

Texas Eye Surgery Center

1872 Norwood Dr. Suite 100

Hurst, TX 76054

817-554-0200

Pre-Op Instructions

Two Days Prior to Surgery: If you did not receive a call from Texas Eye Surgery Center (TESC) Pre-Operative Assessment, please call 817-540-6060 ext. 2122.

The Day Before Surgery: You will receive a call from TESC confirming your arrival time. Your arrival time may fluctuate due to unanticipated last minute schedule changes.

___ Surgery will be performed at the **Hurst location** of Texas Eye Surgery Center

___ Nothing to eat or drink **6 hours** prior to your arrival time (no coffee, water, gum and mints).

___ Take your **blood pressure, heart and breathing medication** before you leave home with a sip of water. If you are on a water pill, do not take it that morning. Hold vitamins and supplements. Bring rescue inhaler if you use one.

___ If you are **diabetic**, do not take any diabetic medications the morning of surgery. If you take **insulin take only ½ dose the night before** surgery and eat a high protein snack. If you check blood sugars, check prior to arrival day of surgery.

___ If you take **Coumadin, Plavix, Aspirin, or any blood thinner**, continue taking them as directed.

___ **Wear a short sleeve, button down, or V-neck shirt.** Do not wear an undershirt.

___ Leave all jewelry and **valuables at home** (including watches)

___ **Do not wear** makeup, facial moisturizer, after-shave or perfume/cologne the day of surgery

___ You will need someone to be available to drive you home after your surgery. (Patient to bring ride contact information at time of check-in) If this is a problem, please let us know.

___ **Contacts should not be worn 7 days prior to surgery.**

___ If you wear **hearing aids**, bring your case with you

___ Please call our facility if your **health status changes**: if you visit the ER, and/or have symptoms of infection, i.e., fever, flu, covid symptoms, or GI symptoms

___ You will be at the surgery center for **approximately 3 hours** the day of surgery.

ON THE DAY OF SURGERY:

___ Bring **photo ID, Insurance Card**, and a copy of your Advanced Directive if you have one.

___ Put your **eye drop(s) in the operative eye** before coming into the surgery center. Bring eye drops with you.