
Cataract surgery is one of the most common and safest procedures in the United States. It is a 15-minute procedure with little discomfort and rapid recovery. There are no stitches or needles, and advanced methods ensure the very best visual results. You will be awake and relaxed during the procedure. If you require cataract treatment for both eyes, your procedures typically will be scheduled a week or two apart. Please arrange for someone to drive and stay with you at the surgery facility/hospital during your approximately **2-hour-long stay**. If transportation to your cataract procedure is a challenge, please let us know.

Medications

We will electronically send three prescriptions to your pharmacy for advance purchase. Your surgeon has selected the highest quality eye drops to protect you against infection and promote the rapid and complete healing of your eye. There are generic versions of these drops available, but they are less effective, cause stinging and require longer use. If the cost is a hardship, please let us know. Here are the recommended prescription drops and their benefits:

- **Besivance:** An antibiotic used to help prevent serious infections inside the eye after surgery.
- **Bromday:** An anti-inflammatory used to improve dilation of the pupil, decrease pain during and after surgery, and decrease the risk of retina swelling after surgery.
- **Durezol:** A steroid used to decrease inflammation and pain after surgery.

3 Days before the Procedure

- **Eye Lid Scrubs** (available over the counter): Once per day apply a warm, clean, moist washcloth to the top/outside of your eyelid for 5 minutes. Then use the eyelid scrub to clean the eyelid.
- **Eye Drops:** Apply Bromday (anti-inflammatory) 1 drop per day, and Besivance (antibiotic) 1 drop 3-times per day. When using these drops at the same time of day, stagger them 5 minutes apart.
- **Eye Drop Checklist:** Use the Checklist on Page 3 to track application of your drops.

Night before the Procedure

- Do not eat or drink anything after midnight. If your procedure is in the afternoon, you may have some light food **6 hours before it**. If you have diabetes, you will be scheduled in the morning.

Day of the Procedure

- **Insert eye drops in the morning and take your regular medications** with a sip of water. If you are **DIABETIC**, **NO ORAL** diabetic medications. If you use insulin take **ONE-HALF** your morning insulin dosage before coming to the surgery center and bring the other half of your insulin dosage with you to the facility.
- **Bring your cataract canvas bag and eye drops** with you. While recovering, you will be given further instructions on how to care for your eye after the cataract procedure.

Appointments 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. Again, expect approximately a 2-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.

First Eye [Left / Right]

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

Appointment: _____ time: _____ office: _____

Appointment: _____ time: _____ office: _____

Second Eye [Left / Right]

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

Appointment: _____ time: _____ office: _____

Appointment: _____ time: _____ office: _____

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
Tel: 864-622-5000
Fax: 864-622-5020


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

Easley
15 Southern Center Court
Easley, SC 29642
Tel: 864-855-6800
Fax: 864-855-6850




Greenville
4200 E North St,
2 Center East
Greenville, SC 29615
Tel: 864-268-1000
Fax: 864-292-2020

Spectrum Lasik
2 Maple Tree Court,
Suite B
Greenville, SC 29615
Tel: 864-297-8777
Fax: 864-297-8181

Checklist for Your First Eye Cataract Procedure: LEFT / RIGHT

	3 Days Before	2 Days Before	1 Day Before	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> Besivance  </div> <div style="text-align: center;"> Bromday  </div> <div style="text-align: center;"> Durezol  </div> </div>								
BEFORE PROCEDURE												
Besivance 3x/Day	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Bromday 1x/Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lid Scrub 1x/Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 1	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
Durezol 3x/Day	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Besivance 3x/Day	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Bromday 1x/Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 2	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
Durezol 3x/Day	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Bromday 1x/Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 3	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
Bromday 1x/Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 4	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
Bromday 1x/Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 5	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
Bromday 1x/Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Checklist for your Second Eye Cataract Procedure: LEFT / RIGHT

	3 Days Before	2 Days Before	1 Day Before	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> Besivance  </div> <div style="text-align: center;"> Bromday  </div> <div style="text-align: center;"> Durezol  </div> </div>								
BEFORE PROCEDURE												
Besivance 3x/Day	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Bromday 1x/Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lid Scrub 1x/Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 1	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
Durezol 3x/Day	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Besivance 3x/Day	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Bromday 1x/Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 2	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
Durezol 3x/Day	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Bromday 1x/Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 3	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
Bromday 1x/Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 4	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
Bromday 1x/Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 5	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
Bromday 1x/Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please call during normal office hours, Monday-Friday (8:00-5:30) if you have questions about your drops

Eye Care After Your Cataract Procedure

What to Expect

- Typically visual recovery is rapid, but blurriness may occur for a few hours or days.
- There should be minimal or no discomfort following your procedure. A mild scratchy sensation is common and may persist for several days, but is usually controlled with Bromday (anti-inflammatory) or Tylenol.
- If you experience headache, eye pain or pressure, call the office immediately. We may instruct you to take the 2 white pills (in your kit), unless you have a sulfa allergy. If **pain continues to intensify with redness and worsening vision**, call us immediately.
- Initial redness should resolve quickly. Some redness from the laser is normal.
- Initial sensitivity to light is common, so use sunglasses.
- If you require eye glasses, your prescription will change after your cataract procedure. Once your eye has completely healed, you will receive your new prescription. **Medicare patients are entitled to one pair of glasses after each eye surgery.** Please visit our Optician or your primary care Optometrist for details.

Eye Care & Activities

- **When you get home**, remove your eye shield and save it for later use.
- **For the first 2 days**, do not get water in your eye when washing.
- **For the first week**, at bedtime, tape the provided eye shield over your eye.
- **Discontinue the Eye Lid Scrubs** after your procedure.
- **Normal daily activities.** You may resume most normal daily activities immediately after your cataract procedure. Light exercise is permissible, but you should avoid heavy work or lifting during the first 3 or 4 days. Stooping and bending is no problem.
- **Driving.** You may resume driving after your cataract procedure only after your eye doctor advises.

Medications and Nutrition

- **Immediately** start to use your eye drops and follow the checklist on this form.
- **When using different drops at the same time of day, stagger their applications by 5 mins.**
- **Use artificial tear drops** (Systane/Optive preservative-free, available over the counter) **4x/day for 2 weeks** or more if needed, to ensure your eyes are adequately wet/moist.
- **Continue all your usual medications** without interruption following your cataract procedure.
- **Resume your usual diet.**