



## PREPARING FOR YOUR CATARACT SURGERY BEFORE / DURING /AFTER

You have been scheduled for cataract surgery and may have some questions. This is an overview of the information you received during your appointment with your surgeon.

If you have not scheduled your surgery, you can contact our surgical coordinators to find out which dates are available with your surgeon.

### **PRIOR TO SURGERY CALLS:**

Plan to receive a call **1-2 weeks prior to surgery to go over your medical history**. Although this number may show up identifying the surgery center, the number may not be one you recognize. They will leave a message if you don't answer. It is important that this call is returned prior to surgery or your surgery may be cancelled.

### **SURGERY TIME:**

Although you may have received a surgery date and location, **Eyesight does not schedule your actual 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.**

### **AFTER SURGERY APPOINTMENTS:**

You will be scheduled for a post operative appointment either the day of your procedure or day after, as well as a 2<sup>nd</sup> post operative appointment 1-2 weeks after your surgery/surgeries are completed. These appointments will be at one of our Eyesight locations in Portsmouth, Somersworth, Exeter or Kittery.

**Light Adjustable / RLE patients** will have a series of follow up appointments scheduled after the 1 month follow up appointment to adjust the lens. \*NOTE: All LAL adjustments require dilation. These appointments are generally 1 – 1 ½ hours

### **PAYMENT FOR SURGERY:**

If you have selected a premium lens, or upgrade, you will have a portion of your surgery paid at Eyesight prior to surgery AND a portion of your payment will be collected at the surgery center. If you have questions about the costs of your procedure, please speak with your coordinator.

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## PRIOR TO CATARACT SURGERY

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**PRE-SURGICAL EYE DROPS** – After cataract surgery, patients are often instructed to instill multiple prescription drops to prevent infection, inflammation, and pain, and each drop is on a different schedule. This can be confusing, so we have compounded your multiple eyedrops into one prescription called Imprimis and it contains all the prescriptions you need! **NOTE: All prescriptions or Imprimis eyedrops will need to be picked up PRIOR to surgery.** IMPRIMIS eyedrop can be purchased at the front desk at any Eyesight location during normal business hours.

**START THE IMPRIMIS DROPS ON:** \_\_\_\_\_ in \_\_\_\_\_ **eye only.**

- **Beginning 1 hour BEFORE YOU LEAVE HOME**, (regardless of how long it takes you to get to the surgery center) use the IMPRIMIS eyedrops every 15 minutes for a total of 4 times. i.e, if you are leaving home at 9:00am, you would use the IMPRIMIS eyedrops at 8:00, 8:15, 8:30 and 8:45.  
**Note: Shake eye drop bottle well prior to use.** Note that it is only necessary to use **1 drop at a time** from the bottle *regardless of what the package insert says.*
- Bring your eye drops and Surgery Drop Schedule to all follow-up appointments.
- **Please follow the eye drop chart you were given at the time of booking.**

**If you are using prescribed eyedrops (NOT IMPRIMIS eyedrops), please follow the eyedrop instructions on [page 6](#) of this document.**

**If prescribed, discontinue Xiidra/Restasis/Cequa, in the surgical eye only, beginning the morning of surgery.** **START XIIDRA, RESTASIS or CEQUA** on: \_\_\_\_\_ in the \_\_\_\_\_ **eye only.**

- Use **1 drop, 2 times per day** (morning and evening). **Note:** One vial should be used for a maximum of 2 days, regardless of the instructions from the pharmacy. Stop the Xiidra or Restasis once you start the pre-surgical drops.

### **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.
- **If you are having ANY LENS IMPLANT OTHER THAN A BASIC LENS,** you must be out of contact lenses 5 days 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.
- **BRING SUNGLASSES, GLASSES (if you wear prescription lenses), YOUR SURGERY BAG, AND EYE DROPS 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.
- **There are usually no medication restrictions for cataract surgery.** You may continue taking aspirin products, Coumadin, Plavix, etc., unless otherwise directed by your surgeon.

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## DURING CATARACT SURGERY

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You must have a responsible adult designated to accompany you to and from surgery. You will be at the surgery center for 1-2 hours.

If your surgery is at Coastal Surgical Center, please be aware that they do require a credit card on file for surgery. This card will not be charged and is only held.

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 only the operated eye. The actual procedure is usually brief – roughly 20 minutes. Recovery is fairly quick and, once cleared by the medical team, you will be ready to go home and rest.

You will have an appointment shortly after surgery and then a few weeks to a month later. You will need to pick up your prescriptions at your pharmacy or IMPRIMIS eyedrops at our office prior to surgery. You will take these drops in the operated eye for at least 4 weeks.

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## AFTER CATARACT SURGERY

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1. We prefer 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 like it is very teary.
2. Your vision may be blurry the day of surgery, and it may take several days for your vision to clear. If your eye is patched, we prefer that you keep the eye patch on, unless otherwise directed.
3. If you are having both eyes done within a short period of time, you may notice one eye healing more quickly and seeing better at a faster rate. This is not unusual. You may also need glasses to improve your vision for distance as well as up-close.
4. Eye protection is recommended outdoors (sunglasses or glasses) and a shield at bedtime for **1 week**. Use your own discretion when indoors. Your surgeon assures you that no harm will come to your eyes if you choose to wear your “old” glasses. **Note: Light Adjustable Lens (LAL) patients MUST wear sunglasses AT ALL TIMES outdoors (or where UV exposure is possible) until your lens is locked.**

Daytime – regular glasses or sunglasses  
Bedtime/Naps – Eye Shield

When putting on your eye shield, place the “arm” above your nose and place a piece of tape above and below so you can still see through it.

If you are provided an eyepatch instead of a shield, the eyepatch is not clear to see through, but should be taped on the face in the same manner.



Eye patch



Eye shield

No restrictions on bathing, showering, shampooing hair, having a permanent, or drying your hair, BUT **NO swimming** underwater for 3 weeks. **No eye makeup** for one week.

5. **YOU MAY** travel in an airplane, read, and watch T.V.
6. **YOU MAY** bend over to put on shoes, socks, or pick up things (NOT OVER 35lbs.)
7. **YOU MAY** sleep in any position.
8. Occasionally, your vision may be good enough to drive as soon as the day after surgery. Ask your surgeon if you are not sure. Please be aware that your eye will likely stay dilated for 1 to 2 days after surgery.
9. Please refrain from any vigorous physical activity that might increase your chances of falling and hitting your “operated” eye (such as skiing, skating, tennis, etc.) for **1 WEEK**. It is okay for you to take a walk or play golf as long as you are wearing eye protection. If you are unsure, please ask.
10. 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. While it is okay to use lubricant eye drops, i.e. “artificial tears”, please **do not begin using them until at least 1 week after surgery.**

**PLEASE CALL THE OFFICE AS SOON AS POSSIBLE** if you experience sudden intense pain or a dramatic change of vision in the “operated” eye.

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## **MEDICATIONS**

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1. Most patients will be prescribed a special combination drop called Imprimis. This drop contains a combination of 3 eyedrops - Prednisolone Acetate, Moxifloxacin and Nepafenac. **You can pick up your Imprimis eyedrops at any Eyesight office during normal business hours. You will need to purchase 1 bottle PER EYE.**
  - **Note:** if you are allergic to any of the medication in the Imprimis eyedrops, our office will call a different set of prescriptions into your pharmacy.
2. **After surgery, you will use 1 drop of your Imprimis eyedrops in the operated eye 4 times per day (generally at 8am, 12pm, 4pm and 8pm)** for 14 days, then 2 times per day (once in the morning and once at night). This drop is usually used for a minimum of 4 WEEKS after surgery; however, your surgeon will inform you of any changes in the length of time or frequency to use your eyedrops. We recommend only purchasing 1 bottle of Imprimis drops PER EYE, unless your surgeon suggests you purchase more after your post-operative appointment.
3. Bring your eye drops and Surgery Drop Schedule to all follow-up appointments.
4. If you do not have Imprimis enough drops, **stop into any Eyesight office location** to purchase more. If you have a pharmacy prescription, a refill is already available at your pharmacy.
5. For those patients who are on **Restasis or Xiidra or Cequa**: Please resume these drops **AFTER** surgical drops are gone.
  - **2 times per day** until gone in the operated eye(s).
  - One vial should be used for a maximum of 1 or 2 days regardless of the instructions you receive from the pharmacy or on the package.



# Light Adjustable Lens™

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## ADDITIONAL POST-OPERATIVE CARE INSTRUCTIONS FOR LIGHT ADJUSTABLE (LAL and LAL+) patients only

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The Light Adjustable Lens (LAL®) is made of a special photosensitive material that changes the shape and power of the implanted lens in response to ultraviolet (UV) light. The light treatments are delivered by a Light Delivery Device (LDD), which is done at Eyesight. What makes the Light Adjustable Lens so unique is that these changes are made to the lens after it has been implanted in your eye and you have healed from surgery.

Please follow all instructions provided to you by your eye doctor and staff, including use of the UV-blocking glasses that will be provided to you.

### **Your UV-blocking sunglasses are imperative to your success!**

3 pairs of 100% UV-blocking glasses will be provided to you at the time of surgery (sunglasses, clear glasses, and bifocals). These glasses will protect the Light Adjustable Lens from UV light sources other than the LDD that your doctor will use to optimize your vision. Exposing the Light Adjustable Lens to other UV light sources can potentially change the lens correction in an uncontrolled manner. If you do not wear the provided UV-blocking eyewear, your vision may not improve, or it could get worse.

### **How long do I have to wear the UV-blocking glasses?**

The UV-blocking glasses should be worn **outside at all times**, or if you are in a room with windows that may expose you to sunlight, until your eye doctor tells you that you no longer need to wear them (usually 24 hours after your final light treatment). Total wear is typically about 4-5 weeks in duration; however, this may vary depending on the number of light treatments delivered.

### **Can I wear my regular sunglasses that have UV protection?**

No. You should only wear the UV-blocking glasses provided to you. These glasses have a special protective coating that no other glasses have.

### **What happens if I lose or break my UV-blocking glasses?**

Please notify your eye doctor/clinic as soon as possible if one of your UV-blocking glasses are lost, damaged or unwearable, and then continue to wear the other pair. If both pairs are lost or damaged, wear the darkest sunglasses you have and contact your eye doctor/clinic. All of our offices carry extra supplies, so please notify us if you need to pick up replacements.

### **What are my limitations after surgery?**

**Sports** - Your eye doctor will advise you when you can return to sports. Your return to more impactful activities may need to be delayed until all light treatments are complete to guarantee a stable Light Adjustable Lens for light treatments.

**Tanning Studio** - A tanning studio bed is a very strong source of UV light, and should be avoided until all light treatments are complete and you have been advised that you can remove your UV-blocking glasses.

**Makeup** - You can return to wearing eye makeup within a week. Be careful when removing eye makeup and do not place excessive pressure on the eye. Permanent make-up should be delayed until the eye is considered fully healed by your eye doctor.

**Travel** - Travel is not impacted. Be sure to remember to bring all of your UV-blocking glasses with you. Be particularly diligent in protecting the eyes from UV sources in unfamiliar environment.

**Work** - Work is not impacted, unless your profession puts you at a higher risk of UV exposure. Please remember to wear your UV-blocking glasses at work until you are told by your eye doctor that it is no longer necessary.

**Laser Hair Removal** - It is recommended that you wait until all light treatments are complete and you have been advised that you can remove your UV-blocking glasses before proceeding with hair removal (IPL) treatments (different IPL devices use different wavelengths). This should include other facial beauty treatments that use light sources.

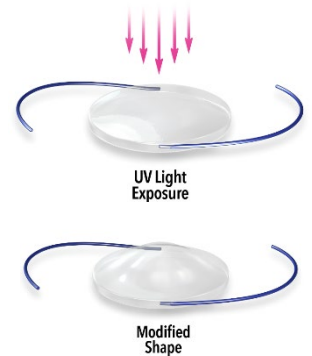
**Shower** – It is not necessary to wear your glasses in the shower.

### **What should I do if I forgot to wear my UV-blocking glasses?**

It is very important that you do not forget to wear your UV-blocking glasses. However, if you do forget, please put them on as soon as you remember.

### **How many total light treatments will I need?**

Between 1 and 3 light treatments, each lasting approximately 90 seconds and separated by 3-10 days, are required. The total number of light treatments is based on the achievement of the desired visual outcome that you and your doctor selected. Once you have achieved your final optimal vision, 2 additional appointments will be required to “lock” the lens to prevent any further changes.



### **Are the light treatments painful?**

Numbing drops will be applied to your eye. There may be some mild pressure or discomfort, and some patients have perceived the treatment to be bright, however the light treatments are not painful.

### **What should I expect after each light treatment?**

Your vision may be blurry immediately after each treatment due to a gel used during application of the light treatment, but this should resolve quickly. Additionally, your eye may be dilated for the treatment, which may require wearing the tinted UV-blocking glasses for a few hours. It may take 24-48 hours after each light treatment to notice an improvement in your vision. The light from the LDD may also cause a temporary or long-lasting pink or red afterimage, which is common with a light source directed to the eye. This tinge to your vision is especially noticeable on things that normally look white, but should resolve before your next light treatment. Speak with your doctor if the pink or red after image remains.

# Imprimis Surgery Drop Schedule

*Prednisolone-Moxifloxacin-Nepafenac*

**Beginning 1 hour BEFORE YOU LEAVE HOME**, (regardless of how long it takes you to get to the surgery center) use the IMPRIMIS eyedrops every 15 minutes for a total of 4 times. i.e, if you are leaving home at 9:00am, you would use the IMPRIMIS eyedrops at 8:00, 8:15, 8:30 and 8:45.

**Purchase ONE bottle PER EYE prior to surgery.** Do not share the bottles if you have a second eye treated shortly after. (i.e. If you have right eye surgery first, purchase 1 bottle for the right eye and use that bottle ONLY for the right eye. If you have the left eye treated after, purchase a separate bottle for the left eye and use that bottle ONLY for the left eye)

**Note: Shake eye drop bottle well prior to use.** It is only necessary to use **1 drop at a time** from the bottle *regardless of what the package insert says.*

In  RIGHT EYE  LEFT EYE

**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"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**Eyedrops following surgery:**

Week 1	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	
	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"/>	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	
	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"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Week 3	Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21	
	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	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	
	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	

*4 times a day would be roughly 8am, 12pm, 4pm and 8pm.*

*2 times a day would be roughly 8am and 8pm*

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

# Surgery Drop Schedule - IF PRESCRIBED SEPARATE BOTTLES OF EYEDROPS ONLY!

In  RIGHT EYE  LEFT EYE

Beginning **1 HOUR BEFORE LEAVING HOME FOR THE SURGERY CENTER** on \_\_\_\_\_



	1 hr prior to surgery	45 min prior to surgery	30 min prior to surgery	15 min prior to surgery	After leaving the surgery center, use again at 12pm, 4pm & 8pm
Moxifloxacin or Polytrim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Prednisolone Acetate 1%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Ketorolac Tromethamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Week 1	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	
Moxifloxacin or Polytrim	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"/>	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"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Ketorolac Tromethamine	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"/>	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"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Ketorolac Tromethamine	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"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <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"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>
Ketorolac Tromethamine	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	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"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>
Ketorolac Tromethamine	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>

**It is EXTREMELY important to follow your eyedrop instructions!**  
Your ophthalmologist will discuss the recommended continuation of your eyedrops after 4 weeks

Week 5	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"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>

Week 6	Day 36	Day 37	Day 38	Day 39	Day 40	Day 41	Day 42
Prednisolone Acetate 1%	Once a day <input type="checkbox"/>	Once a day <input type="checkbox"/>	Once a day <input type="checkbox"/>	Once a day <input type="checkbox"/>	Once a day <input type="checkbox"/>	Once a day <input type="checkbox"/>	Once a day <input type="checkbox"/>



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 0.3 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.**

**COASTAL**  
SURGICAL CENTER



## SURGERY COORDINATOR CONTACT INFORMATION

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

**PORTSMOUTH COORDINATORS:**

Sandy x230

Leah x240

**EXETER COORDINATORS:**

Deb x317

**SOMERSWORTH COORDINATORS:**

Cassie x263

Kimberly x541

**KITTERY COORDINATORS:**

Rebecca x540

## SURGERY CENTER / HOSPITAL CONTACTS

Plan to receive a call **1-2 weeks prior to surgery to go over your medical history**. Although this number may show up identifying the surgery center, the number may not be one you recognize. They will leave a message if you don't answer. It is important that this call is returned prior to surgery or your surgery may be cancelled.

Although you may have received a surgery date and location, **Eyesight does not schedule your actual 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.**

**Coastal Surgical Center** - 291 Shattuck Way, Newington NH

603-314-8035 (before 4:30pm)

**Wentworth Douglass Hospital** – 789 Central Avenue, Dover NH

603-740-2281 (after 6pm 603-740-2433)

**Frisbie Memorial Hospital** - 11 Whitehall Road, Rochester NH

603-330-8936 (after 5pm 603-332-5211)

**Exeter Hospital** - 5 Alumni Drive, Exeter NH

603-580-7568 (before 4:30pm)

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



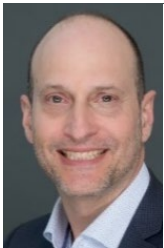
Lucian Szmyd, MD



Claudia Bartolini, MD



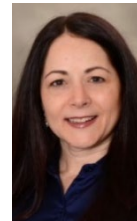
Christopher Turner, OD



Warren Goldblatt, MD



Kinley Beck, MD



Lauren McLoughlin, OD



N. Timothy Peters, MD



Jennifer Ling, MD



Janet Rand, OD



Marsha Kavanagh, MD



Jason Szelog, MD



Renee Lynch, OD



Timothy Sullivan, MD



Nathaniel Sears, MD



Hilary Hamer, OD



Dwight Arvidson, OD

## **PORTSMOUTH**

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

## **EXETER**

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

## **SOMERSWORTH**

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

## **KITTERY, ME**

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