

PLANNING YOUR SURGERY AT SHROFF EYE



A. FIXING THE DATE OF YOUR EYE SURGERY

All eye surgeries including cataract, retinal surgery etc are day care eye surgeries NOT requiring overnight stay in our hospital

1. Meet the nurse for fixing the time, date of procedure along with procedure package, signatures and consent forms.
2. Collect the list of medicines, list of investigations and the instruction sheet from the nurse.
3. Fix the appointment for your A Scan Test (for cataract surgery patients only) to determine the power of lens for the procedure.
4. Fix and complete your pre – procedure investigations – Laboratory facilities with ECG testing etc are available on the 2nd floor of Shroff Eye Hospital, Bandra and Shroff Eye Clinic, Marine Drive. All Pre op tests may be done here. The tests must be done prior to surgery.
5. Please come with all your reports in person or send a relative with the same, between 12 noon and 4 pm only – to fix date of surgery with the nurse. This will be only fixed in person and not by telephone or fax. The time of admission will be informed at time of fixing the surgery. This will be reconfirmed on the day before the surgery. If there is a change you will be informed accordingly.
6. Insurance patients – Please provide a copy of your card and insurance policy to the front reception staff.
7. Use your eye drops and tablets as per the prescription given to you by the nurse / doctor.
8. Upon discharge, please take your discharge summary and confirm your follow up visit (date and time).
9. **Insurance** – Cashless Hospitalization: Processing of documents for cashless hospitalization takes **7 days**. Date of surgery will be fixed **only after** the authorization is received from your Insurance Company.

B. COMMON PRE OPERATIVE INSTRUCTIONS

1. Patient must not eat any solid food 3 hours prior to surgery or have liquids 2 hours prior to surgery, unless instructed otherwise. The food must be a light meal.
2. The patient should take a head bath in the morning of the day of surgery.
3. A responsible relative or attendant must accompany the patient for surgery.
4. The patient must bring along all his reports and prescribed list of current medications including any other medication which the patient is taking. This is to be handed over to the nurse after admission.
5. If the patient is taking any medication for high blood pressure, cardiac problems, asthma, or medicines like anti-convulsants etc, the patient must take this medication with a few sips of water even if asked to come fasting.
6. Start the antibiotic tablets and dilating eye drops as per the prescription given to you by the nurse / doctor.

C. SPECIAL INSTRUCTIONS (IN ADDITION TO THE ABOVE) FOR DIABETICS

1. Take the dose of insulin or tablets with a light meal, unless instructed otherwise.
2. If asked to come fasting overnight (12 hours) – for general anaesthesia or surgery under sedation – Do not take a dose of insulin or anti-diabetic tablets.

FOR G6PD PATIENTS

Patients must bring this condition to the notice of the doctor before starting any pre operative medications.

FOR GLAUCOMA SURGERY

Do **NOT** use the dilating eye drops

FOR RETINAL / SQUINT SURGERY

Fasting time should be 12 hours prior to time of surgery. Patient must not have any solid or liquids in this period except few sips of water to take any medications for high blood pressure, cardiac problems, asthma etc.

FOR THOSE ON ANTICOAGULANT TABLETS

If you are using any anti coagulants like Aspirin, Ecosprin, Loprin etc- Stop it 72 hours before the date of surgery.

If using long acting anticoagulants such as Warfarin, Clopidogrel etc- Stop the tablets 7 days before the date of surgery.

The same can be restarted the day after your surgery.

D. YOU MUST TELL THE ANAESTHETIST OF THE FOLLOWING

Any health problems, infectious diseases, past operations, serious illnesses, false teeth, caps, loose teeth or other dental problems, any medical problems needing regular treatment, intake of any herbal / ayurvedic medicines, allergies or intolerances of any type especially to medicines.

E. WHAT TO EXPECT IMMEDIATELY AFTER YOUR SURGERY

1. After the surgery you will be seen by the doctor and may go home shortly thereafter. You must not drive home yourself! Please make arrangements beforehand for a ride. You may carry light refreshments with you.
2. Your eye may be patched after surgery. The dark glasses will be handed to you by us after the procedure.
3. You will be informed of all post operative care and instructions by the Nurse at time of discharge.
4. The day of surgery you should plan to take it easy. Generally there is very little if any discomfort following surgery. If you do experience some mild pain, you may take the pain-killers prescribed.

Improvement in vision is gradual. You will have an appointment with our optometrist about a month after surgery for your eyeglass prescription. These glasses may need to be adjusted later as your eye continues to heal.

F. SPECIFIC POST OPERATIVE INSTRUCTIONS

CLEANING YOUR EYE

- For the first week following surgery you should protect the eye from injury. Do not rub or put pressure on the eye.
- Take small pieces of cotton wool and place them in a bowl containing water. Boil for 10 minutes and keep the bowl covered. Wash your hands with soap. Take a small piece of the sterilized cotton wool from the bowl. Squeeze out the excess water. Clean the discharge around the lids without applying pressure on the eye.

PUTTING EYE DROPS

- Retract the lower lid and instill one drop of the prescribed eye drop into the eye. Gently close the eye just once and keep it closed after putting the eye drops. If you blink after instilling eye drops, they will reach the throat causing a sore throat and headache. Eye drops should be used as per the prescription.

PROTECTING YOUR EYES

- Put on dark glasses throughout the day for one week (provided by the hospital)
- Wipe tears below the margin of the dark glasses. Do not touch the eye.
- Before going to sleep, cover the eye with the shield provided to you with sticking plaster for one week.
- Do not place cotton wool between the shield and the eye.
- Do not sleep on the operated side for one week.
- For the first 5 days from the time of operation, take a bath below the neck. Face and hair can be washed after 5 days.

ACTIVITIES

- Avoid strenuous activities.
- Do not lift any objects heavier than 10 kg for about 15 days after the surgery.
- Do not bend with your head below waist level for about 10 days after the surgery.
- You may start reading and watching TV after 2 days.
- Many people return to light work immediately after surgery, but please discuss your needs with your doctor during your post operative visit (next day).
- Ask your doctor about any specific activities you may have in mind as in leaving town, driving, yoga, walks, gym etc.

FOLLOW UP VISITS

Please come for a post operative check up as advised upon discharge. Please make sure that you call and confirm the appointment 2 days earlier.

If you have any further questions regarding your surgery or post operative treatment kindly speak to the Nurse who will coordinate with your doctor to answer your queries.

ABOUT OCULAR ANAESTHESIA

Types of anaesthesia and its benefits

Local anaesthetic drops are special eye drops that will numb your eye. A local anaesthetic injection may be used to numb an area around or behind your eye. You stay awake but you are free from pain. Sedation may be given if required. Sedation is a drug that gives you a 'sleepy' feeling. It makes you feel very relaxed and comfortable.

General anaesthetic is sometimes needed, which is a mixture of drugs to keep you deeply asleep and pain free during the operation. Drugs are injected into the vein and / or breathed in as gases into the lungs. A breathing tube will be put into your throat or windpipe to help you breathe while under the anaesthetic. The tube is removed as you wake up after surgery.

Risks of anaesthesia

Side effects of **topical / local anaesthesia** rarely occur which include mild bruising around the eye, fuzzy or double vision, sagging of your upper eyelid, bleeding around your eye which resolves.

Common side effects of **sedation or general anaesthesia** include nausea or vomiting, headache, pain and/or bruising at injection sites, sore or dry throat and lips, dizziness. Uncommon risks include awareness under anaesthesia, injury to blood vessels, aspiration pneumonia.

All intravenous sedatives are associated with dose-related central nervous system depression, respiratory depression, cardiovascular depression, and suppression of protective airway reflexes.

For General Anaesthesia please note

It is very important not to eat, drink, chew gum before your surgery. This is to make sure your stomach is empty so that if you vomit under the anaesthetic nothing will go into your lungs.

Risks are increased if you are elderly, smoke and are overweight and if you have a bad cold or flu, asthma or other chest disease, diabetes, heart disease, kidney disease, high blood pressure or other serious medical conditions.

Sensitivity to lignocaine (anaesthetic agent) is checked by giving you a 'test dose' before surgery.

Day Care Eye Surgery

Day care surgery is the preferred form of care today for patients undergoing eye surgery.

RISKS AND BENEFITS OF EYE SURGERY

Potential benefits of eye surgery include

Improved quality of vision, particularly night and dim light vision and brighter colours

Improved eye sight

Improved health-related quality of life with decrease or removal of spectacle numbers

Potential benefits of day care surgery include

No difference in surgical complication rate or visual acuity outcome compared to inpatient eye surgery

Decreased disruption to a patient's domestic life than inpatient surgery

High levels of patient satisfaction

Economic benefits to health care system

Potential problems related to recovery from eye surgery

Corneal oedema, raised intraocular pressure, uveitis are transient and reversible. Other known complications tearing of the bag of the lens, loss of whole or part of the cataract in the back of the eye requiring further intervention, bleeding inside the eye, bruising of eye or eye lid, incorrect strength lens implant or dislocation, swelling of retina- macular edema, allergy to medications.

The incidence of serious, sight-threatening complications (e.g. endophthalmitis, retinal detachment or tear) occurring in the early or late post operative period is extremely low.

Some complications may lead to blindness. The most common complication is called posterior capsular opacification which may come gradually after months or years. When this happens the back part of the lens capsule which was left in the eye to support the implant becomes cloudy. This prevents light from reaching the retina. To treat this the surgeon uses a laser beam to make a small opening in the cloudy membrane in order to improve the eye sight. This is a painless procedure which takes a few minutes.

Possible results of non treatment may include decrease in vision, deterioration in quality of vision, partial or complete loss of vision / blindness.

Call between 10am to 6pm for queries on

Medicines / Surgery / Nursing: 26410400 (Bandra) / 220294242 (Marine Drive)

Insurance Charges / Accounts: 26550300 (Bandra) / 22811863 (Marine Drive)

www.shroffeye.org • www.lasikindia.in • www.pathologylabindia.com

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