## INSTRUCTIONS PRIOR TO CATARACT SURGERY

DATE:		
TIME:		
ARRIVE FOR SURGERY AT:		
PLACE: St. Louis Eye Surgery & Laser Cente	er – Suite 103	
INSTR	<u>UCTIONS</u>	
1. Read and sign the consent form. We are ple regarding your surgery.	eased to answer any q	uestions you may have
2. Make sure you have given us a complete lis you have to medications.	t of all medications yo	ou take and also any allergies
3. No solid food for 8 hours before surgery. Y before arrival time. NOTHING BY MOUTH 6	•	
4. Take your regular medications with a sip of diabetic, do not take diabetic medications or	•	
<ul> <li>5. Surgery Drops:</li> <li>Prolensa/Ilevro – one drop onc</li> <li>Besivance - one drop twice a d</li> <li>Durezol – please pick up this d</li> </ul>	ay starting 1 day befo	re surgery.
*On the day of surgery, place one drop of P surgery eye before coming to the surgery ce		ne drop of Besivance in the
6. Bring all of your drops to the office the nex	t day.	
7. If you have further questions regarding your (314) 432-6137.	r surgery, please feel	free to contact the office at
8. Your first postoperative visit will be	, at	Arnold/Des Peres
Your second postoperative visit will be	, at	Arnold/Des Peres
Comments:		