[ ] BLOOMINGTON EYE INSTITUTE **OR** **[ ] GAILEY EYE SURGERY - DECATUR**

309-827-2020 **217-875-2600**

1008 N. Center St. **646 W. Pershing Rd**

Bloomington, IL 61701 **Decatur, IL 62526**

SURGICAL INFORMATION

****If** you were given prescription/s for medications to use before surgery, follow the instructions on the medication label for specific eye use. It is okay to use these prescription eye drops the **morning of your surgery**.

BEFORE SURGERY:

How to use drops before surgery: Wash hands well. Shake bottle, open eye, look up, gently pull lower lid down and instill one drop. Do not touch eye or eyelid with the tip of the bottle. If instilling more than one drop, wait three minutes between drops.

►The **Surgery Center** is open from **7am - 5pm Monday through Thursday.** Approximately two working days prior to your surgery, you will receive a call with instructions on your arrival time. If you have not received a phone call, please call the day before and ask to speak to a pre-testing nurse.

►1. **Day of surgery:** _____ **Arrival time:** _____
Morning surgery arrival time **could be** between 6:00 a.m. and 10:00 a.m.
Afternoon surgery arrival time **could be** between 10:30 a.m. and 5:00 p.m.

►2. **Stop eating solid foods and drinking liquids the day of your surgery according to your arrival time.**
Morning Surgery - STOP eating and drinking at **midnight**
Afternoon Surgery - STOP eating and drinking at **4 a.m.**

►3. Take all of your usual **medications** with small sips of water the morning of your procedure, unless the pre-testing nurse has instructed you otherwise. **Exception:** Do **not** take **diuretics ("water pills")** the morning of surgery, but **do** take any **blood pressure/diuretic combo** medications.
Diabetic medications will be addressed at the time of the pre-op phone call with the Surgery Center staff member.
Blood thinners/herbals are to be stopped **only** if instructed to do so.

►4. **Do not drink alcohol** 24 hours prior to your procedure. **Do not smoke** day of surgery.

►5. If you are having **General anesthesia: Do not smoke or drink alcohol 24 hours** prior to your procedure and arrange for 24 hour post procedure supervision.

►Please be sure the Surgery Center nurse is aware of any recent changes in your health or if you are currently ill.

DAY OF SURGERY: THE ASC IS NOT RESPONSIBLE FOR ANY PERSONAL ITEMS YOU BRING IN

- Wash your face with soap and water; wear comfortable clothing, and a **short sleeved shirt**.
- Do **not** wear makeup or nail polish.
- **Remove all jewelry and metal objects and leave them at home.**
- **Bring** a **photo ID, current insurance cards, any advance directive** (*ie: living will or power of attorney for healthcare*).
- **Bring** the post-op kit and eye medications **if** you were required to get them.
- **Bring** insulin, nitroglycerin, inhalers, or portable oxygen if you are using them.
- **You will need an adult driver (18 or older) on the day of surgery. Your driver is to be present at the facility from the beginning of your surgical procedure, until you are discharged.**
- **Bring** appropriate amount and method of **payment** if you were asked to do so.
- You will be asked to sign consents; in the case of minors, the consents must be signed by a parent or legal guardian.

AFTER SURGERY: Not all surgeries require drops and/or ointment after surgery. Refer to your discharge instructions that you will receive after surgery for specific instructions!

- **If** you are instructed to **clean your operative eye after surgery:** Wash hands. With operative eye closed, gently wipe with a tap water moistened clean cloth along lash line and below from nose outward. Avoid exerting pressure on the eye. Do one time daily for seven days or as instructed.
- **If** you are instructed to use **ointment after surgery**:
  Using Ointment IN the eye: Gently pull down lower lid and apply 1/4" - 1/2" of prescribed ointment into the pocket of the lower lid. Gently close your eyes for 1-2 minutes. Do not squeeze your lids. Your vision will be blurred as a result of the ointment.
  Using Ointment ON an incision: Apply small amount of the ointment to the operative area. Do not be concerned if the ointment gets in the eye, however, it will make your vision blurry.

You should have been given a "**Patient Rights and Responsibilities**" sheet that outlines your rights and responsibilities as a patient, as well as statements on the Surgery Center's policy on advance directives and facility ownership. If you did not receive this form, or want further clarification on anything regarding this form, please call us at the appropriate phone number listed at the top of the previous page and ask for a pretesting nurse to answer your questions.

Please see additional surgical information online at: Gaileyeyeclinic.com

Billing Information and Addresses:

The <u>patient is responsible</u> for contacting their insurance provider to verify insurance coverage for each of the individual services listed below.

1. <u>Physician Fee</u>

Gailey Eye Clinic: 1-800-325-7706 or 1-309-829-5311

This charge is for the doctor's fee. Please contact the clinic for specific questions concerning this portion of your bill.

2. <u>Surgical Facility Fee</u> (Please call the correct surgery center where you will be having your procedure)

Bloomington Eye Institute: 1-309-827-2020 1008 N. Center St., Bloomington, IL 61701

Gailey Eye Surgery – Decatur: 217-875-2600 646 W. Pershing Rd., Decatur, IL 62526

This charge is for the surgical facility, equipment/supplies and support staff.

The day/s of your surgery we require and will collect any co-payments, co-insurance and/or deductibles; please be prepared to make this payment. The Surgery Center accepts Visa, MasterCard, Discover, money orders, cash (exact change please) and personal checks that are provided to us 7 business days **in advance** of your surgery. Please contact the facility for specific questions concerning this portion of your bill.

3. <u>Anesthesiology Fee</u>

Anesthesia Pain Services: 1-888-987-1489

This charge is for anesthesia/monitoring. Please contact them for specific questions concerning this portion of your bill.

Any **self pay** patients should contact the anesthesia office to obtain the amount due and arrange payment to their office **prior** to the day of surgery. Payment can be made by credit card, check, money order, or cashier's check. **Anesthesia Pain Services** address is Central Illinois Associates, P.O. Box 557, Decatur, IL 62525.

Payments not made to the anesthesia group prior <u>must</u> be made on the day of surgery at the surgery center by check, money order or cashier's check only, **to Anesthesia Pain Services.**

4. <u>Ancillary Fees</u>

There may also be charges for laboratory and/or pathologist services from, but not limited to, Carle BroMenn Medical Center, OSF St. Joseph Medical Center, University of Illinois-Chicago, and/or Decatur Memorial Hospital.