  
OR, search online at: <http://www.lifelabs.com>
- You must have your test(s) done within 3 to 28 days before the date of your surgery.
- Please tell the lab that you are having surgery at St. Mary's General Hospital. Give them the date and time of your surgery. This will help ensure that your test results are sent to the hospital in time for your surgery. **If the results are not received in time, your surgery may be cancelled.**

## **Forms to Complete Before Surgery:**

You will need to complete the following forms at home:

- **Admission Record**
- **Pre-Anesthetic Patient Questionnaire**

Please completely fill out these forms and sign them. (You do not need a witness.)

Please list all medicine(s) and their dosages on the form. This includes all prescription, over-the-counter, vitamin and herbal products that you take regularly.

**You must bring these completed forms with you on the day of your surgery.**

## **On The Day of Surgery:**

### **Items to bring with you on the day of surgery:**

- Completed Admission Record
- Completed Pre-Anesthetic Patient Questionnaire
- Health Card
- **All medications** in their original containers - This includes all of the prescription, over-the-counter, vitamin, and herbal products that you take regularly
- Your reading glasses so you can sign your consent for surgery
- Your hearing aids

### **For safety and comfort, please wear:**

- A light short-sleeved shirt (buttons down the front preferred)
- Socks and flat-soled shoes

## Plans for After Surgery:

You must arrange for someone to drive you home after surgery. Your driver should arrive with you to the hospital and **should stay in the hospital while you have your procedure.**

Please give the staff the name and contact number of your driver when you come in. **If you do not have someone to drive you home, your surgery will be cancelled.**

Your driver should stay in the designated waiting area during your procedure. You **may not** arrange to meet him or her in the lobby.

## Smoking and Alcohol Use:

If you smoke or drink alcohol regularly, it is important that you stop smoking and drinking alcohol before surgery. **Do not smoke or drink alcohol for at least 12 hours before your surgery.**

## Eating and Drinking Before Surgery:

Please read carefully. It is important that you understand these directions. **Eating or drinking other than as directed may result in your surgery being cancelled.**

- **For all surgeries** – You may have a healthy snack at bedtime. **No solid food after midnight the evening before surgery.**

Research shows that drinking certain fluids before surgery can help reduce or prevent nausea after surgery.

## If your surgery is the MORNING (before Noon):

- You may drink water, cranberry or apple juice overnight
- **At 5:00 a.m.** you may drink 500mL (2 cups) cranberry or apple juice.
- Do **NOT** drink anything more after 5:00 a.m.

## If your surgery is at 12:00 Noon or later:

- You may drink water, cranberry or apple juice overnight.
- **At 5:00 a.m.** you may drink 500mL (2 cups) cranberry or apple juice.
- **At 8:00 a.m.** you may drink another 500mL (2 cups) cranberry or apple juice.
- Do **NOT** drink anything more after **8:00 a.m.**

## What about my Medicine(s)?

- You may take your morning medicine(s) with a sip of water, at your usual time, unless you are told otherwise.
- **If you are diabetic:**
  - DO NOT take your diabetic medicines on the morning of your surgery, unless your surgeon tells you to. Bring your insulin or diabetic pills with you to the hospital.
- If you are taking Aspirin, Coumadin (warfarin), Pradaxa (dabigatran), Plavix (clopidogrel), Xarelto (rivaroxaban) or other “blood thinners” **please ask your surgeon if you need to stop these before surgery.**
- Do not take any herbal products or medicine for 1 week before surgery.

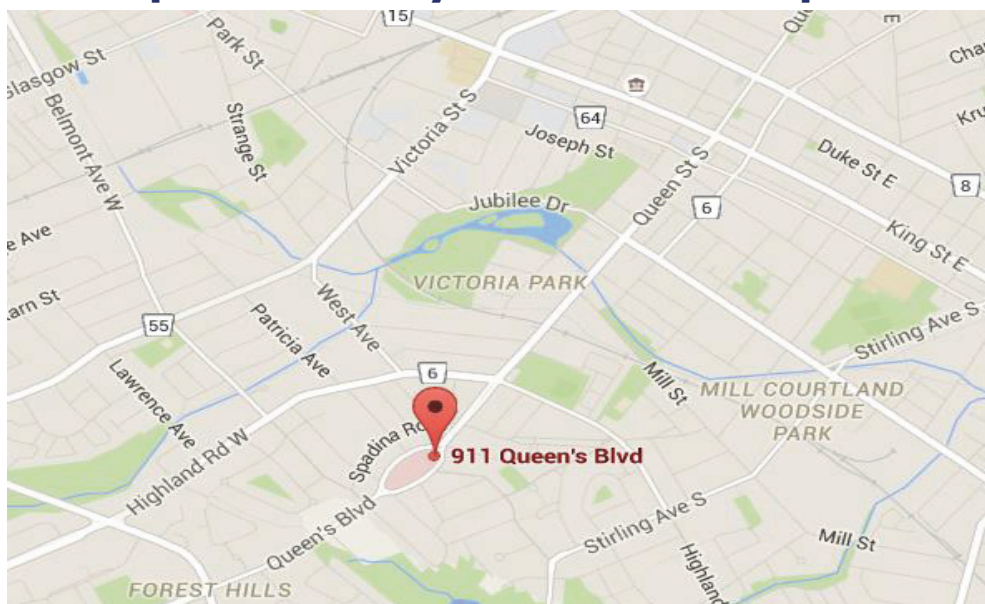
## What Else Do I Need To Know?

- **All jewelry, should be removed before you come to the hospital.** This includes all body piercings.
- Please remove all eye makeup.
- Please leave your valuables, such as jewelry, credit cards, and money at home.
- One family member or friend per patient.
- Your driver should wait in the designated waiting area during your procedure (you **may not** meet them in lobby).
- If your first language is not English and you require an interpreter, please arrange to have one come with you to the hospital. If you are not able to arrange for an interpreter let us know and we can help arrange one for you.

## Are You Ready?

- Have you completed the Admission Record?
- Have you completed and signed the Pre-Anesthetic Patient Questionnaire?
- Do you have your Health Card?
- Do you have your reading glasses? Hearing aids?
- Do you have all your regular medicines, vitamins and herbal products in their original containers?
- Have you removed all of your jewelry, including body piercings?
- Did you leave all of your valuables at home?
- Do you have the name and number of the person who will drive you home after surgery?
- Did you follow the "Eating and Drinking Before Surgery" instructions completely?

### Map to St. Mary's General Hospital:



## How did we do?

St. Mary's General Hospital is committed to providing quality, compassionate, and innovative care. Our quality monitoring includes the survey below.

As a patient who had an eye surgery, we would like to hear from you. There are no right or wrong answers. We are interested in your honest feedback and comments.

All responses will be collected anonymously. No personal identifying information will be collected from you. Your surgeon will NOT have access to the individual responses you provided in this survey.

**Please note:** Completion of this survey is completely voluntary.

We protect your personal information and adhere to all legislative requirements with respect to protecting privacy.

If you have any questions about completing the questionnaire, please contact our Privacy Office at: (519) 744-3311 or email: [privacyoffice@smgh.ca](mailto:privacyoffice@smgh.ca)

**Please complete and return survey to:**  
Attention: Director of Surgical Services  
St. Mary's General Hospital  
911 Queen's Blvd.  
Kitchener, ON, Canada  
N2M 1B2

**Thank you for completing this short questionnaire to help us improve the experience and care you received.**

*Circle one number for each statement*

**Strongly  
Disagree**

**Strongly  
Agree**

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**I read all of the information provided.**

**1 2 3 4 5**

Comments

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**The information is easy to read.**

**1 2 3 4 5**

Comments

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**The information is easy to understand.**

**1 2 3 4 5**

Comments

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**Reading this information helped me  
prepare for and recover from my surgery.**

**1 2 3 4 5**

Comments

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**The information answered my questions.**

**1 2 3 4 5**

Comments

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**My experience on the day of surgery met  
my expectations.**

**1 2 3 4 5**

Comments

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**How could we have made your eye surgery experience better?**

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