

Cataract surgery is one of the most common and safest procedures in the USA. Please arrange for someone to drive and stay with you at the facility/hospital during your **3 to 4 hour long stay** or contact us for help.

Expectations of Cataract Surgery

- Typically visual recovery is rapid, but blurriness may occur for a few hours or days.
- A mild scratchy sensation is common, but is usually controlled within a few days by PROLENSA or Tylenol.
- If you have headaches, eye pain or pressure, call the office. Execute all instructions given by staff.
- If you require eye glasses, it is necessary to allow your eye to fully heal before acquiring a new prescription.

Medications

To prevent infection, an iodine based solution and antibiotics will be utilized during your cataract surgery. Additionally, purchase PROLENSA, an anti-inflammatory eye drop to improve dilation of the pupil, reduce discomfort, and decrease the risk of retina swelling. **Please buy 1 bottle of PROLENSA for each eye. If your pharmacy has not received your prescription, then call your Clemson Eye local office.** If cost is an issue, then do inform us, so we may help.

Prior to the Procedure

Start using **Ocusoft Hypochlor Spray**: _____

- With eyes closed, one (1) spritz per eye lid, rub in with finger, twice daily until the day of surgery.

3 Days before the Procedure

- **Eye Drop:** Insert one drop of PROLENSA per day into the operative eye.

Night before the Procedure

- Do not eat or drink after midnight. For afternoon procedures, light food **6 hours before** your arrival time is permissible. The assessment nurse from Piedmont Surgery Center will contact you to discuss the specifics regarding acceptable foods for afternoon procedures, also reference the Piedmont Surgery Center informational sheet included in your surgery kit.

Day of the Procedure

- Insert one drop of PROLENSA in the operative eye in the morning and take your regular medications with a sip of water (not applicable to diabetic medication; see below).
- **Diabetics: The above statement regarding medication DOES NOT apply to your diabetic medication. You will receive directions pertaining to your diabetic medication from Piedmont Surgery Center, either by phone or email, prior to your surgery.**
- Bring your cataract canvas bag, information packet and eye drops with you.

Eye Care & Activities after Cataract Surgery

- **When you get home**, remove your eye shield and save it for later use.
- **Discontinue the Ocusoft Hypochlor Spray** after your procedure, until otherwise advised by your surgeon.
- **For the first 2 days**, no heavy work, exercise, or lifting. Do not get water in your eye when washing.
- **For the first week**, at bedtime, or nap time tape the provided eye shield over your eye.
- **Light activities** are acceptable. You may return to your normal activity level 7 days post-surgery.
- **Driving.** You may resume driving after your cataract procedure and upon your doctor's instructions.

Medications and Nutrition after Cataract Surgery

- **Continue inserting one drop of PROLENSA per day into the operative eye until the bottle is empty**, roughly one month, and use any other medications as prescribed by your eye surgeon.
- If needed, you may use artificial tears (Systane/Optive **preservative-free**, available OTC) 4x/day.
- **Continue all your usual medications** without interruption following your cataract procedure.
- **Resume your usual diet.**

Important Dates for Your Cataract Procedure

It is important that you attend all appointments as scheduled to achieve the best results from your eye surgery. Piedmont Surgery Center (PSC) will call you one-business-day before your procedure to advise you of your procedure time. If you have not received your surgery time by 2 pm, then please call PSC at 864-272-3409. Again, expect approximately a 3 to 4 hour-long-stay for your procedure. We will see you a few times after your procedure to ensure you are healing and successfully using the medications.

Payment Due Dates for Fees Payable to Clemson Eye

First Surgery: _____

Second Surgery: _____

First Eye [Left / Right]

Procedure date: _____ time: TBA prior day facility: _____ PSC

Appointment: _____ time: _____ facility: _____

Appointment: _____ time: _____ facility: _____

Second Eye [Left / Right]

Procedure date: _____ time: TBA prior day facility: _____ PSC

Appointment: _____ time: _____ facility: _____

Appointment: _____ time: _____ facility: _____

Contact Information

Please call your local office with any questions. **After hours**, follow the instructions and leave a message and your call will be returned promptly by **our doctor on call**. If you are not contacted, then call or go directly to the emergency department.

Anderson
2011 E Greenville St
Anderson, SC 29621
Office: 864-622-5000
Fax: 864-622-5020

Clemson
931 Tiger Blvd
Clemson, SC 29631
Office: 864-654-6706
Fax: 864-654-3275

Easley
15 Southern Center Ct
Easley, SC 29642
Office: 864-855-6800
Fax: 864-855-6850

Greenville
360 Pelham Rd
Greenville, SC 29615
Office: 864-268-1000
LASIK: 864-297-8777
Fax: 864-292-2020

Simpsonville
877 NE Main St
Simpsonville, SC 29681
Office: 864-967-8582
Fax: 864-963-3232