

Frequently Asked Questions

Pre-operative Questions

Q Must someone accompany me on the day of surgery?

A It's not absolutely necessary, but advisable. Our staff is more than happy to assist patients who are alone.

Q How long does the testing take for my surgery?

A The time requirement for pre-surgical testing may vary greatly, but most patients should plan to be at St. Luke's between 8-10 hours from the beginning of testing to your discharge.

Q What should I bring with me the day of surgery?

A Here is a list of things that we recommend you bring when coming to St. Luke's for surgery.

- Friend or family member (someone to help with paperwork, driving home, etc.)
- Medicare or insurance cards
- Current prescription glasses (even if not worn presently)
- List of prescription medication including dosage and strength
- Medication – enough for the time you will be away from home
- Sweater or jacket (advised for those who chill easily)
- Lunch or snack (or visit the restaurant in our building)

- Reading material or busy work
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Q I take a blood thinner and several other prescription medications. Should I continue this before surgery?

A Yes. Take all prescription medications as you normally would before surgery.

Q I am a contact lens wearer. May I wear my contacts until the day of surgery?

A No, your contact lenses may change some of the measurements we take before the surgery. Please remove soft contact lenses at least one week prior to surgery, and hard lenses two weeks prior to surgery.

Q May I eat before surgery?

A Yes. We recommend that you eat a good meal before arriving and bring a snack, bagged lunch, or each at the restaurant on the second floor.

Q May I wear makeup?

A Please do not wear any makeup on the day of surgery.

Q I'm on oxygen. Should I bring it along?

A Yes, bring more than enough oxygen to meet your needs for an 8-10 hour stay at the clinic.

Q I live a long distance from St. Luke's. How long must I stay for follow up?

A Patients having routine cataract surgery may usually leave the area within one or two days after surgery. If you do plan on going home immediately after surgery, please make arrangements for a qualified doctor to provide follow-up care in your area.

Q Can St. Luke's provide a list of local recommended hotels?

A [Click here for a list.](#)

Surgical Questions

Q Will I feel anything during surgery?

A Dr. Gills has developed special solutions that numb the eye. Most patients feel only gentle pressure.

Q What do I see during surgery?

A Most patients only see the bright lights of the microscope.

Q Would a cough prevent me from having surgery?

A It is very important that you don't cough unexpectedly during surgery. Before the operation, we can give you throat spray or a cough suppressant.

Q May I have medication for my nerves?

A It's not required, but some patients do request medication to help them relax. If you do elect to take medication for your nerves, have someone accompany you if possible.

Q Will I need to have blood drawn before the surgery?

A We do not routinely draw blood unless there is a specific indication.

Q I was told that I need to take antibiotics before any dental work. Is this true for eye surgery also?

A Unlike dental surgery, Dr. Gills is working in an area that is very clean. It is very unlikely that you need antibiotics, however, if you have the medication available, you may take it as instructed by your doctor before the operation.

Q How soon may I leave after surgery?

A Most patients may leave within a few hours after the surgery.

Q I know I need surgery on both eyes. When may I have my second eye done?

A If surgery is recommended on both eyes, you may have them one day apart.

Q What will I be able to see right after the operation?

A Most patients' vision is quite blurred after the surgery from the dilating drops and the bright microscope lights.

Q What happens before I'm discharged?

A After the surgery, you will be brought into the recovery room where we will assess your vital signs such as your pulse and blood pressure. We will also check your eye pressure and explain your postoperative instructions and medications to you and a friend or family member. Afterward, an attending eye surgeon will examine your eye or we will make arrangements to check you the following day.

Q My back keeps me from lying flat. What position must I be in for the surgery?

A We need you to lie down for surgery, however, our experienced OR team has worked with virtually every medical condition that presents special needs. We will be able to work with you to make your experience as comfortable as possible.

Q Does every patient need an implant?

A The vast majority of patients require a implant to replace the natural lens or cataract. Only in very rare cases of extreme nearsightedness is an implant not required.

Q May I drive myself home?

A It is not recommended, although some patients who see well out of their other eye and have not had any medication may drive.

Q Sometimes my blood pressure gets high when I'm nervous. What happens if it's too high?

A If we are unable to manage your blood pressure with medication, your surgery may be postponed until you consult with your primary physician.

Q Do I need a physical before surgery?

A Yes. Your general health is assessed prior to surgery by a staff physician so we can grant medical clearance for your surgery.

Post-operative Questions

Questions about my implant...

Q Did I receive a lens implant?

A The cataract is actually the lens of your eye. Since the lens is responsible for 1/3 of the eye's focusing power, it must be replaced with a lens implant for you to see clearly. Intraocular lenses are required except in very rare cases of extreme nearsightedness.

Q What is my implant made of?

A The implants used at St. Luke's are made of either silicone or PMMA (plastic). Each lens has specific indications and the doctor determines which lens is best suited for you based on a number of factors.

Q How long will my implant last?

A The intraocular lens is placed permanently in your eye and will not "wear out".

Q Can my eye reject the lens implant?

A No, since the intraocular lens is not human tissue, your body cannot reject it.

Q Was laser used to remove my cataract?

A Your cataract was removed by ultrasound, not laser. In a process called phacoemulsification, sound waves gently break up the cataract and it is removed from the eye. However, lasers are presently being developed to remove cataracts.

Questions about my activities...**Q Should I wear my old glasses after surgery?**

A Wearing your old glasses will not harm your eyes, but since the prescription won't be optimal for your surgery eye, you will probably see best without them. Most patients find it easiest to only wear glasses for reading.

Q I see great at a distance, but why can't I read without glasses?

A Your implant is a single-focus lens. If your lens was chosen for distance vision, you will need reading glasses for close range work. Some patients elect to have one eye focused for close vision so they can read without glasses. However, this may compromise distance vision. Patients who require precise distance vision do best with both eyes focused for distance and reading glasses for near.

Q Is it safe to resume activities I enjoy such as golf and reading?

A We encourage you to resume normal activities as soon as you wish. Routine activities such as bending and lifting will not harm your surgery.

Q How soon may I resume driving after surgery?

A Most cataract surgery patients enjoy a significant improvement in their vision within the first 24 hours. You may drive when you feel comfortable.

Q Is it safe to fly after cataract surgery?

A Flying will not harm your eye after cataract surgery.

Q When may I wear make-up again?

A You may wear make-up on your face such as lipstick and powder immediately after surgery, but eye make-up should be avoided for two weeks.

Q Is it safe to have my hair done or get a permanent?

A Just like before your cataract surgery, you should avoid any chemical contact with your eyes. Take sensible precautions.

Questions about complications...**Q Why does it feel like there is something in my eye after my surgery?**

A You've had a microscopic incision on the surface of your eye. When you blink, you may feel a slightly scratchy sensation until the incision heals. Scratchiness is also a symptom of dry

eyes. After surgery, our patients find that using artificial tears helps to alleviate the symptoms.

Q The eye drops, given to me to use after surgery, sting my eye. Is this normal?

A It is common for some eyedrops to burn or sting upon installation. You should continue to use your eyedrops as prescribed. However, if your discomfort seems to be worsening, or you experience a decrease in vision, call your doctor at St. Luke's. Burning may also be a symptom of dry eyes. Make sure you're using your "artificial tears" drops frequently. Some patients find using artificial tears 5 minutes before their medicated drops decreases their irritation.

Q After surgery, I noticed a spot of blood on the white of my eye, should I be concerned?

A The white part of the eye (sclera) is covered by a clear layer of tissue (conjunctiva). When a tiny blood vessel breaks, the blood becomes trapped underneath the conjunctiva. Since the tissue is clear, it's easy to see the blood. If this were to happen on your arm, you would have a blue or purple bruise because the skin is not transparent. This will not affect your vision and will gradually resolve on its own.

Q On the way home from surgery I saw huge halos around all the lights. What causes this?

A This dramatic glare was due to the fact that your pupil was still dilated from the surgery. After the dilation wears off, your vision will return to normal.

Q My glare problem has improved dramatically since the surgery, but I still occasionally notice halos or streaks on lights at night. What causes this?

A Glare may be caused by many factors. A slight need for glasses (refractive error) is one of the most common reasons you may notice slight glare at night. Also, some patients experience minor corneal swelling after surgery that may cause temporary glare.

Q Since my surgery a few weeks ago, everything has a pink tint. What causes this?

A This pink tint is due to slight swelling in the retina and is not uncommon after surgery. It will gradually resolve as you take your postoperative eye drops. However, always contact your doctor at St. Luke's if you notice a change in your vision. It is also important to protect your eyes with sunglasses when outdoors since sun exposure can aggravate this problem.

Q Why does everything have a blue tint since surgery?

A Patients with cataracts see their world through a yellow tint. It's just like wearing yellow-tinted ("blue-blocker") sunglasses. These glasses block colors from the lower end of the color spectrum like blues and violets. When the cataract is removed and replaced with a clear implant, you will see these unfamiliar colors again. This may be much more dramatic for some patients than others, depending on the cataract.

Q I can't read without glasses. Should I be able to?

A Your implant is a single-focus lens. If your lens was chosen for distance vision, you will need reading glasses for close range work. Some patients elect to have one eye focused for close

vision so they can read without glasses. However, this may compromise distance vision. Patients who require precise distance vision do best with both eyes focused for distance and reading glasses for near.