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American Board of Ophthalmology

Surgical Daycare Instructions For Dr. McFadden's Cataract Surgery Patients - Before the Day of Surgery

PLEASE READ CAREFULLY

SURGERY DATE: _____ TIME: _____ RIGHT EYE LEFT EYE

1. The hospital will call you a few days prior to your surgery to confirm the time you should report to the hospital on the day of surgery.
2. Please see your family physician 7-10 days prior to your surgery for a preoperative check.
3. We are enclosing a prescription for some eye drops to be used before your operation. They are to be used as directed below:

Antibiotic drops - Use one of the antibiotics Vigamox (also known as moxifloxacin hydrochloride) OR Ocuflox (also known as Ofloxacin). See Dr. McFadden's letter dated January 15, 2005. Start using these drops in both eyes 3 days prior to surgery. Use one drop in each eye four times a day. (e.g. breakfast, lunch, dinner, bedtime). These antibiotic drops are used to prevent any infection of your eyes prior to surgery.

Anti-inflammatory drops Voltaren Ophtha (also known as diclofenac sodium). Start using these drops in the eye that is to be operated on beginning the evening prior to your operation. Put one drop in at dinner time and one drop in at bedtime. You may also put a drop in on the day of your surgery.

Remember to continue using the Vigamox or Ocuflox drops when you begin the Voltaren Ophtha. Please leave 5 minutes between applications, this is to ensure that one drop does not wash out the other.

4. You may eat a regular breakfast on day of surgery. Take regular medications on morning of your surgery, (including diabetic medications), unless otherwise indicated by your family doctor, the hospital anesthetist, or by Dr. M. McFadden.

Wear loose clothing and please bring your glasses to the hospital so that you are able to read any forms that you may be required to sign.

5. Please make arrangements for someone to drive you home after you are discharged from the hospital.

AFTER SURGERY:

You will be required to come back to Dr. McFadden's office on the following dates for your post-operative exams.

_____ at _____
 _____ at _____

If you have decided to have the foldable soft lens please have your payment available at your first post-operative exam. If you are covered by DVA you will also be required to bring a payment for the foldable lens. We will issue a receipt to you, which you can submit to DVA for reimbursement.

(Cash or cheques only please). Please make your cheque payable to Dr. M. McFadden.

If you need to cancel your surgery please call me as soon as possible. If you have any questions please do not hesitate to call me at 604-530-3332. Thank you, Irene

**All of Dr. McFadden's Patient Instructions can be viewed on the Internet by visiting
<http://www.prk.com/eye-surgeons/mcfadden>**

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