



Please bring this book
with you to all
appointments.

PREPARING FOR YOUR CATARACT PROCEDURE BEFORE / DURING /AFTER

Name: _____ DOB: _____

This book is in reference to surgery on your RIGHT LEFT eye

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.**

Note: The first 2 pages of this book offer a convenient overview of items covered in this book.

SURGERY CENTER / LOCATION OF SURGERY:

_____ **Coastal Surgical Center – 291 Shattuck Way, Newington NH – 603-314-8035**

Alternative locations:

- _____ **Frisbie Memorial Hospital - 11 Whitehall Road, Rochester NH - 603-330-8936**
- _____ **Wentworth Douglass Hospital - 789 Central Avenue, Dover NH - 603-740-2281**
- _____ **Exeter Hospital - 5 Alumni Drive, Exeter NH – 603-580-7568**

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 PORTSMOUTH SOMERSWORTH EXETER
 KITTERY

Eyesight office on _____ at _____ with Dr. _____.

2nd post-op appointment is in PORTSMOUTH SOMERSWORTH EXETER
the KITTERY

Eyesight office on _____ at _____ with Dr. _____.

SURGERY CHECKLIST

Make sure you know the date(s) for your surgery.

- If you are only having one eye treated, you should have 1 copy of this book.
- If you are having 2 eyes treated, you should have 2 copies of this book.
- Eyesight employees do not schedule the time for your surgery. That is done by the surgery center.

Make sure you know the date, time, and location of your follow-up appointments.

- Your first appointment usually occurs the day of or the day after your surgery
- Additional appointments depend on your healing and your eye health. These may be with your surgeon or with your regular eye doctor

Make sure you have turned in all your consent forms. We cannot schedule your surgery until you have signed:

- "Informed Consent for Cataract Surgery".
- "Lens Choice and Informed Consent for Cataract Surgery" (this was the form you signed with your surgeon at your Cataract Evaluation).
- Additional forms, such as Health Plan Denials and Personal Obligation / Cash Pay (pg. 15), may be required if you do not have insurance or Authorization to Perform Services (pg. 16) for premium packages.

If you have a Health Proxy, Power of Attorney, require a translator, or need additional support for surgery, please make sure we have this information on file. Your surgery center may also require a copy.

If you have a cardiologist or a PCP who needs to approve your surgery, please make sure we have their contact information and/or written documentation authorizing you to proceed with surgery.

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1-2 WEEKS PRIOR TO SURGERY

• Make sure you have your medicated eye drops

After cataract surgery, patients need to use several different prescription eye drops to help prevent infection, reduce inflammation, and manage discomfort. These drops are usually taken on different schedules, which can be confusing. To make things easier, we offer a convenient option called Imprimis—a single eye drop that combines all the necessary medications into one. This helps simplify your routine and makes it easier to follow the treatment plan.

- Imprimis is not covered by insurance, but the cost is typically similar to what you'd pay in co-pays for three separate prescription drops.
- If you've selected an upgraded lens package, Imprimis is included at no additional cost.
- If you've selected the Basic Lens package, Imprimis must be purchased separately before surgery.
- Regardless of whether you are using Imprimis or traditional prescription drops, all eye drops must be picked up before your surgery. Imprimis is available for purchase or pickup at the front desk of any Eyesight location.
- **If you regularly use other prescription eyedrops**, please consult with your surgeon regarding their use before or after, surgery.
- **If you have chosen an upgrade or premium lens, arrange to pay for any out-of-pocket payments. There are two different fees for premium services:**
 - Eyesight will collect physician fees
 - Coastal Surgical Center or the hospital will collect facility and lens fees

- You should discontinue your contact lenses if you are getting Optiwave/ORA, toric, PanOptix, or Vivity

- Soft Lenses –1 week prior • Toric Lenses –2 weeks prior • Hard Lenses –3 weeks prior
- You may continue to wear contact lenses like normal if you are getting a BASIC or LAL lens

1-2 BUSINESS DAYS PRIOR TO SURGERY

You will receive a call from the surgical center with your arrival time and to answer medical related questions.

- They will discuss your medical history and your current medications
- They will review if you need to stop your insulin or diabetes medications
- They will review if you need to stop your GLP-1 agonist (ex. Ozempic, Wegovy, Mounjaro)

DAY BEFORE SURGERY

- **Do not eat or drink anything after midnight** or your surgery will be canceled
 - This includes coffee, toast, juice, gum, etc.
 - You may brush your teeth but rinse/spit
- On the night before surgery **take a shower or bath and wash your hair thoroughly**

DAY OF SURGERY

- **Start your eye drops** (either Imprimis or the 3 separate drops) 1 hour prior to leaving the house
 - If you are using **Imprimis, see IMPRIMIS DROP SCHEDULE**
 - If you are using the **3 separate drops, SEE 3 DROP SCHEDULE**
 - **If you use Xiidra, Restasis or Cequa**, use 1 drop the morning of surgery, and then resume 1 week AFTER SURGERY.
- Medications may be taken with a **sip** of water
- **Bring your surgery bag, eye drops, and your sunglasses or prescription glasses with you**
- **Wear loose-fitting clothing** (button-down shirt is best) and slip on shoes (no lace-up boots)
- **Wash your face** with soap and water and make sure you remove any mascara or eyeliner
- **No makeup, jewelry, nail polish, hairspray, perfume/cologne, or lotions.** Deodorant is okay
- **You need a responsible adult (18 or over) who is known to you (i.e. family, friend, neighbor) to accompany you to and from surgery.** You will be asked to identify this person prior to surgery. You may use taxis, Ubers, etc. for your surgery if you have a responsible adult with you.
- **If you would like to receive IV sedation, you need someone to stay with you for 24 hours after surgery.** You may also choose to have numbing drops only, without IV sedation

AT THE SURGERY CENTER / HOSPITAL

- After checking in, you will be brought to the “short stay” area of the surgery center. Your anesthesia provider and your surgeon will speak with you and have you sign consent forms
- You will have an intravenous (IV) line placed in your arm. The sedation usually consists of an anti-anxiety medication called Versed (midazolam) and sometimes an opioid called fentanyl
- You will receive several rounds of eye drops (dilation, numbing, antibiotic)
- You will be at the surgery center for ~1-2 hours. The surgery itself usually takes about 20 minutes

AFTER SURGERY

- It is normal for your eye to be blurry, watery, and have mild discomfort
- You may take ibuprofen (Advil) and acetaminophen (Tylenol)
- Be gentle with your eye – no pushing or rubbing

For 1 week after surgery:

- Wear the protective eye shield any time you’re sleeping
- No eye makeup (eyeliner, mascara, eyeshadow)
- No physically strenuous activity (lifting more than 35 lbs)



Eye shield

For 2 weeks after surgery:

- No high-impact sports or activities (skiing, tennis, pickleball, etc.)
- In general, we recommend no traveling more than 2 hours away in case urgent issues arise

For 3 weeks after surgery:

- No swimming underwater (even with goggles on)

It is safe to:

- Shower and bathe like normal
- Read and watch TV
- Walk, be outdoors, do light housework
- Bend over to put on a pair of shoes or pick up something light (<35 lbs)

Can I use my other eye drops?

- Please discuss your specific situation with your surgeon

PLEASE CALL US IMMEDIATELY IF YOU NOTICE SIGNIFICANT WORSENING OF VISION OR PAIN.

**WE ALWAYS HAVE AN MD ON-CALL WHO CAN HELP YOU.
CALL THE MAIN OFFICE LINE AT 603-436-1773.**

THE AFTER-HOURS GREETING WILL INCLUDE THE OPTION TO REACH THE MD ON CALL.

Imprimis / Combo Drop Schedule

IMPRIMIS Prednisolone-Moxifloxacin-Nepafenac

Klarity Cyclosporine (lubricating drops for ORA or premium lens)



Have Drops Ready: For each eye you will have 1 bottle of Imprimis and 1 bottle of Klarity (if receiving an upgrade). These drops can be picked up at any Eyesight office. Imprimis is **not** available at the surgery center or your pharmacy.

Morning of Surgery: Starting 1 hour before leaving home, use Imprimis eye drop every 15 minutes for a total of 4 doses. i.e. if you will be leaving home at 9:00 AM, use Imprimis at 8:00, 8:15, 8:30, and 8:45 AM. This applies **regardless of your drive time** to the surgery center.

Shake bottles before use. The Imprimis drop comes out quickly – tip bottle upside down and wait for drop to come out or tap the bottle gently. **Space out all drops by at least 5 minutes.** Do not share bottles between two eyes.

Beginning 1 HOUR BEFORE LEAVING HOME FOR THE SURGERY CENTER on

1 hour prior	45 minutes prior	30 minutes prior	15 minutes prior	After leaving the surgery center, use again at 12:00pm – 4:00pm – 8:00pm
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				

After Surgery: (4 times a day is roughly 8am, 12pm, 4pm, 8pm. 2 times a day is roughly 8am and 8pm)

Week 1	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
IMPRIMIS	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Week 2	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
IMPRIMIS	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
KLARITY (for ORA or premium lens)	2 times a day <input type="checkbox"/> <input type="checkbox"/>						

Week 3	Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21
IMPRIMIS	2 times a day <input type="checkbox"/> <input type="checkbox"/>						
KLARITY (for ORA or premium lens)	2 times a day <input type="checkbox"/> <input type="checkbox"/>						

Week 4	Day 22	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28
IMPRIMIS	2 times a day <input type="checkbox"/> <input type="checkbox"/>						
KLARITY (for ORA or premium lens)	2 times a day <input type="checkbox"/> <input type="checkbox"/>						

Please bring your eye drops and this schedule to the surgery center and to all follow-up appointments.

Separate Drop Schedule

For each eye you will be prescribed 3 drops to your pharmacy. If receiving an upgrade, you will also receive 1 bottle of Klarify, available at any Eyesight office. Drops are not available at the surgery center.



Morning of Surgery: Starting 1 hour before leaving home, use 1 drop each of the moxifloxacin, prednisolone, and ketorolac every 15 minutes for a total of 4 doses. i.e. if you will be leaving home at 9:00 AM, use the drops at 8:00, 8:15, 8:30, and 8:45 AM. Shake bottles before use. **Space out drops by at least 5 minutes.** Do not share bottles between eyes.

Beginning 1 HOUR BEFORE LEAVING HOME FOR THE SURGERY CENTER on

1 hour prior	45 minutes prior	30 minutes prior	15 minutes prior	After leaving the surgery center, use again at 12:00pm – 4:00pm – 8:00pm
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				

After Surgery: (4 times a day is roughly 8am, 12pm, 4pm, 8pm. 2 times a day is roughly 8am and 8pm)

Week 1	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Moxifloxacin or Polytريم	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Prednisolone Acetate 1%	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Ketorolac	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Week 2	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Prednisolone Acetate 1%	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Ketorolac	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Klarify (for ORA or premium lens)	2 times a day <input type="checkbox"/> <input type="checkbox"/>						

Week 3	Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21
Prednisolone Acetate 1%	2 times a day <input type="checkbox"/> <input type="checkbox"/>						
Ketorolac	2 times a day <input type="checkbox"/> <input type="checkbox"/>						
Klarify (for ORA or premium lens)	2 times a day <input type="checkbox"/> <input type="checkbox"/>						

Week 4	Day 22	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28
Prednisolone Acetate 1%	2 times a day <input type="checkbox"/> <input type="checkbox"/>						
Ketorolac	2 times a day <input type="checkbox"/> <input type="checkbox"/>						
Klarify (for ORA or premium lens)	2 times a day <input type="checkbox"/> <input type="checkbox"/>						

It is EXTREMELY important to follow your eyedrop instructions!

NOTE: Your surgeon will discuss the recommended continuation of your eyedrops after 4 weeks

Week 5 & Week 6	Day 29	Day 30	Day 31	Day 32	Day 33	Day 34	Day 35
Prednisolone Acetate 1%	2 times a day <input type="checkbox"/> <input type="checkbox"/>						
Ketorolac Tromethamine	2 times a day <input type="checkbox"/> <input type="checkbox"/>						
KLARITY – use until bottle is gone	2 times a day <input type="checkbox"/> <input type="checkbox"/>						

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