

# Patient Information



1000 East Paris Ave SE; Suite LL01  
Grand Rapids, MI 49546

**616-464-3430**

<http://eastparis-surgicalcenter.com>

Patient Name: \_\_\_\_\_

Surgery Date: \_\_\_\_\_

## WELCOME!

Our mission is to provide our patients with the highest level of surgical care. We offer state of the art equipment and professional, caring staff that specializes in the areas of surgery we perform. Our facility offers plastic, cataract, glaucoma, retinal and corneal surgery, as well as corneal transplants and ocular plastics. Our surgeons are among the most experienced and well-trained in their areas of expertise. Our core value is to place the patient before all other interests.

Features of our center:

- State of the art operating rooms
- Knowledgeable and caring staff
- Easy access from I-96 and Cascade Road
- Free Parking
- Wi-Fi access for family and friends in the waiting area

We look forward to serving you and will strive to make your stay with us a pleasant one.

Thank you,  
East Paris Surgical Center Staff

Your physicians:

David D. Verdier, M.D.

Karl J. Siebert, M.D.

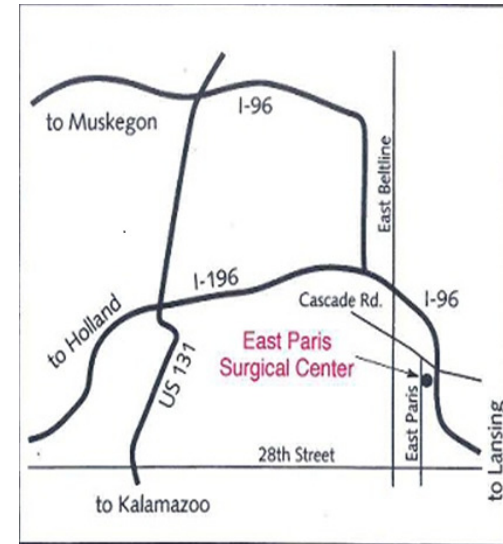
Ann M. Renucci, M.D.

Your surgery schedulers:

Sharon VanDoorne 616-259-9988 svandoorne@vecgr.com

Tina Lindeman 616-608-5639 tlindeman@vecgr.com

## DIRECTIONS TO OUR FACILITY:



- Take the “Cascade Road West” Exit off I-96.
- Turn LEFT at the stoplight at East Paris Avenue.
- Go down the hill to the East Paris Medical Center which is located on the LEFT at the bottom of the hill.
- Enter the building through the “A” entrance.
- Proceed straight ahead to the elevator area.
- East Paris Surgical Center is on the LOWER LEVEL.

## FOR MORE INFORMATION:

East Paris Surgical Center, LLC.

1000 East Paris Ave SE; suite LL01

Grand Rapids, MI 49546

Phone: (616) 464-3430

Fax: (616) 464-3440

<http://eastparis-surgicalcenter.com>

**Healthcare Operations** - We may use or disclose, as needed, your PHI in order to support the business activities of our practice. This includes, but is not limited to business planning and development, quality assessment and improvement, medical review, legal services, auditing functions and patient safety activities.

**Health Information Organization** - The practice may elect to use a health information organization, or other such organization to facilitate the electronic exchange of information for the purposes of treatment, payment, or healthcare operations.

**To Others Involved in Your Healthcare** - Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person, that you identify, your PHI that directly relates to that person's involvement in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, of your general condition or death. If you are not present or able to agree or object to the use or disclosure of the PHI, then your healthcare provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is necessary will be disclosed.

**Other Permitted and Required Uses and Disclosures** - We are also permitted to use or disclose your PHI without your written authorization for the following purposes: as required by law; for public health activities; health oversight activities; in cases of abuse or neglect; to comply with Food and Drug Administration requirements; research purposes; legal proceedings; law enforcement purposes; coroners; funeral directors; organ donation; criminal activity; military activity; national security; worker's compensation; when an inmate in a correctional facility; and if requested by the Department of Health and Human Services in order to investigate or determine our compliance with the requirements of the Privacy Rule.

#### **Privacy Complaints**

You have the right to complain to us, or directly to the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying the Privacy Manager:

Anne Miller  
1000 East Paris Ave SE  
Suite LL01  
Grand Rapids, MI 49546  
(616) 464-3430

**We will not retaliate against you for filing a complaint.**

Effective Date: April 14, 2003

Last Revised Date: May 9th, 2013

## **PRIOR TO YOUR SURGERY**

We understand that you may have some questions and anxiety about your surgery - everyone does. We want you to know that at East Paris Surgical Center, outpatient ophthalmic surgery and laser treatment is our specialty. We will do everything possible to make you feel relaxed and comfortable.

You will be contacted by the East Paris Surgical Center staff a few days prior to your surgery for pre-registration. This will provide the staff an opportunity to relay important information to you about your surgery and give you a chance to ask questions.

Your physician may have ordered some pre-operative (pre-surgery) testing (such as a physical, blood test, EKG) to be completed prior to the day of surgery. In some instances, it may be up to you to have those tests completed. **If they have not been completed before the day of surgery, your surgery may need to be rescheduled.**

## **GENERAL HEALTH**

If you develop a cold, sore throat, or any other minor illness a day or two prior to your surgery, call your primary care physician.

## PHYSICAL EXAMINATION - PRIOR TO YOUR SURGERY

You **will** need to see your Primary Care Physician for a preoperative history and physical. An EKG and blood work may be required for certain surgical procedures. It is important that you keep this appointment or the surgical center may cancel your surgery. They must have this information from your doctor.

A letter will be faxed to your doctor that will outline what the surgical center needs in order for you to undergo anesthesia and where they should send the information. Please **DO NOT** miss this appointment. If you cannot make it on the date scheduled for you, please call your doctor's office to reschedule.

**You need to schedule a PreOp Clearance Appointment with:**

Dr. \_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Time

**Surgery Dates (the Center will call you with a time):**

Right Eye: \_\_\_\_\_

Date

Left Eye: \_\_\_\_\_

Date

**Day One (1) Post Operative Appointments – bring your eye drops:**

Right Eye: \_\_\_\_\_

Date

\_\_\_\_\_

Time

Left Eye: \_\_\_\_\_

Date

\_\_\_\_\_

Time

\*you will schedule a one week post operative appointment at your first post operative appointment – **this time may change\***

**You have the right to request a restriction of your PHI** - This means you may ask us, in writing, not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. If we agree to the requested restriction, we will abide by it, except in emergency circumstances when the information is needed for your treatment. In certain cases, we may deny your request for a restriction. You will have the right to request, in writing, that we restrict communication to your health plan regarding a specific treatment or service that you, or someone on your behalf, has paid for in full, out-of-pocket. We are not permitted to deny this specific type of requested restriction.

**You may have the right to request an amendment to your protected health information** - This means you may request an amendment of your PHI for as long as we maintain this information. In certain cases, we may deny your request.

**You have the right to request a disclosure accountability** - This means that you may request a listing of disclosures that we have made, of your PHI, to entities or persons outside of our office.

**You have the right to receive a privacy breach notice** - You have the right to receive written notification if the practice discovers a breach of your unsecured PHI, and determines through a risk assessment that notification is required.

If you have questions regarding your privacy rights, please feel free to contact our Privacy Manager. Contact information is provided on the following page under Privacy Complaints.

### How We May Use or Disclose Protected Health Information

Following are examples of uses and disclosures of your protected health information that we are permitted to make. These examples are not meant to be exhaustive, but to describe possible types of uses and disclosures.

**Treatment** - We may use and disclose your PHI to provide, coordinate, or manage your healthcare and any related services. This includes the coordination or management of your healthcare with a third party that is involved in your care and treatment. For example, we would disclose your PHI, as necessary, to a pharmacy that would fill your prescriptions. We will also disclose PHI to other Healthcare Providers who may be involved in your care and treatment.

**Special Notices** - We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. We may contact you by phone or other means to provide results from exams or tests and to provide information that describes or recommends treatment alternatives regarding your care. If the patient is scheduled for surgery, a surgical packet will be mailed to the patient. We will also mail the patient a notice to reschedule an appointment, given an update on their insurance, account status, or give miscellaneous information that could possibly request the patient to return our call. Also, we may contact you to provide information about health-related benefits and services offered by our office, or with respect to a group health plan, to disclose information to the health plan sponsor. You will have the right to opt out of such special notices.

**Payment** - Your PHI will be used, as needed, to obtain payment for your healthcare services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the healthcare services we recommend for you such as, making a determination of eligibility or coverage for insurance benefits.

**EAST PARIS SURGICAL CENTER, LLC**  
**NOTICE OF PRIVACY PRACTICES**

**This notice describes how medical information about you may be used and disclosed, and how you can gain access to this information. Please review it carefully.**

Protected health information (PHI), about you, is maintained as a written and/or electronic record of your contacts or visits for healthcare services with our practice. Specifically, PHI is information about you, including demographic information (i.e., name, address, phone, etc.), that may identify you and relates to your past, present or future physical or mental health condition and related healthcare services.

Our practice is required to follow specific rules on maintaining the confidentiality of your PHI, using your information, and disclosing or sharing this information with other healthcare professionals involved in your care and treatment. This Notice describes your rights to access and control your PHI. It also describes how we follow applicable rules and use and disclose your PHI to provide your treatment, obtain payment for services you receive, manage our healthcare operations and for other purposes that are permitted or required by law.

**Your Rights Under The Privacy Rule** - Following is a statement of your rights, under the Privacy Rule, in reference to your PHI. Please feel free to discuss any questions with our staff.

**You have the right to receive, and we are required to provide you with, a copy of this Notice of Privacy Practices** - We are required to follow the terms of this notice. We reserve the right to change the terms of our notice, at any time. Upon your request, we will provide you with a revised Notice of Privacy Practices if you call our office and request that a revised copy be sent to you in the mail or ask for one at the time of your next appointment. The Notice will also be posted in our waiting rooms within the practice, and if such is maintained by the practice, on its web site.

**You have the right to authorize other use and disclosure** - This means you have the right to authorize any use or disclosure of PHI that is not specified within this notice. For example, we would need your written authorization to use or disclose your PHI for marketing purposes, for most uses or disclosures of psychotherapy notes. You may revoke an authorization, at any time, in writing, except to the extent that your healthcare provider, or our practice has taken an action in reliance on the use or disclosure indicated in the authorization.

**You have the right to request an alternative means of confidential communication** – This means you have the right to ask us to contact you about medical matters using an alternative method (i.e., email, telephone), and to a destination (i.e., cell phone number, alternative address, etc.) designated by you. You must inform us in writing, using a form provided by our practice, how you wish to be contacted if other than the address/phone number that we have on file. We will follow all reasonable requests.

**You have the right to inspect and copy your PHI** - This means you may inspect, and obtain a copy of your complete health record. If your health record is maintained electronically, you will also have the right to request a copy in electronic format. We have the right to charge a reasonable fee for paper or electronic copies as established by professional, state, or federal guidelines.

## **MEDICATION INSTRUCTIONS:**

### **One week prior to surgery:**

- If you are having *glaucoma or full thickness corneal transplant procedures* - avoid aspirin, ibuprofen, Coumadin, and other blood thinners for 7 days prior to your surgery date, unless directed otherwise by your physician or **is prescribed for atrial fibrillation, heart valve disease, history of stroke or blood clots** – as they increase the chance of bleeding.

- If you are having cataract surgery please continue to take your Aspirin and other blood thinners before surgery.

### **Two days prior to surgery:**

Start administering the following circled eye drops in the operative eye.

Polymyxin-Trimethoprim

Moxifloxacin (Vigamox)

Ketorolac (Acular)

Durezol®

Ilevro®

Besivance

**\*\*If taking more than 1 eye drop, wait 3-5 minutes between drops**

Wash hand before instilling drops in eyes. Store bottle in a clean location. Place open bottle on a clean surface.

**\*\*Pick up drops after \_\_\_\_\_ at \_\_\_\_\_**

You will need to fill your prescription for: *Prednisolone Acetate 1% Ophthalmic Suspension* - these drops will be used after surgery. You will be on the prescribed eye drops for five (5) weeks after surgery.

You do NOT need to administer your eye drops on the day of surgery and you do NOT need to bring the drops with you – we will administer the drops before you go back to surgery. You will be on both drops after surgery.

## **MEDICATION PRECAUTIONS:**

- If you are on FLOMAX (an oral medication usually given for prostate enlargement), please discuss this with your eye surgeon.

### **Aspirin, Acetylsalicylic acid or Salicylates:**

Many medicines for colds, headaches, muscle aches, and cramps contain aspirin. These include, but are not limited to:

Actinide	Bromo-Seltzer	Excedrin
Alka-Seltzer	Bufferin	Liquiprin
Anacin	Coricidin	Midol
Anahist	Dristan	Pepto-Bismol
Bromo-Quinine	Ecotrin	Trigesic
Darvon-Compound	Empirin-Compound	4-way-Cold-Tablets

### **Other medications that may act as a blood thinner:**

Advil	Haltran	Multi Vitamins
Aleve	Ibuprofen	Naprosyn
Clinoril	Indocin	Nuprin
Co Q 10	Meclomen	Persantin
Dolobid	Medipren	Vitamin E
Fish Oil	Motrin	

- If you need to take a pain reliever you may take Tylenol. If you have any questions about your prescription medications please ask the physician that prescribed them for you.

Our goal is to provide you with the best care possible in a professional manner. We are always open to suggestions and we recognize that an issue may arise. If you have any questions or concerns regarding your rights or responsibilities, or have any complaints or grievances on how these rights were or were not administered, please contact the ASC Director who will investigate the issue. The ASC Director can be reached at:

East Paris Surgical Center  
1000 East Paris Ave SE, suite LL01  
Grand Rapids, MI 49546  
(616) 464-3430

You may also register complaints with the State of Michigan at:

Michigan Department of Consumer and Industry Services, Bureau of Health Systems  
611 W. Ottawa Street  
PO Box 30664  
Lansing, MI 48909  
Complaint Hotline: (800) 882-6006

If you are a Medicare Beneficiary, you can file a complaint with the Medicare Ombudsman. Additional information is available from the Office of the Medicare Beneficiary Ombudsman at:

<http://www.medicare.gov/navigation/help-and-support/ombudsman.aspx>

An "Ombudsman" is a person who reviews the performance of an organization or program, and helps resolve problems that are found. Congress requires that Medicare have a Beneficiary Ombudsman to help people with Medicare.

21. To make suggestions to the East Paris Surgical Center or to the Michigan Department of Consumer and Industry Services, Bureau of Health Systems at 1-800-882-6006 or to the Health Care Financial Administration.

**As a patient of East Paris Surgical Center, you are responsible for:**

1. To provide, to the best your knowledge, accurate and complete information about present complaints, past illnesses, hospitalization, existence of advance directives, medications, allergies, and other information relating to health status.
2. To follow the treatment plan recommended by the physician primarily responsible for your care.
3. To accept the consequences of your own actions when refusing treatment, or not following the physician's instructions.
4. To ensure that the financial obligations for health care rendered are fulfilled as promptly as possible.
5. To follow rules and regulations affecting care and conduct pertaining to the procedures performed.
6. To be considerate of the rights of other patients and facility personnel and to assist in the control of noise within the facility.
7. To refrain from smoking in the facility and surrounding areas.
8. To be respectful of the property of other persons in the facility, and of the facility itself.
9. To provide a responsible adult to remain in the facility during your procedure and transport you home.
10. To provide a responsible adult to remain with you for up to 24 hours following your procedure, if your physician requires it.

**Important information regarding Advance Directives:**

You have the right to know that the Center does not honor advance directives and to know where/how to obtain information and forms

- a. Although the Center recognizes it is the patient's right to participate in their own healthcare decisions, it is our policy, regardless of the contents of any advance directive, that if an adverse event occurs during treatment at the Center, we will initiate resuscitative or other stabilizing measures and transfer the patient to an acute care hospital for further evaluation.
- b. You may obtain additional information about advance directives at:

[http://www.michigan.gov/documents/miseniors/Advance\\_Directives\\_230752\\_7.pdf](http://www.michigan.gov/documents/miseniors/Advance_Directives_230752_7.pdf)

[http://www.michigan.gov/images/End-of-life\\_chapter\\_2\\_1182\\_7.pdf](http://www.michigan.gov/images/End-of-life_chapter_2_1182_7.pdf)

**Ownership:**

East Paris Surgical Center, LLC is owned in part by the following physicians:

David D. Verdier MD & Karl Siebert MD

## PREOPERATIVE INSTRUCTIONS:

### Week prior to surgery:

A nurse from the Center will call you 1-2 days prior to your -- surgery date. They will give you all of your instructions on what to do the night before surgery and what medicines to take the morning of surgery. They will confirm your arrival time to the Center and your surgical procedure time. If you have any questions regarding your surgery information, please call a preoperative nurse at **616-464-3430** or **616-464-3435**.

### Preparing for surgery:

- Please plan to be at the Center for approximately 2-4 hours
- Please be aware you must have a driver and **they must stay in the facility during your entire stay at EPSC.**
- Please dress comfortably – wear casual, loose fitting or short sleeved, non-restrictive clothing
- Please do NOT wear makeup or lotion on your face or body
- Please remove all jewelry – wedding bands may be left on
- If you wear contact lenses – please stop wearing them when you start applying the eye drops two (2) days prior to surgery
- Please do NOT bring valuables and large amounts of cash
- **Please do NOT eat or drink anything after midnight, unless instructed otherwise – this includes water.**
- Please do NOT smoke or drink alcohol the day before or morning of surgery
- Please shower or bathe the evening before or morning of surgery. Please practice dental hygiene the morning of surgery.

### **Place of surgery:**

Your surgery will be done at the East Paris Surgical Center, LLC. The Center is located at 1000 East Paris Ave SE, suite LL01 in the lower level of the East Paris Medical Building. It is the same building as Verdier Eye Center. You may use either the “A” or the “E” entrance of the building. Please take the elevators down to the lower level.

### **Upon arrival:**

Everything will be explained to you as you proceed through the surgery process. If you have any questions along the way – please feel free to ask them.

The registration clerk will ask you to confirm your name, address, age, employer, etc. **Please have your insurance cards and a legal form of identification available.** The clerk will have you read and sign an admission form and registration form. The Center will bill your insurance companies directly when all necessary information is provided. **You will be responsible for all co-pays, co-insurance, and deductibles the day of surgery.**

A nurse will escort you to the preoperative area, where they will review your information and the procedure with you. A surgical consent and consent for anesthesia will be reviewed and signed. A nurse will perform an assessment – taking vital signs (blood pressure, pulse, temperature, respiratory rate, heart and lung sounds, etc.), giving a series of eye drops, placing an IV catheter for fluids and medication, and applying a nasal cannula for oxygen. You will be required to lay flat for the procedure.

You will also be interviewed by an anesthesia provider. They will provide you with information regarding your anesthetic during the surgery.

### **EAST PARIS SURGICAL CENTER, LLC. - PATIENT BILL OF RIGHTS**

In recognition of the responsibility of this Center in the rendering of patient care and our commitment to high standards of quality professional care, these rights are affirmed as the policies and practices of The Surgery Center.

#### **As a patient and guest of East Paris Surgery Center, you have a right:**

1. To be treated with consideration, respect, and dignity.
2. To be provided with personal and appropriate privacy.
3. To translator services - within reason.
4. To translator services in accordance with policies regarding interpreter services for foreign languages or for the hearing or vision impaired.
5. To be free of all forms of abuse or harassment.
6. To exercise your rights without being subjected to any form of discrimination or reprisal.
7. To be fully informed about a treatment or procedure and the expected outcome before it is performed, so that you may make an informed decision about your care.
8. To be provided, to the degree known, complete information concerning their diagnosis, evaluation, treatment, and prognosis. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
9. If a patient is adjudged to be incompetent under Michigan state law, the rights of the patient are exercised by the person appointed under such a law, to act on the patient's behalf. If a court has not adjudged a patient incompetent, any legal representative or surrogate designated by the patient in accordance with Michigan state law, may exercise the patient's rights to the extent allowed by law.
10. To participate in decisions involving their health care, except when such participation is contraindicated for medical reasons.
11. To receive information about rights, patient conduct, responsibilities, and participation.
12. To request a copy of the services available at EPSC.
13. To be informed that you are to follow your discharge instructions for after-hours and emergency care.
14. To be informed about fees for services, payment policies, and to examine and receive an explanation of your bill regardless of the source of payment.
15. To be advised if EPSC proposes to engage in or perform experimental research affecting your care or treatment. You also have the right to refuse to participate in any such research projects.
16. To be informed and, if desired, to receive a copy of the credentials of the healthcare professionals at EPSC.
17. To receive care in a safe setting, and be free from all forms of abuse or harassment during any contact and time of care in this ASC facility.
18. To treatment without regard to race, color, national origin, gender or gender identity, handicap or age.
19. To change healthcare providers, if other qualified providers are available.
20. To express grievances and complaints regarding the treatment, care, and services provided (or fails to be provided).



## **SURGERY COSTS & PAYMENTS:**

The cost of the surgical services other than your deductible, co-pay, and/or co-insurance is usually covered by most healthcare plans. We will submit claims directly to all third party payers on your behalf; however, we expect you to work directly with your carrier to have your claim addressed.

**All deductibles and co-pays are due the day of surgery.** We will contact you in advance to notify you of the amount. This amount is an estimate only. If you do not have insurance you must pay for the surgery prior to the surgery being performed or have made prior payment arrangements with our staff. We do accept MasterCard, VISA, Discover, and American Express as well as payment in cash. If you wish to pay by check – you must submit your payment seven (7) days prior to your surgery day. The actual cost of your surgery depends upon the exact procedure(s) that are done in the operating room and any implants used.

Your payment to East Paris Surgical Center, LLC is for the facility (surgery center) fee only. You will also receive separate bills for the professional fees and the anesthesia fees.

## **THE DAY OF SURGERY:**

Remember when you wake up on the day of surgery do NOT eat or drink anything – unless you have had specific instructions to do otherwise. Please refrain from smoking. Allow yourself plenty of time to get to the Center so you are not rushed.

Our nurses will give you an arrival time. Please arrive at your scheduled time to allow for registration, nurse evaluation, and anesthesia interview.

**Please bring your insurance card and picture identification.** If you have an advance directive please bring a copy. We do not honor advance directives or living wills. We will resuscitate, stabilize and transfer to the hospital, should an emergency arise.

Leave all valuables at home including jewelry. If you wear hearing aids or glasses, please bring a case for them.

Wear loose fitting, comfortable clothes. Do NOT wear make-up, cologne, or body lotion.

**A responsible adult must accompany you, stay for the procedure, and drive you home.** You may NOT drive yourself home from surgery or to your appointment at our office the next day.

## **PLEASE BE PREPARED FOR DELAYS:**

We try very hard to adhere to the time of your surgery, but sometimes there are circumstances that we cannot anticipate – such as a difficult case preceding, causing a domino effect to the rest of the day. Please feel free to ask the front desk if there seems to be an extensive delay.

## IMPORTANT INFORMATION:

**For your safety, under no circumstances will you be permitted to leave the Center alone. If you have not made arrangements for an adult companion, your surgery will be rescheduled. Your adult companion must remain at the Center during your procedure and must be present for discharge instructions.**

### Anesthesia:

You will be given one of two forms of anesthetic for your procedure:

- Monitored Anesthesia Care (MAC) – local anesthetic drops or injections are used as well as medications to make you drowsy.
- General – you are put completely asleep

### NO eating, drinking or smoking:

It is very important that you do not eat or drink after midnight the evening before surgery unless your physician or the Center's staff gives you specific instructions to do otherwise.

- This means that you may take ABSOLUTELY NOTHING by mouth; no liquids, no solid food, no gum, no candy.
- Avoid smoking the night before and the day of surgery.
- **If you eat or drink before surgery, your procedure will be rescheduled.**

### Medications:

Some of your medications should be taken and others should wait until after surgery. The preoperative nurse will ask you the names of the medications you take and the dosages. You will be informed prior to surgery what medications you should and should not take. You may take them with a SIP of water. If you have any questions regarding your medications – please call EPSC and ask to speak to one of the nurses, they will help answer your questions.

## BILLING NOTICE:

Depending on your insurance coverage you may be responsible for **three separate payments:**

- Professional Fees – Verdier Eye Center  
(616-949-2001, option 7)
- Surgery Center Fees – East Paris Surgical Center  
(616-464-3430)
- Anesthesiologist Fees – Anesthesia Medical  
(616-364-4200)

The following information may be useful to you when contacting your insurance company regarding coverage and benefits.

These procedure codes are based on your consultation with your physician. The final codes cannot be determined until your surgery is complete.

You are being scheduled for the following procedure code(s):

_____	_____
_____	_____

For your diagnosis of:

_____	_____
_____	_____

If you experience any of the following problems, you should call the phone number listed below.

**CALL YOUR DOCTOR IF ANY OF THE FOLLOWING OCCURS:**

- *Pain unrelieved by your usual over the counter medication and rest.* (While a scratchy sensation is normal, intense pain is not.)
- *Nausea and vomiting.* (This could be a sign of increased pressure in the eye and is easily treated.)
- *Sudden loss of vision.*
- *Questions or concerns regarding the results of your first eye surgery.* (Please call your doctor's office **PRIOR** to the date your second eye surgery is scheduled.)

Verdier Eye Center, P.L.C.  
1000 East Paris Ave SE  
Suite 130  
Grand Rapids, MI 49546  
616-949-2001

Your physicians:

David D. Verdier, M.D.  
Karl J. Siebert, M.D.  
Ann M. Renucci, M.D.

Your surgery schedulers:

Sharon VanDoorne 616-259-9988 svandoorne@vecgr.com  
Tina Lindeman 616-608-5639 tlindeman@vecgr.com

**AFTER CATARACT SURGERY:**

After the surgery, you may be sleepy or dizzy. Plan to relax and enjoy the rest of your day.

The night of surgery you will have a shield over the operative eye. You should keep the shield in place until it is removed in the office at your appointment the following day. There is no need to remove the patch and no need to put drops in the night of surgery. You may continue to use any regular medications in the OTHER eye. There is usually minimal or mild discomfort after surgery. A mild scratch sensation and tearing may occur. You may take Tylenol if needed for the discomfort.

There are a few restrictions after surgery:

- DO NOT rub your eye.
- DO NOT lift anything heavier than 25 pounds or exert similar effort (bowling or golfing) for 5 days.
- DO NOT swim or use a hot tub for 3 weeks after surgery.
- DO NOT wear eye makeup for up to 3 weeks after surgery.
- AVOID dusty/dirty environments for 7 days.

You may:

- Bend or stoop.
- Pick up objects less than 25 pounds.
- Watch TV, read, and use your eyes as much as you would like.
- You may drive when cleared by your doctor.
- Shower and shampoo. Blot face dry. Avoid getting water in your eye.
- DO continue to wear the eye shield while sleeping for 7 days after surgery. Please store shield in a clean location.

**Please call Verdier Eye Center at 616-949-2001 if you have any problems or questions. Our doctors are on call 24 hours a day, every day.**

## **AFTER GLAUCOMA SURGERY:**

After the surgery, you may be sleepy or dizzy. Plan to relax and enjoy the rest of your day.

The night of surgery you will have a shield over the operative eye. You should keep the shield in place until it is removed in the office at your appointment the following day. There is no need to remove the patch and no need to put drops in the night of surgery. You may continue to use any regular medications in the OTHER eye. There is usually minimal or mild discomfort after surgery. A mild scratch sensation and tearing may occur. You may take Tylenol if needed for the discomfort.

There are a few restrictions after surgery:

- DO NOT rub your eye.
- DO NOT lift anything heavier than 5-10 pounds or exert similar effort (bowling or golfing) until cleared by surgeon.
- DO NOT swim or use a hot tub for 3 weeks after surgery.
- DO NOT wear eye makeup for up to 3 weeks after surgery.
- AVOID dusty/dirty environments for 7 days.
- LIMIT bending or stooping to a minimum.

You may:

- Pick up objects less than 5-10 pounds.
- Watch TV, sew, read, and use your eyes as much as you would like.
- You may drive when cleared by your doctor.
- Shower and shampoo. Blot face dry. Avoid getting water in your eye.
- DO continue to wear the eye shield while sleeping for 7 days after surgery. Please store shield in a clean location.

**Please call Verdier Eye Center at 616-949-2001 if you have any problems or questions. Our doctors are on call 24 hours a day, every day.**

## **CORNEAL TRANSPLANTS**

The cornea is the clear front window of the eye that covers the colored iris and the round pupil. Light is focused while passing through the cornea so you can see.

A corneal transplant is needed if:

- Vision cannot be corrected satisfactorily with eyeglasses or contact lenses;
- Painful swelling cannot be relieved by medications or special contact lenses.

### **WHAT CONDITIONS MAY CAUSE THE NEED FOR A CORNEAL TRANSPLANT?**

- Corneal failure after another eye surgery
- Keratoconus, a steep curving of the cornea
- Hereditary corneal failure, such as Fuchs' dystrophy
- Scarring after infections or injury
- Rejection after a first corneal transplant

### **WHAT TO EXPECT WITH CORNEAL TRANSPLANT SURGERY?**

Corneal transplant surgery is the removal of scarred or damaged tissue which is replaced by a human donor cornea called a graft. Healing takes place very slowly. Vision restoration is gradual and will be somewhat blurred and/or distorted. Depending on the type of transplant you are having, you may be required to lie flat on your back for several days. Your surgeon will determine the amount of time at your one day follow up appointment. Notify your surgeon if you experience persistent discomfort, light sensitivity, redness, or change in vision.