



*** URGENT *** If you experience worsening pain, decreased vision or diminished color vision, purulent discharge (pus), or if the eye seems to be moving forward or “bulging,” call Dr. McInnes right away AND go to the emergency room IMMEDIATELY.



Arrange to have a driver take you home after the surgery.

You may not drive yourself or take public transportation. If you require anesthesia, you must have someone stay with you the night after surgery. You may not spend the night alone. For your safety, Dr. McInnes and/or the facility may cancel your surgery if you do not make suitable arrangements.



Antibiotic - Steroid Ointments, Eye Drops, and Painkillers:

Antibiotic-steroid ointments, eye drops and/or painkillers are often prescribed following surgery. If you do not already have these, you will be given a prescription and you can pick them up at the pharmacy on your way home from the surgery center. You may want to get these ahead of time so after surgery you can go straight home and relax.



To Apply Ointment:

Start with a small (pea-sized) bead of ointment. Gently dab the ointment to the would and along the edge of the eyelid(s) so it gets inside the eye(s). It is very important to get the ointment into the eye(s). It is also extremely helpful to get the ointment into the eye(s) before bed so it can work while you sleep. Continue 4 times per day until your Post-Op appointment.



Eye Drops & Painkillers:

Follow directions on the prescription(s) and from the doctor if these medications are prescribed to you.



Cold Compress:

Apply cold compresses to surgical sites as often as possible for the first 48 - 72 hours following surgery to minimize post-operative swelling. We recommend a handful of frozen peas or corn in a small baggie. Make 4-6 baggies of the frozen peas and leave them in the freezer for easy rotation. Place a gauze pad or thin handkerchief on the eyelid(s), then place one baggie on top of that. Keep the wound(s) as cool as possible while you are awake for the first 48-72 hours. Beginning on day 3 or 4, you may begin using warm compresses 2-5 times per day for 5-10 minutes each time to help improve circulation and healing. If the cold compress is soothing, feel free to continue using these indefinitely. The cold often helps with itching as well.



No Heavy Lifting, Bending Over, Straining or Exercise:

Avoid heavy lifting (nothing heavier than a gallon of milk), straining, lowering the head below the waist, or **any** strenuous exercise for 10-14 days following surgery. Light walking is good, and in fact, you should get up and stretch your legs every 30-60 minutes during the day.

If you have any questions, or would like to see the doctor at any time, please give us a call at 208.939.2939
For after hour concerns or emergencies, please call Dr. McInnes on his cell 208.995.4490

**Normal Side Effects:**

Bruising, swelling, slight bleeding, a clear or mucus discharge, and/or crusting around the lashes are all common after surgery, especially for the first few days. In fact, swelling and bruising often get worse for the first two days after surgery. Blurry vision is also common due to the effects of swelling and the ointment that is used. Bleeding can almost always be stopped by applying direct, continuous pressure with a clean washcloth or gauze pad for 5-10 minutes. You may need to hold continuous pressure for 30 minutes with no peeking or checking. If the wound is still bleeding after 30 minutes of continuous pressure, please call the doctor immediately.

**Pain and pain management:**

Pain after surgery is usually mild to moderate the first day and should resolve with the use of the prescribed pain medicine. Most patients use the pain medicine on the day of surgery and some use it for a day or two after surgery. Cold compresses will help you feel more comfortable and help alleviate pain during the first several days.

**Do not take the following medication OR medications to avoid/prohibited medications:**

Do not take aspirin, ibuprofen (Motrin®, Advil®, etc.) or ANY blood thinners from the list you were given for one week after surgery, unless otherwise directed. Tylenol (acetaminophen) may be used, but do NOT use with the pain medicine (Norco) prescribed because it may also contain acetaminophen. Tylenol may be used with Ultram (Tramadol).

**Sleeping and Personal Hygiene:**

Sleep with the head elevated on 1-2 extra pillows at night (if possible), or sleep in a recliner-type chair with the head elevated. Place a towel over the pillowcase to protect it in the event you have some bleeding after surgery. This is most important for the first 1-2 nights after surgery. You may shower the day after surgery. You may get the wound(s) wet briefly, but do not soak the wound(s). Dry the surgical area with a gentle “patting” motion but avoid any rubbing.

Stay home and relax/sleep as much as possible for the first two days after surgery. Do get up and stretch your legs to improve circulation every 30-60 minutes. You may do light activities such as short walks, brief trips to the store, etc. beginning on day 3 after surgery. NO make-up should be applied for 10-14 days after surgery. You will want to be sure to wear dark sunglasses; both for comfort, but also to cover the bruising and swelling that will be present for the first 3 weeks after surgery. Finally, you will be seen in the office about a week after surgery to have any permanent sutures removed and to begin tapering down on any ointments and/or drops. Additionally, you will be instructed to begin / continue using artificial tears and warm compresses. A second visit usually occurs about 6 weeks after surgery to ensure everything is healing as expected.



*** URGENT * If you experience worsening pain, decreased vision, or diminished color vision, purulent discharge (pus), or if the eye seems to be moving forward or “bulging,” call Dr. McInnes right away AND go to the emergency room IMMEDIATELY.**

If you have any questions, or would like to see the doctor at any time, please give us a call at 208.939.2939
For after hour concerns or emergencies, please call Dr. McInnes on his cell 208.995.4490

Information before surgery:

All surgeries have risks including infection, bleeding, and scarring. Surgery in and around the eyes carries the unique risk of injury to the eyes, vision changes, and possible vision loss. This risk is quite low, but is real; just as there is real risk in many of the activities we carry out daily, such as driving or riding in a car. An additional risk is the possible need for enhancement surgery or revisions. When bilateral (both sides) surgery is performed, there is risk of asymmetry (difference between the two sides). Cosmetic dissatisfaction is another risk. Worsened dry eyes is very common pre-operatively and may become worse after surgery. This is usually temporary, but it can be permanent. Other risks include: pain, irritation, and tearing—all of which are usually temporary.

There are many benefits to surgery around the eyes. One benefit is the rejuvenation of the periorbital tissues, which often leads to improved function and appearance. Other benefits include improved visual fields (being able to see a broader area), diminished fatigue, improved tear function, and a refreshed appearance--depending on your particular surgery. In the case of tumors or malignancies, benefits include definitive pathologic examination and characterization as well as removal of the involved tissue. Oftentimes this is the definitive treatment.

With reconstructive surgeries, the benefit comes from moving tissues into a position that allows them to function normally, or more normally, and provide protection for the eye(s).

Blood Thinners:

Bleeding is a risk in all surgeries, so it is common to stop blood thinners before surgery. In certain surgeries around the eyes, the risk of vision loss (though a very small risk) can be increased if a patient is taking blood thinners. Generally, blood thinners should be stopped for one week before surgery and one week after surgery, unless a physician prescribes the blood thinners. **If a physician has prescribed or instructed you to take certain blood thinners, these should not be stopped until it has been cleared with your primary or prescribing physician.** A list of potential blood thinners is included with this packet.

Pre-Operative Instructions:

Your surgery will be a “Same Day” surgery. **Do not eat or drink anything after midnight on the night before your surgery.** The only exception to this is that you may take your normal blood pressure medications with a small sip of water at the usual time. If your surgery is in our office and NOT at a surgical center, you do not need to fast.

Please shower/bathe the night before, or the morning of the surgery paying careful attention to gently cleaning the face and area around the eyes. Do NOT apply make-up, cologne, powder, or creams to the face. If you wear mascara or other eye make-up, please carefully remove this the night before surgery. Do not wear hair clips, barrettes, jewelry including earrings, rings, bracelets, watches, necklaces, or any other metal materials.

Pre-Operative Instructions:Continued:

Wear a short sleeve shirt, or clothing that is easy to remove. When you arrive at the surgery center you will be met by the pre-operative nurses who will start an I.V. and get you comfortably situated. You will then meet your anesthesia specialist. Most surgeries are done with I.V. sedation and local anesthetic injected into the operative site. Some surgeries require general anesthesia. Your anesthesia specialist will tell you what anesthesia will be best in terms of safety and comfort.

What To Expect:

On average, about 90% of the swelling and edema will resolve by 3 weeks after surgery. A small amount of residual edema may persist for several more weeks. Usually this swelling is not noticeable.

Using warm compresses after the first 48-72 hours will help dissipate this swelling and bruising. Post-operative pain is **variable** depending on the procedure performed and the individual response to the procedure. Most patients are prescribed narcotic pain medications after surgery. It is common for patients to use some of that medication on the day of surgery and occasionally on the day after surgery. It is uncommon for patients to use narcotic pain medications beyond 2 days.

Visual acuity is commonly worsened and patients often state that their vision seems blurry. Most commonly, visual acuity is still good enough for activities such as driving, but patients may have difficulty reading finer print and such.

This is most commonly due to tear film disturbance, swollen and tight tissues, and medications (drops and ointments) used after surgery. It may last anywhere from days to weeks.

Vision loss is very uncommon. However, if you notice loss of vision or diminished color vision, call Dr. McInnes immediately and go to the emergency room.

“Grittiness” or dryness of the eyes is also common after surgery. The eye drops and/or ointment you are prescribed after surgery will help with this. After you begin to decrease or stop the prescribed medicines, you will likely use over-the-counter artificial tears to help with the dryness.

Dissolving or permanent sutures are often used in surgery. Permanent sutures typically need to be removed in the office approximately one week after surgery. This is usually painless and fast.

Infection is very uncommon with most oculoplastic surgeries. Mucus discharge around the eyelids with matting (especially in the morning upon awakening), redness, minor pain, and swelling are also normal. Signs and symptoms of infection include WORSENING redness, pain, or or swelling as well as purulent discharge (pus) or foul order. If you have any of these symptoms you must call call Dr. McInnes immediately.



Preoperative Discontinuation Guidelines for Blood Thinners

This is NOT an all-inclusive list. If you have any questions please contact your Primary Physician!

Asprin-Containing Products

Stop 7 days prior to surgery
& 7 days after surgery

NSAIDs

Stop 7 days prior to surgery
& 7 days after surgery

Miscellaneous Medications

Stop 7 days prior to Surgery
& 7 days after Surgery

Acetylsalicylic Acid
Aggrenox
Alka-Seltzer products
Anacin products
APC Tablets products
Arthritis Pain Formula
Arthritis Pain Reliever
Ascriptin products
Aspergum
Aspirin products
Butalbital
Cama Inlay Tabs
Ceteased, Improved
Cheracol Caps
Congespirin
Coricidin products
Cope
Darvon Compound products
Dristan Decongestant
Duragesic
Ecotrin
Emprazil
Empirin products
Excedrin
Equagesic
Florinal products
4-Way Cold
Genprin
Goody's Headach 4-Way Cold
Goody's Tabs-XS
Halfprin
Indocin
Lanorinal
Magnaprin
Measurin
Midol Max Strength
Momentum Muscle Backache
Monacet
Norgesic
Percodan
Persistin
Robaxisal

Roxiprin
Ibuprofen
Advil
Bayer Select
Excedrin IB
Haltran
Ibuprin
Medipren
Midol Cramp Formula
Midol IB
Motrin
Arthrotec
Cataflam
Voltaren
Diflunisal
Dolobid
Etodolac
Lodine
Fenoprofen
Nalfon
Flurbiprofen
Ansaid
Indomethacin
Indameth
Indocin
Ketoprofen
Orudis
Oruvail
Ketorolac
Toradol
Meclofenamate
Meclodium
Mefenamic Acid
Ponstel
Meloxicam
Mobic
Nabumetone
Relafen
Naproxen
Aleve
Anaprox
Naprosyn

Oxaprozin
Daypro
Fish Oil—Omega 3
Flax Seed
Garlic
Ginkgo
Ginseng
Krill Oil
St. John's Wort
Vitamin E
Vitamin C

Prescribed Medications

Aspirin products—Stop 7 days before
Cilostazol —Stop 3 days before
Pletal
Clopidogrel —Stop 7 days before
before 1 day after
Plavix
Dipyridamole —Stop 3 days before
Persantine
Sulfinpyrazone —Stop 7 days before
Anturane
Ticlopidine —Stop 7-10 days before
Ticlid
Warfarin —Stop 3 days before
1 day after
Coumadin
Pradaxa Stop 3 days before
1 day after
Apixaban Stop 3 days before
1 day after
Eliquis
Rivaroxaban (3 days before 1 day after)
Xarelto

Our staff is happy to help you through the pre-op, surgery, and beyond in any way possible. It is very important for you to review and become familiar with the materials provided in your surgery folder. Failure to comply with any of these guidelines could result in cancellation of surgery and cancellation fee of \$200.



**We are dedicated to ensuring you have the best experience possible.
Your cooperation and preparation will help you have an optimal surgery.**

1. The documents in this folder will help you learn what you can expect before, during, and after your procedure. Familiarize yourself with pre- and post-operative (pre-op and post-op) expectations. You are welcome to call our office with any questions you have after reviewing the material. We want to ensure you feel comfortable with your surgery.

2. To ensure you are healthy for surgery, pre-op testing might be required. Pre-op testing might also be necessary to administer anesthesia. Please consult your Primary Care Physician (PCP) and get their consent. If applicable, you'll find more information on page titled "Doctor Permission/Awareness Form" about pre-op testing and PCP consent.



PRE-OPERATIVE TESTS NEEDED:

- Lab Work Other: _____
- EKG _____
- See your primary care physician _____



THE WEEK PRIOR TO SURGERY:

- Review all materials in the surgery folder.
- Secure transportation to and from your surgery and arrange for someone to stay with you for the first 24 hours after your surgery.
- Discontinue all blood-thinning medication as approved by your PCP/Cardiologist.
- Pick up your pain medications and eye drops and/or eye ointment.

THE DAY OF SURGERY:



DO NOT EAT/DRINK ANYTHING AFTER MIDNIGHT ON THE NIGHT BEFORE SURGERY!



Chewing gum, mints, smoking, chewing tobacco and water are also to be avoided. Brushing teeth and taking approved medications are fine with a small sip of water.



Wear something comfortable that zips or buttons in the front.



NO make-up, face creams, lotions.



Arrive with your driver and arrange for someone to stay with you for the first 24 hours after surgery.



SURGERY AND POST-OPERATIVE DATES:

Surgery Date: _____ Week 1 post-op appointment: _____

Location: _____ Week 6 post-op appointment: _____

Our staff is happy to help you through the pre-op, surgery, and beyond in any way possible. It is very important for you to review and become familiar with the materials provided in your surgery folder. Failure to comply with any of these guidelines could result in cancellation of surgery and a cancellation fee of \$200.