# Dr. A. Crichton

102, 49 Richard Way S.W.

# Calgary, Alberta T3E 7M8

403-245-3730, fax 403-245-1058

**GLAUCOMA SURGERY**

PLEASE READ CAREFULLY BEFORE SURGERY

Before Surgery

**Medical: -**A medical must be done by your family doctor **about 1 month or as soon as possible before surgery; medicals are valid for 3 months assuming no health changes.**

-Please bring the enclosed medical form to your doctor to complete at your appointment

-If you **fail** to have your medical done, your surgery will be postponed.

**Drops: -**Continue your drops as usual until you arrive at surgery.

 -Instructions for additional surgery drops are enclosed.

**Surgery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Arrival** **time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am/pm (walk in door time)

-Total length of time there is approximately 2 hours, from start to finish. You are not allowed to drive yourself home (taxi is acceptable provided no sedation is given)

**Location: Lasik MD Surgery Center**

Suite 440, 8835 Macleod Trail SW, Calgary, AB T2H 0M2

 **Location may change, to be confirmed 1 week prior**

# **Parking:** F**ree 3 hour** parking available in upper parking lot. You cannot drive yourself home from surgery (taxi is acceptable provided no sedation is given)

IMPORTANT GLAUCOMA SURGERY INSTRUCTIONS

**BEFORE SURGERY**

* If you are on Coumadin, please ensure you have your INR checked approximately 5 - 7 business days prior to surgery.
* **Do not have any solid food or milk products after midnight before surgery, this includes gum or candy. Do not drink any alcoholic beverages for 24 hrs before surgery**.
* **You may drink up to 1 cup clear fluids 4 hours before surgery (e.g. tea or coffee with NO dairy/sugar added, apple juice, water, clear broth, jello).**
* Your operation may be cancelled due to acute medical conditions (e.g. severe cold). If in doubt, contact your surgeon’s office prior to surgery.
* Take all your medications as normal before surgery with sips of water

-take any medications that should be taken with food after surgery

* If you use glaucoma drops in the surgery eye, take them the morning of surgery. After surgery, Dr. Crichton will instruct you on the use of your eye drops. A prescription is enclosed with instructions regarding additional drops required for surgery.

**THE DAY OF SURGERY**

* + - It is recommended to have someone accompany you to and from surgery. Please make your own arrangements. Mild sedation is an option at the surgery center provided someone will be with you the entire day of surgery
		- Please bring your **Alberta Health Card and Identification**
		- Wear loose comfortable clothing. Nothing tight or constricting.
		- Please do not wear jewelry or makeup. If you wear contact lenses, please remove them before surgery.
		- You will check in at Lasik MD reception area. There is a waiting room if your driver needs to wait.
		- They may have you sign a consent form and then take you to the back to see the anesthetist. He/she will administer either the anesthetic drops or the local anesthetic, which will freeze the whole side of your face.
		- Once the anesthetic has taken effect, you will walk to the surgical suite where Dr. Crichton will do your surgery.
		- You will lie on a surgical bed while covered with a sterile surgical drape. The surgery itself takes about 20-45 minutes and you will be awake for the whole procedure.
		- Dr. Crichton will put bandages and a shield over your eye after surgery

**AFTER SURGERY**

* Leave your eye patch on overnight and the next day until your appointment with Dr. Crichton. Do not remove the patch to take any eye drops.
* Go home & rest. Resting quietly the day of surgery is recommended
* **You will have a 1 day follow-up appointment at the Rockyview Hospital Eye Clinic early the morning after surgery and a 2 day follow-up appointment at Dr. Crichton’s office (#102, 49 Richard Way SW).**  Further appointments will depend on healing but will likely be quite frequent for several weeks
* You may experience numbness of your face, eye and head for up to 6 hours after surgery.
* If you experience discomfort, you may take Tylenol as recommended (do not take aspirin as this will increase the risk of bleeding)
* If you experience severe pain, call the office at 403-245-3730 during daytime hours. After hours, to receive telephone advice, call Calgary Health Link at 811. For an emergency, go to the hospital emergency department (Rockyview Hospital in Calgary).
* You may eat regular meals following surgery.
* Discontinue glaucoma drops/pills for your SURGERY EYE ONLY and use your post-operative drops unless otherwise advised. Continue any drops you take for your non-surgery eye as normal.

###### POST-OPERATIVE ADVICE FOLLOWING SURGERY

* If you have any questions about your eyes, please call the office.
* Wear eye shield at night for 2 weeks. Tape the shield to face with medical tape or fix the eye shield with elastic (e.g. like a pirate patch).
* Your wound is healing and it will not be firm enough to stand too much pressure for about six weeks.
* Avoid all dirty/dusty environments, stooping, straining, lifting and vigorous activities for at least two weeks. It is impossible to list all the activities you should avoid. Try and sleep propped up for 5 days after surgery.
* Avoid closing the eyes tightly. Never rub or touch the eye. Take care when washing face, avoid getting water or soap in the eye.
* If there is a lot of discharge from the eye upon waking, wipe off the lids with moist cotton, but avoid exerting pressure on the eye, particularly the upper lid. If there is any sticky, colored discharge continuing during day, call the office.
* Wash your hands thoroughly before and after putting in eye drops.
* You may have the feeling of something in the eye due to the incision, but do not close the eye tightly. This feeling may persist for a few weeks, artificial tears may help provide some relief.

**PRE-SURGERY MEDICAL FORM**

**PLEASE RETURN WITHIN 3 WEEKS BEFORE** **SURGERY**

 **(Form is valid for 3 months provided no changes)**

Dear Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Your patient has been scheduled to have surgery at: LASIK MD Surgery Center

Please provide a complete history and physical examination on this form and **fax as soon as possible to: DR. CRICHTON**  **Fax**  **403-245-1058**

Patient’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Surgery\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis: GLAUCOMA Procedure\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HISTORY OF PRESENT ILLNESS

Past Medical Hx - **Medication List:**

 -

 -

Recent Steroid use- -

Drug Allergies- -

Previous Surgery- -

Anesthetic Problems- -

Functional Inquiries (Systems Inventory) No Yes

Cardiovascular \_\_ \_\_

Respiratory/Smoking \_\_ \_\_

Heptic \_\_ \_\_

Renal \_\_ \_\_

Nervous System \_\_ \_\_

Endocrine \_\_ \_\_

Musculoskeletal System \_\_ \_\_

Blood or Coagulation Disorders \_\_ \_\_

Pulse\_\_\_\_\_\_\_\_\_\_ BP\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight\_\_\_\_\_\_\_\_\_\_\_\_ Height (approx.)\_\_\_\_\_\_\_\_

Normal Abnormal If Abnormal give details:

EENT \_\_\_\_\_\_ \_\_\_\_\_\_\_

Cardiovascular \_\_\_\_\_\_ \_\_\_\_\_\_\_

Respiratory \_\_\_\_\_\_ \_\_\_\_\_\_\_

Abdominal \_\_\_\_\_\_ \_\_\_\_\_\_\_

Nervous System \_\_\_\_\_\_ \_\_\_\_\_\_\_

Musculoskeletal \_\_\_\_\_\_ \_\_\_\_\_\_\_

Other (Specify) \_\_\_\_\_\_ \_\_\_\_\_\_\_

FIT FOR SURGERY? YES\_\_\_\_NO\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dr. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Fax # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



