



Please bring this book
with you to all
appointments.

CATARACT + GLAUCOMA PROCEDURE HANDBOOK

Name: _____

DOB: _____

You have been scheduled for ☐ RIGHT ☐ LEFT ☐ BILATERAL eye surgery.

DATE OF SURGERY: _____ **Surgeon:** _____

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. **You will also be called 1-2 weeks prior to surgery to go over your medical history. If you have not heard from the surgery center by 3:30pm the day before your procedure, please contact them directly at 603-314-8035 to get your time.**

SURGERY CENTER / LOCATION OF SURGERY:

____ Coastal Surgical Center – 291 Shattuck Way, Newington NH

Alternative locations:

____ Frisbie Memorial Hospital - 11 Whitehall Road, Rochester NH

____ Wentworth Douglass Hospital - 789 Central Avenue, Dover NH

____ Exeter Hospital - 5 Alumni Drive, Exeter NH

AFTER SURGERY APPOINTMENTS: YOU MUST BE SEEN FOR A FOLLOW UP APPOINTMENT AFTER SURGERY. PLEASE PLAN TO SEE US AT EYESIGHT ON THE FOLLOWING DATE/TIME:

1st post-op appointment is in the _____
on _____ at _____ with Dr. _____.

☐ Portsmouth Office ☐ Exeter Office ☐ Sanford Office
☐ Somersworth Office ☐ Kittery Office

2nd post-op appointment is in the _____
on _____ at _____ with Dr. _____.

☐ Portsmouth Office ☐ Exeter Office ☐ Sanford Office
☐ Somersworth Office ☐ Kittery Office

WHAT TO BRING TO YOUR CATARACT + GLAUCOMA PLANNING APPOINTMENT:

- **This book with Your Consent Forms**
- **Medication List:** Include all prescriptions, over-the-counter meds, vitamins, and supplements.
- **Primary Physician and Specialist Contact Info (especially cardiology, if applicable)**
- **List of Concerns:** Note any vision or health issues, even if they seem unrelated.
- **Support Person:** Having someone with you can help you remember important information.
- **Transportation:** If unsure about driving after having eye drops for your exam, plan for a ride.
- **Documentation:** Bring any necessary health proxy, power of attorney, or translator documents.

SURGERY CHECKLIST

SCHEDULING SURGERY

- ☐ **Make sure you know the date(s) for your surgery.**
- ☐ **Make sure you know the date / time location of your follow-up appointments.**
- ☐ **If you have a Health Proxy, DPOA (dual power of attorney), require a translator, or need additional support for surgery, please make sure we have this information on file.**
- ☐ **You must have a responsible adult designated to accompany you to and from 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 the procedure.**

2 WEEKS PRIOR TO SURGERY

- ☐ **Make sure you have your post operative eyedrops prescriptions**
- ☐ **Be prepared to receive a presurgical call from a nurse at the surgical center.**
- ☐ **If you use Ozempic or weight loss semaglutides, please stop using them 1 week before surgery.**
- ☐ **You should DISCONTINUE BLOOD THINNERS (aspirin products, Coumadin, Plavix, etc.), unless otherwise directed by your cardiologist or primary care physician. There are no other medication restrictions**

1-3 BUSINESS DAYS PRIOR TO SURGERY

- ☐ **You will receive a call from the surgical center with your arrival time.**
- ☐ **Start eye drops 4x/day (prednisolone or antibiotic eye drops) 3 days prior to surgery. Wait 30 minutes between using your glaucoma drops and pre-surgery drops. Shake all eyedrops prior to use and wait 2-3 minutes between drops.**

We will call in your eyedrop prescriptions to_____.

DAY BEFORE SURGERY

- **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.
- 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!** This includes coffee, toast, juice, etc.
- **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.
- **Wear loose-fitting clothing, slip on shoes (no boots), and a button-down shirt** to your surgery. **Do not wear makeup, ANY jewelry, nail polish, hairspray, perfume/cologne, or lotions.** Deodorant is fine.

AFTERCARE AT HOME ON DAY OF SURGERY / BEFORE THE FIRST FOLLOW-UP

1. Glaucoma + Cataract surgery requires that you refrain from most activities for the rest of the day, and that someone stays with you until the day after surgery. Your eye may be slightly sore, itchy, scratchy, or feel a little watery. These restrictions will be reviewed with you by your surgeon on the first follow up appointment.
2. If your eye was patched by the surgeon, leave it in place. We will remove the patch on the day after surgery. You will start your medications after the patch is removed.
3. If your eye was not patched, then you will start your post operative medications according to the eye drop schedule provided after your evaluation with your surgeon.

AFTERCARE AT HOME AFTER YOUR FIRST FOLLOW-UP

- You must wear your protective eye shield when sleeping and taking naps. Please sleep on your back with a pillow under your head.
- Eye protection is recommended outdoors (sunglasses or glasses).
- When bathing or showering, refrain from getting water directly in the eye. Do not submerge your head. You may shampoo while keeping the water behind you.
- It is not unusual to experience watering, a foreign body or a scratchy sensation for the first few weeks after surgery as the eye heals. It will improve with time.

ACTIVITIES AND EYE PROTECTION

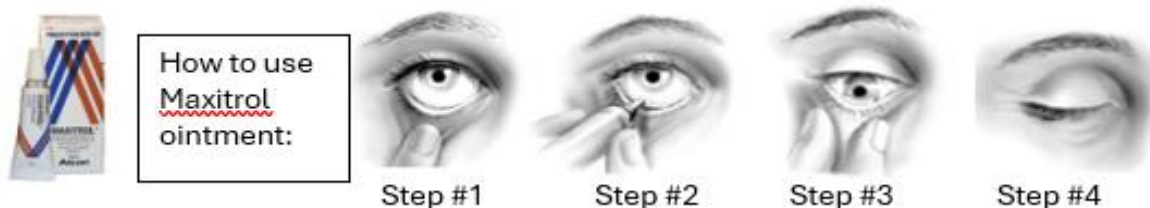
- Eye protection such as eyeglasses or sunglasses is **recommended** outdoors or crowded spaces for 1 week (or longer, depending on progress). This recommendation is variable. Ask your doctor when this may be necessary. No harm will come to your eyes if you choose to wear your “old” glasses.
- A protective shield is provided and **required** when sleeping. You will be instructed when to discontinue. Please feel free to ask for guidance if you are. **Please sleep on your back with a pillow under the head.**
- You may bathe, but do not submerge your head. You may shower while keeping the shower stream behind your head and your eye gently closed.
- You may travel in an airplane, read, and watch T.V.
- Please avoid struggling while bending over to put on shoes/socks or picking things up. It is strongly advised to keep your head above your heart. No lifting any weight greater than 5 lbs. Please refrain from any physical activity that might increase your chances of falling. No golf until directed otherwise.
- It is not unusual to experience watering, a foreign body or a scratchy sensation for the first few weeks after surgery as the eye heals. It will improve with time. It is okay to use lubricant eye drops (“artificial tears”).

PLEASE CALL THE OFFICE AS SOON AS POSSIBLE, if you experience sudden intense pain or a dramatic change in the vision in the eye.

MEDICATIONS

These instructions are general guidelines. Your surgeon will give you specific instructions as needed.

- **Prednisolone** 4x-8x per day, depending on the surgery. This is a steroid and decreases inflammation. This schedule will decrease as you heal over the course of 4-6 weeks.
 - Trabeculectomy usually is administered 8x daily initially.
 - All other surgeries are usually 4x daily initially
- **Moxifloxacin** 4x daily (or other antibiotic drop). This usually discontinues after one week.
- **Antibiotic + Steroid ointment** at bedtime. A small amount goes inside the lower eyelid, followed by the protective shield at bedtime.



SURGERY CONTACT INFORMATION

Please contact your Eyesight surgical coordinator if you have any questions by dialing 603-501-7868 and entering their extension prompt.

PORTSMOUTH COORDINATORS:

Sandy x230 Leah J. x240

EXETER COORDINATORS:

Deb x317

SOMERSWORTH COORDINATORS:

Cassie x263 Kimberly x541 Leah S. x631

KITTERY COORDINATORS:

Rebecca x540 Leah S. x631

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

This includes Insurance Copay and Deductibles

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.

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, particularly for copays and deductibles. **You will receive charges from BOTH Eyesight AND the SURGICAL CENTER.** Your insurance plan will need to know the following:

What is the CPT code for your procedure? (this code is used for both the physician and surgery center)

66984 – Cataract Surgery or 66982 for Complex Cataract Surgery

GLAUCOMA:

| | | | |
|-------|---|-------|------------------------------------|
| 65820 | GONIOTOMY | 0671T | I-STENT INFINITE (standalone only) |
| 66180 | INSERTION OF TUBE SHUNT (AHMED BAERVELDT SHUNT) | 66183 | EXTERNAL XEN |
| 66711 | DIODE LASER | 66991 | STANDARD HYDRUS/iStent |
| 66170 | TRABECULECTOMY | 66185 | TUBE REVISION |
| 0449T | INTERNAL XEN | 66250 | XEN/TRAB REVISION |

What is the NPI number of the practice?

Eyesight Ophthalmic Services (for physician fees, follow up care, evaluations, etc.)

NPI: 1073736310

Coastal Surgical Center (for surgery, lenses, etc.)

NPI: 1336713890

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

Reference / Prior Authorization Number _____

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



Greg
Marrow, 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