

FREQUENTLY ASKED QUESTIONS – PLEASE READ CAREFULLY

1. Do I take all my general health and other eye medications before surgery?
A. Yes, take anything as you normally would with the following exceptions
- any medications recommended to take with food, including diabetic medications
- any glaucoma drops regularly instilled in the evening should be instilled in the morning prior to surgery (take normally the days before and after surgery)
2. Do I continue to take my bloodthinner?
A. If you take Coumadin/Warfarin, you should have your INR checked approx 5-7 days prior to surgery; Dr. Crichton will advise if any changes are required
- If you take baby aspirin for general health purposes only, stopping for 5 days prior to surgery and 1 day after will decrease the risk of bleeding
- Continue any other bloodthinners as you normally would (ensure staff are aware)
3. Can I eat and drink before surgery?
A. It is recommended to drink 3 cups of fluids (NO alcohol) the evening prior.
B. Do NOT eat anything after midnight the night before surgery (including gum/candies). You can drink CLEAR fluids (water, apple juice, sports drink, BLACK tea or coffee without any sweeteners) up to 3 hours prior to surgery then NOTHING.
4. What if I get sick before surgery?
A. You should contact the office immediately if you have an uncontrollable cough, fever, vomiting, possible eye infection, or sudden health changes (403-245-3730)
5. Can I drive after surgery?
A. You are not allowed to drive yourself on the day of surgery. It is preferred that a friend/family member drive you home after surgery; a taxi is permitted although no sedation will be offered. Bus or walking by yourself is NOT permitted. A staff member can advise you on your 1-day follow-up check if you are legal to drive again.
6. What can I expect on the day of surgery?
*Ensure to wear loose-fitting clothing; nothing tight or restricting. Do not wear make-up or jewelry. Contact lenses will need to be removed.
A. Check-in at Surgery Center Reception: you will need your current ID and healthcare card. You will need to sign a consent form for surgery. Your driver may wait in the waiting room or return to pick you up after your surgery (~2 hours). If you chose a specialty lens, you will need to pay with debit/credit card at this time.
B. Anesthetist: The anesthetist will offer a mild sedative if you prefer and only if you have somebody who will be with you the remainder of the day. He/She will discuss your health, monitor your blood pressure and instill drops to “freeze” and dilate your eye. Rarely a needle may be used to freeze the eye; this will be discussed prior to surgery if needed.
C. Surgery Room: You will need to lie down on the surgery table; the nurses will make you as comfortable as possible with knee or neck support. Dr. Crichton will place a drape over you leaving only your surgery eye exposed. You will need to listen to instructions regarding where to look; if needed, a translator may accompany you into the surgery suite. The surgery will take about 15 minutes and is generally painless. A patch will be placed over the eye when finished.

D. Recovery Room: The nurse will take you to a room to ensure you are stable and comfortable prior to allowing you to go home.

7. Are there restrictions after surgery?

A. You should rest quietly the day of surgery.

B. You can remove the eye patch the first morning after surgery; throw away the padding but keep the clear plastic shield as you should tape this over the eye whenever you sleep for the first two weeks after surgery. If your skin is sensitive to tape, you may use elastic to make a “pirate patch” instead but this is not typically as secure.

C. For the first two weeks after surgery you should avoid rubbing your eye, lifting over 10 lbs, straining or potentially strenuous activities including any sports, extended periods of bending over, pools or hot tubs and any dirty/dusty environments. Try to avoid squeezing or closing eyes tightly. You may shower but try to keep your head back to minimize water/soap getting in eyes. Sunglasses are recommended outside.

D. You should avoid wearing any eye makeup or having creams/lotions near eyes for one week after surgery.

8. What should I expect?

A. Your eye may be somewhat irritated the first 24 hours after surgery; extreme pain is not expected however, keeping both eyes closed or Tylenol may help if needed. Instilling artificial tears may help any mild irritation/itching. Vision is often functional for the targeted range by 24 hours after surgery however do not be alarmed if it is not as there are many factors involved in healing. Although your glasses will no longer be correct, you can continue to wear them if they help or you can have your optician remove the lens from in front of your surgery eye (this may not work well if you still have a high prescription in the other eye). Over the counter reading glasses may help with near work initially; it is recommended to wait about 6 weeks after surgery before updating glasses.

10. Can I travel after surgery?

A. Extended travel or international travel is not advised for the first six weeks after surgery.

11. Are there any tips for instilling drops?

A. It is generally best to pull your lower lid down to form a “pouch”, look up and instill one drop. Some people find it easier to lie down and look up. Be careful not to touch tip of bottle to lid/lashes and always wait 5 minutes between types of drops. If you were using glaucoma drops before surgery, these should be continued. It is common for drops to sting for ~1 minute after instilling.

12. What if I still have questions?

A. You may call our office at 403-245-3730 ext 2 or 0; we will do our best to return any messages within 24 hours. **Call immediately if there is a sudden drop in vision, severe pain or discharge; if not during office hours, call Healthlink at 811.**