

DEAR PATIENT:

YOU ARE SCHEDULED FOR AN OUTPATIENT SURGICAL PROCEDURE AT THE EYE SURGERY CENTER OF THE DESERT, LTD. ON \_\_\_\_\_ YOU WILL ARRIVE AT THE CENTER IN THE MORNING, HAVE THE SURGERY, AND BE DISCHARGED A SHORT TIME LATER. A NURSE WILL CALL ON \_\_\_\_\_ TO SCHEDULE THE TIME OF THE SURGERY.

**BEFORE SURGERY**

IF YOU HAVE A COLD, FLU OR SORE THROAT SYMPTOMS IMMEDIATELY PRIOR TO SURGERY, PLEASE NOTIFY THE OFFICE.

**NIGHT BEFORE SURGERY**

EAT NOTHING SOLID PAST MIDNIGHT. YOU ARE ALLOWED CLEAR FLUIDS UP TO 2 HOURS PRIOR TO YOUR SURGERY. THIS INCLUDES BLACK COFFEE, CLEAR TEA, 7-UP, COKE, WATER, APPLE JUICE, GRAPE JUICE OR CRANBERRY JUICE. DO NOT DRINK ANY DAIRY PRODUCTS OR JUICE WITH PULP.

**DAY OF SURGERY**

PLEASE WEAR A BLOUSE OR SHIRT THAT BUTTONS DOWN THE FRONT, COMFORTABLE SHOES, AND MINIMAL JEWELRY. A WATCH AND RING ARE OKAY. NO EARRINGS. WOMEN: NO EYE OR FACE MAKEUP (LIPSTICK IS OKAY). NO CREAM ON THE FACE. MEN: NO UNDERSHIRT

IN ORDER TO MINIMIZE CHANCES OF INFECTION, PLEASE SHOWER OR BATHE THE NIGHT BEFORE OR DAY OF SURGERY. **PLEASE TAKE MORNING MEDICATIONS AS INSTRUCTED.**

**AFTER SURGERY**

YOU WILL HAVE AN APPOINTMENT THE DAY AFTER SURGERY.

**SPECIAL INSTRUCTIONS**