

SURGICAL CENTER OF BURLINGTON COUNTY  
225 SUNSET ROAD • WILLINGBORO, NJ 08046 • 609.880.9000

**PRE-OPERATIVE INSTRUCTIONS FOR: SAMPLE ONLY**  
**YOU ARE SCHEDULED FOR YOUR EYE SURGERY ON: \_\_TBD**

**THE SURGICAL CENTER WILL CALL YOU THE DAY BEFORE SURGERY WITH YOUR EXPECTED TIME OF ARRIVAL. THIS CALL COULD BE AS LATE AS 4 P.M. IF THEY ARE UNABLE TO REACH YOU THEY WILL LEAVE A MESSAGE, SO PLEASE BE SURE TO CHECK YOUR VOICEMAIL.**

LISTED BELOW YOU WILL FIND INSTRUCTIONS AND INFORMATION TO HELP ANSWER YOUR QUESTIONS AND PREPARE YOU FOR YOUR TIME WITH US.

1. You will need clearance by your family doctor completed prior to your surgery. This clearance includes:
  - HISTORY AND PHYSICAL BY YOUR FAMILY DOCTOR (form provided at time of scheduling)
    - This form **MUST** be completed no sooner than 30 days prior to your surgery date or will be considered invalid.
  - EKG (necessary for patients 60 and older, or with known heart conditions)
    - EKGs must be completed within 6 months of your surgery date.
  - THIS INFORMATION MUST BE RETURNED TO OUR OFFICE NO LATER THAN ONE WEEK PRIOR TO YOUR SURGERY DATE.

IF YOUR DOCTOR CANNOT SEE YOU BY \_\_, YOU MUST CALL US TO RESCHEDULE YOUR SURGERY. **NO EXCEPTIONS.**

2. ALL CONTACT LENS WEARERS ARE REQUIRED TO REMOVE/ STAY OUT OF LENSES FIVE DAYS PRIOR TO YOUR SURGERY DAY.
3. Do not eat or drink after midnight or in the morning of your surgery. This includes coffee and water.
  - **IF YOU EAT OR DRINK IN THIS TIME FRAME, YOUR SURGERY WILL BE POSTPONED.**
4. Only medication for heart, blood pressure, or seizures may be taken on the morning of your surgery. These medications may be taken with a minimal sip of water. **Please note:** this does not include any medication you make take for Diabetes.
  - Bring any other medications that you may need to take that day with you.
  - IF YOU ARE INSULIN DEPENDENT, PLEASE BRING YOUR INSULIN AND SYRINGES WITH YOU.

**5. THE DAY OF SURGERY:**

- Please bring your health insurance cards as well as a photo ID.
  - Please leave all valuables at home.
  - Please do not wear any jewelry.
  - Please do not wear face makeup.
  - Please wear clothes that are comfortable and warm.
6. Anesthesia care will be provided by our board-certified anesthesiologist. At the completion of your procedure, you will be awake and alert. You may leave the center, with your driver, shortly after the procedure.

7. After your procedure, we provide juice and a light snack. You may bring a lunch or snack for afterwards if you wish, especially if you are diabetic.
8. YOU WILL NEED TO PROVIDE A RESPONSIBLE ADULT:
  - TO DRIVE YOU TO AND FROM YOUR PROCEDURE, AS WELL AS TO YOUR POST-OPERATIVE APPOINTMENT.
  - TO STAY WITH YOU FOR 12-24 HOURS AFTER YOUR SURGERY.
9. PLEASE PLAN TO BE AT OUR CENTER FOR 3 HOURS TOTAL. Please notify your driver of this.
10. Three prescriptions for eye drops will be sent to your pharmacy. You will begin drops in the operative eye 3 days prior to your procedure. The directions are as follows:
  - **DROPS: 1 DROP OF SELECT, 1 DROP OF SELECT, AND 1 DROP OF SELECT.**
  - **BEGIN DROPS:** \_\_\_\_\_
  - **ADMINISTER DROPS TO SELECT EYE ONLY.**
  - It does not matter which order you administer the drops.
  - Please bring these drops with you the day of surgery
  - **PLEASE NOTE:** Your insurance company may not cover these eye drops, or they may be too expensive. In the event of either of these, an authorized substitution eye drop may be prescribed.
    - **It is important to know that substitute drops may not follow the same frequency as mentioned above. ALWAYS FOLLOW THE INSTRUCTIONS ON YOUR BOTTLE.**
11. Your post-operative appointment is scheduled for: \_\_
  - **REMEMBER:** you will need someone to drive you to this appointment. YOU ARE NOT TO DRIVE ANYWHERE UNTIL AFTER YOU HAVE SEEN YOUR SURGEON FOR THIS POST-OPERATIVE APPOINTMENT.
12. Please be aware that you may have a financial responsibility in regards to surgery, as determined by your insurance carrier. This is could be in the form of a deductible, co-insurance, or copayment. We will always verify your benefits as a courtesy, and will contact you approximately 3 days prior to your procedure if any monetary amount is due. **ALL COPAYS, CO-INSURANCES, AND/OR DEDUCTIBLES ARE DUE AT TIME OF SURGERY.** If you have any questions or concerns, our billing department can be reached at (609) 877-2800, prompt #8.

**Please contact Suzzette at (609) 877-2800 ext. 109 or Mary at ext. 124 with any questions or concerns in regards to these instructions or your surgery in general.**