

MOVSHOVICH PC
596 Anderson Ave Suite 101
Cliffside Park NJ 07010
Tel: 201-943-0022
www.movshovichpc.com

YOUR CATARACT SURGERY IS SCHEDULED FOR _____

SURGEON: ALEXANDER MOVSHOVICH, M.D.

PLACE: BERGEN-PASSAIC CATARACT & LASER CENTER
1801 POLLITT DRIVE, FAIR LAWN NJ 07410
TEL: (201) 414-5649

TIME: You will receive a call from our office three to four days before the surgery.

You will get three medications from your pharmacy.

Please start taking the following medications four (4) days prior to the surgery on _____:

1.VIGAMOX - ONE DROP 3 (THREE) TIMES A DAY

2.ILEVRO - ONE DROP 1 (ONE) TIME A DAY

Patients who take blood thinners such as (**ASPIRIN, COUMADIN OR PLAVIX**) should consult their primary care physician about the possibility of stopping these medications 5 days before the surgery. This is very important and ask that you please let us know whether you will be continuing them.

Patients who take **TRAVATAN, LUMIGAN, XALATAN(LATANOPROST)** should stop medications 7 days before the surgery.

ATTN: On the day of the surgery, you can have a meal six (6) hours before the surgery. (A light breakfast, avoid milk products.) Please be aware that the anesthesiologist will otherwise not let you have this surgery.

POST SURGERY INSTRUCTIONS:

1. Avoid strenuous physical activities for the next week.
2. Do not rub your eyelid.
3. You may wash your hair or have it washed one day after surgery.
4. You may take two Tylenol after each meal if needed
5. Wear plastic shield for 5 nights.

Return to our office on _____ at _____ for your surgery follow-up appointment.