SANTA MONICA
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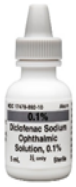
Cataract Surgery Worksheet

1 DAY BEFORE SURGERY INSTRUCTIONS

EYE: Right or Left **Date of Surgery:** _____	(1) **Moxifloxacin** Antibiotic 	(2) **Diclofenac** NSAID  ***Please start one week prior if you are diabetic****
AM - Morning	1 drop ◯	1 drop ◯
PM - Lunch time	1 drop ◯	X
PM - Dinner	1 drop ◯	X
PM - Bedtime	1 drop ◯	1 drop ◯

- **Do not eat or drink (INCLUDES WATER) after midnight before your surgery.**
  - Unless instructed by your Doctor, take your usual medications with a SMALL sip of water.
- Someone from our office will call you the day before to give your scheduled arrival time.

MORNING OF SURGERY

- Pause any diabetic or blood thinner medications.
- Continue #1 & #2 eye-drop instructions.
  - Bring your eye drops & list of medications to the surgery center.
- Expect to be at the surgery facility for 3-4 hours.
  - This includes pre-op, surgery, and post-op recovery time.
- Due to COVID-19, only the patient is allowed in the surgery center (this includes the lobby area). The surgery center will call your designated driver when to pick you up after surgery. **CANNOT BE LYFT/UBER/TAXI/ETC.**

AFTER SURGERY INSTRUCTIONS

(Once you have arrived home)

Week 1 Instructions & Restrictions

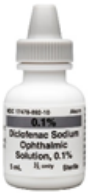
- **Instructions:**
  - Wear shield when sleeping
  - Wear sunglasses when bothered by bright light
  - Sponge bathes only for the first 72 hours post-op
- **Restrictions:**
  - No rubbing eyes
  - No bending below the waist (2 weeks)
  - No wearing makeup near/on eye (2 weeks)
  - No getting hair washed/cut ("done")
  - Do not harshly cough/blow nose
  - No water activities, shower with eyes closed after 72 hours
  - No rigorous activities (ex: bicycling, yoga, dancing, running, speed walking, sexual intercourse, lifting, etc. 2 weeks)

Week 2 Restrictions (continued)

- No eye makeup
- No rigorous activities
- No bending below the waist
- No water activities, shower with eyes closed

Week 3 Restrictions (continued)

- No water activities, shower with eyes closed

	(1) **Moxifloxacin** Antibiotic 	(2) **Diclofenac** NSAID 	(3) **Prednisone Acetate** Steroid
WEEK 1	use 1 drop 4 times each day W T F Sa 1) ○ ○ ○ ○ 2) ○ ○ ○ ○ 3) ○ ○ ○ ○ 4) ○ ○ ○ ○	use 1 drop 2 times each day W Th F Sa Sun M T 1) ○ ○ ○ ○ ○ ○ ○ 2) ○ ○ ○ ○ ○ ○ ○	use 1 drop 4 times each day W Th F Sa Sun M T 1) ○ ○ ○ ○ ○ ○ ○ 2) ○ ○ ○ ○ ○ ○ ○ 3) ○ ○ ○ ○ ○ ○ ○ 4) ○ ○ ○ ○ ○ ○ ○
WEEK 2	X	use 1 drop 2 times each day W Th F Sa Sun M T 1) ○ ○ ○ ○ ○ ○ ○ 2) ○ ○ ○ ○ ○ ○ ○	use 1 drop 4 times each day W Th F Sa Sun M T 1) ○ ○ ○ ○ ○ ○ ○ 2) ○ ○ ○ ○ ○ ○ ○ 3) ○ ○ ○ ○ ○ ○ ○ 4) ○ ○ ○ ○ ○ ○ ○
WEEK 3	X	use 1 drop 2 times each day W Th F Sa Sun M T 1) ○ ○ ○ ○ ○ ○ ○ 2) ○ ○ ○ ○ ○ ○ ○	use 1 drop 2 times each day W Th F Sa Sun M T 1) ○ ○ ○ ○ ○ ○ ○ 2) ○ ○ ○ ○ ○ ○ ○
WEEK 4	X	use 1 drop 2 times each day W Th F Sa Sun M T 1) ○ ○ ○ ○ ○ ○ ○ 2) ○ ○ ○ ○ ○ ○ ○	use 1 drop each day W Th F Sa Sun M T 1) ○ ○ ○ ○ ○ ○ ○