



PREPARING FOR YOUR OPHTHALMIC PLASTIC SURGERY BEFORE / DURING /AFTER

Name: _____ DOB: _____

You have been scheduled for ☐ RIGHT EYE ☐ LEFT EYE ☐ BOTH EYES surgery

DATE OF SURGERY: _____ **Surgeon:** Marsha Kavanagh, MD

ARRIVAL TIME: Eyesight does not schedule your surgery time. You will be contacted by the surgery center the day before your procedure with your expected arrival time. **If you have not heard from the surgery center by 2:00pm prior to your procedure, please contact them directly to get your time.**

SURGERY CENTER / LOCATION OF SURGERY:

_____ Coastal Surgical Center – 291 Shattuck Way, Newington NH
603-314-8035 (before 4:30pm)

_____ Wentworth-Douglass Hospital – 789 Central Ave, Dover NH
603-740-2281 (after 6pm 603-740-2433)

YOUR AFTER-SURGERY APPOINTMENT – 1 WEEK

Is in the ☐ Portsmouth ☐ Somersworth on _____ at _____
Office Office

PRIOR TO SURGERY

IMPORTANT: The surgical coordinator will contact your cardiologist (or your primary care physician if you don't have a cardiologist) if you need clearance to stop any anticoagulant medication. **IF YOU HAVEN'T HEARD BACK FROM EITHER OUR OFFICE OR YOUR PHYSICIAN(S) WITHIN 2 WEEKS OF YOUR SURGERY, PLEASE CONTACT KIM AT 603-501-7868 x541.**

CARDIOLOGIST: _____

PRIMARY CARE PHYSICIAN: _____

MEDICATION TO DISCONTINUE PRIOR TO SURGERY

PRESCRIPTION MEDICATIONS

Only stop these medications **AS DIRECTED BY YOUR PRESCRIBING PHYSICIAN**

MEDICATION	NUMBER OF DAYS TO STOP BEFORE SURGERY (AS DIRECTED BY YOUR DOCTOR)
ASPIRIN	✓
ELIQUIS	✓
APIXABAN	✓
CLOPIDOGREL	✓
PLAVIX	✓
PRADAXA	✓
WARFARIN	✓
COUMADIN	✓

NSAID's AND OVER THE COUNTER PRODUCTS

Do not take any of the following for **14 days prior to surgery**

NSAIDS (PAIN RELIEVERS)	SUPPLEMENTS & OTHER
ADVIL (IBUPROFEN)	Fish Oil
MOTRIN (IBUPROFEN)	Flax Seed Oil
ALEVE (NAPROXEN)	Omega-3s
VOLTAREN	Ginkgo Biloba
CELEBREX	Garlic Supplements
MELOXICAM	Ginger Supplements
	Ginseng
	CoQ10
	Saw Palmetto
	Red Wine
	Turmeric
	Vitamin E
	Curcumin
	Glucosamine/Chondroitin

SURGERY PREPARATION

- **You must have responsible adult designated to accompany you to and from surgery.** You will be asked to identify this person prior to surgery.
- **On the night before surgery, or the morning of, take a bath or shower and wash your hair thoroughly.** In the morning, wash your face with soap and water. Please make sure you remove all mascara or eyeliner.
- **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE NIGHT BEFORE SURGERY!**
- **Take your usual morning medications with a sip of water. If you take INSULIN or DIABETIC medication,** the intake nurse from the surgery center will provide instructions on how and when to take your medication. As always, bring your insulin with you to surgery.
- **Bring sunglasses or eyeglasses, and prescription ointment with you to surgery.**
- **You will be asked to change into a medical gown at the center. Please wear easy to remove clothing.** Do not wear makeup, jewelry (including wedding bands), nail polish, hairspray, perfume/cologne, or lotions. Deodorant is fine.

DURING SURGERY

You must have a responsible adult designated to accompany you to and from surgery. You will be at the surgery center for about 2 hours.

After check in, you will then be brought to the “short stay” area of the operating room. Many people, (doctors and nurses alike) will speak with you and several consent forms must be signed.

An intravenous line will be placed in your arm and several eye drops will be placed in your eye(s). You will then be brought to the operating room and you will be given oxygen and given medication through an intravenous line to relax you.

You will be partially sedated during the procedure. The eye and skin around the eye will be cleaned and a drape will be placed over your body exposing your face. Recovery is fairly quick and, once cleared by the medical team, you will be ready to go home and rest.

AFTER SURGERY

1. Use cold compresses over your eyelid(s). Every hour for 10-15 minutes on the 1st day after surgery and as needed the 2nd and 3rd day. The cold compresses will help to reduce the swelling of the eyelid and decrease discomfort. You may use an ice bag, put crushed ice in a zip-lock bag or cover a bag of frozen peas/corn with a clean towel.
2. Do not put ice directly on the eyelid(s).
3. It is normal for your tears to be blood tinged for the 1st day or 2nd day after surgery.
4. The effect of local anesthetic will wear off after 1 or 2 hours.
5. You may take Tylenol tablets every 4 hours as needed to relieve pain.
6. Do not take aspirin or aspirin containing products for 2 days after surgery, it may cause bleeding. Pain medication may be prescribed.
7. You may take a shower tomorrow, however, do not let the pressure from the shower hit the surgical site until the swelling and tenderness are gone. It may be helpful to gently wash your face in the sink. Be careful not to rub your eye until eyelid is healed. Dab/pat instead of wiping your eyes after surgery.
8. Before going to bed, place a small amount of antibiotic ointment on the incision site for the next 5 to 7 days or until eyelid is healed. The ointment may also be used directly into your eye to ease any irritation, but this will blur your vision.
9. PLEASE CALL DR. KAVANAGH AS SOON AS POSSIBLE if you experience sudden intense pain, bleeding, swelling or any other difficulties. Her cell phone number is located on the surgery sheet provided to you at the surgery center.

POST-ANESTHESIA CARE

- No alcohol for 24 hours, but resume your normal diet as instructed.
- Resume usual medications unless otherwise instructed
- No driving OR operating machinery for 24 hours
- No critical decisions for 24 hours
- You are at risk for falls for 24 hours Post Anesthesia. *Please be careful.*
- Call your doctor with any questions.

EYESIGHT CONTACT INFORMATION

Please contact your Eyesight surgical coordinator, Kim Taylor, if you have any questions by dialing 603-501-7868 X541 or at KATaylor@EyesightNH.com

Your procedure is scheduled for Coastal Surgical Center. If your procedure location is changed, our office will notify you.

DIRECTIONS

COASTAL SURGICAL CENTER

291 Shattuck Way
Newington, NH 03801
Phone: 603-314-8035



Traveling North: Take I-95 to Exit 4 on the left for US-4/NH-16 toward White Mountains. Keep left, follow signs for Newington/Dover/US-4/NH-16/ White Mountains. Take Exit 4 for Shattuck Way toward Newington Village. Turn right onto Shattuck Way. The surgical center is located 0.7 miles down the road on the right side with ample parking.

Traveling South: Take Spaulding Turnpike/NH-16. Take Exit 4 for US-4/NH-16 N toward Newington Village/Historic Sites/Dover/Concord. Continue 0.2 miles onto Nimble Hill Road and pass under Route 16. Turn right on Shattuck Way. The surgical center is located 1.5 miles down the road on the right side with ample parking.

***You must have** a responsible adult designated to accompany you to and from surgery. You will be asked to identify this person prior to surgery. Do not plan to use taxis, Ubers, or other public transportation for your procedures unless you also have a responsible adult with you.

***Anesthesia requires that someone stay with you for 24 hours after surgery.**



Financial information regarding plastic surgery procedures

Note: Eyesight Ophthalmic and the Surgical Centers bill insurance separately and collect fees separately.

Any fees due will be collected SEPARATELY by both Eyesight AND the Surgery Center PRIOR to surgery. These fees must be collected prior to surgery or your surgery will be postponed.

Concerned about coverage? Contact your insurance plan prior to surgery.

This is always the BEST way to ensure you will not have unexpected charges after your procedure. Your insurance plan will ask the following:

What is the NPI number of the practice?

**Eyesight Ophthalmic Services (for physician fees such as follow up care, evaluations, etc.)
NPI: 1073736310**

**Coastal Surgical Center (for surgery, anesthesia, lenses, etc.)
NPI: 1336713890**

They will likely provide you with a reference number. Please write that number down:

Reference / Prior Authorization Number _____

CREDIT CARD POLICY AT COASTAL SURGICAL CENTER: At the time of registration, they will request your credit card information. Your credit card numbers will be encrypted and stored securely off-site and not stored at the practice. Once your Explanation of Benefits (what the insurance company will pay towards your visit), is processed, they will wait 30 days to allow you time to pay the balance on your account. If your balance is not paid, your credit card will be charged for the outstanding balance that is your responsibility. Co-pays must be paid at the time of visit.



SURGICAL FEE SCHEDULE

Effective 4-1-2025



SELF PAY / COSMETIC BLEPHAROPLASTY - UPPER EYELID with or without PTOSIS CORRECTION

The total for the surgery due to Eyesight includes the physician fee and any additional fees for special materials. Anesthesia and surgery center fees will be collected separately by Coastal Surgical Center.

NOTE: If any portion of your procedure is covered by insurance, these fees may vary. This information is provided for reference only and exact pricing will be provided after insurance authorizations are received

	ONE EYE	BOTH EYES
EYESIGHT FEES		
PHYSICIAN SURGICAL FEE	\$ 1,600.00	\$ 3,200.00
TOTAL COLLECTED FROM EYESIGHT	\$ 1,600.00	\$ 3,200.00
COASTAL SURGICAL CENTER FEES		
FACILITY FEE	\$ 1,102.00	\$ 1,365.00
ANESTHESIA FEE	\$ 300.00	\$ 600.00
TOTAL COLLECTED FROM COASTAL SURGICAL CENTER	\$ 1,402.00	\$ 1,965.00
TOTAL FEES FOR COSMETIC BLEPHAROPLASTY	\$ 3,002.00	\$ 5,165.00

INITIALS FOR TREATMENT OPTION _____

I understand that the above charges are cosmetic in nature and will not be submitted to my medical insurance. My signature below verifies my understanding of the above statement. I also understand that surgery will not be performed until Eyesight receives this signed letter with all necessary signatures.

Coastal Surgical Center will contact you directly to collect the fees for your procedure prior to your scheduled surgery.

Surgery Date _____

Patient / Guardian (print)

Patient DOB

Patient / Guardian (Signature)

Date Signed

Witness Signature

Date Signed

PAYMENT IS DUE A MINIMUM OF 1 WEEK PRIOR TO SURGERY.

Payment Options: Interest-free financing available for up to 24 months and extended payment plans are available through www.CareCredit.com. We also accept MasterCard, Visa, Discover, American Express, Cash or Check.

Your family of Eyesight staff is here to assist you with every aspect of caring for your eyes.



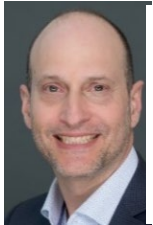
Lucian Szmyd, MD



Kinley Beck, MD



Christopher Turner, OD



Warren Goldblatt, MD



Jennifer Ling, MD



Lauren McLoughlin, OD



N. Timothy Peters, MD



Jason Szelog, MD



Janet Rand, OD



Marsha Kavanagh, MD



Nathaniel Sears, MD



Renee Lynch, OD



Timothy Sullivan, MD



Dana Graichen, MD



Hilary Hamer, OD



Claudia Bartolini, MD



Dwight Arvidson, OD

PORTSMOUTH

155 Borthwick Avenue, Suite 200 East - Portsmouth, NH 03801
Tel: (603) 436-1773 Fax: (603) 427-0655

SOMERSWORTH

267 Route 108 - Somersworth, NH 03878
Tel: (603) 692-7500 Fax: (603) 692-7575

EXETER

McReel Building-192 Water Street - Exeter, NH 03833
Tel: (603) 778-1133 Fax: (603) 778-1055

KITTERY, ME

99 US-1, Suite B - Kittery, ME 03904
Tel: (207) 439-4958 Fax: (207) 439-4313

SANFORD, ME

272 Cottage Street - Sanford, ME 04073
Tel: (207) 324-3380 Fax: (207) 490-9174

www.EyesightNH.com