



SOUTHERN IDAHO
OPHTHALMOLOGY

1415 Park View Drive
Twin Falls, ID 83301

James M. Coombs MD
William C. Fitzhugh MD
Kyle N. Klingler MD

208-734-8934
208-734-8974 (fax)

PRE-OPERATIVE INSTRUCTIONS
CATARACT SURGERY

NAME: _____

YOUR SURGERY IS SCHEDULED: _____
_____ at the:

SAWTOOTH SURGERY CENTER
115 Falls Ave W, Twin Falls
(208) 733-1662

MINIDOKA MEMORIAL HOSPITAL
1224 8th St., Rupert
(208) 434-0481

NORTH CANYON MEDICAL CENTER
267 N Canyon Dr., Gooding
(208) 934-4433

BRING YOUR INSURANCE CARDS TO THE SURGERY CENTER/HOSPITAL

- 1) The day before your surgery start the **antibiotic drops** (tan top) and the **Prednisolone acetate drops**. Use each four (4) times a day in your _____ eye. Please wait a few minutes in between drops.
- 2) The morning of your surgery, prior to arrival, use one (1) drop from each bottle.
- 3) Other: _____
- 4) If coming from out of town and staying overnight, please bring drops with you.
- 5) You may eat a light breakfast or lunch before going to surgery. Do not drink any coffee or caffeinated beverages the morning of your surgery.
- 6) Wear loose fitting, short sleeved, older clothing for your comfort.
- 7) Ladies, do not wear any make-up the morning of your surgery.
- 8) Continue taking your usual morning medications before your surgery, unless otherwise directed.
- 9) Bring someone with you **who can stay with you before and after the surgery** and to drive you home.

FOLLOW – UP APPOINTMENTS:

YOUR FIRST POST-OPERATIVE APPOINTMENT is scheduled for:

_____ at _____ with Dr. _____.