

RETINA HEALTH INSTITUTE

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PRE-SURGERY QUESTIONNAIRE

Patient's Name: _____ Date of Birth: _____

Phone Number 1: _____ Phone Number 2: _____ Date of Surgery: _____

Please fill out this questionnaire carefully and hand it back to the surgical coordinator, so that we have all the medical information to prepare you for your surgery. Failure to fill out this form correctly may delay your surgery. **Patient understands they cannot consume any food or liquids after midnight the night before surgery. This includes chewing gum and alcoholic beverages. Patient also understands that they will need to give a deposit for surgery that will be refunded upon insurance payment. If insurance does not reimburse the practice for surgery, patient will not be refunded.**

IF WE ARE SCHEDULE SURGERY 2 WEEKS OR MORE IN ADVANCE, patient agrees to have all pre-op appointments and testing completed and returned to Retina Health Institute 1 week prior to date of surgery. If Retina Health Institute does not receive all necessary information 1 week prior to surgery, the patient is subject to a \$500 rescheduling charge and cancelation of surgery.

Patient Signature: _____

In the past have you ever been seen by provider? If YES, please check box & list name, phone number and location of provider:

Primary Medicine _____ Phone: _____

Heart Specialist _____ Phone: _____

Lung Specialist _____ Phone: _____

Other: _____ Phone: _____

Are you currently taking any MEDICATION? If YES, please list the name, dosage and how many times taken per day:

****PLEASE INDICATE IF YOU ARE TAKING ANY BLOOD THINNERS****

Do you have any ALLERGIES? If YES, please list and note reaction if known:

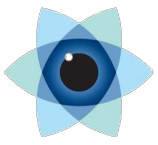
Please answer the following screening questions:

Have you or any of your close relatives had serious problems with anesthesia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have proper transportation to/from the hospital for your surgery & office for your 1-day post-op? <i>* This does not include rides from Uber, taxis, etc., except for medical transportation</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have an implantable cardiac defibrillator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been diagnosed with narcolepsy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
BMI ≥ 50	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Active MRSA/STREP/SHINGLES/CHICKEN POX	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a Pacemaker? If YES, write cardiologist information above to verify documented regular checks.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you taking GLP-1 medications including: Semagultide (Ozempic/Wegovy), tirzepatide (Mounjaro), etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I attest the above information is correct to the best of my knowledge. Confirmation by person completing this form:

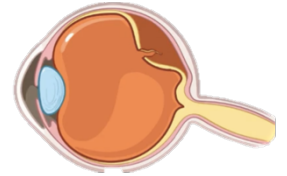
Signature: _____ Print Name: _____ Date: _____

Form completed by: Patient Relative (specify relationship to patient: _____)



What is a Vitrectomy?

Vitrectomy surgery is a delicate technique used to treat many different retinal diseases. In this operation, we make three small incisions in the eye wall (the sclera) allowing us to remove the vitreous gel that fills the inside of the eye. This vitreous gel is responsible for many retinal disorders. In some cases, the gel needs to be removed because the eye is filled with blood. In other cases, removing the gel allows us access to the retinal surface to remove scar tissue or to fix a retinal detachment. Once this gel is removed, we have access to the delicate retina tissue and can do whatever work is necessary to bring your retina back to a more normal state.

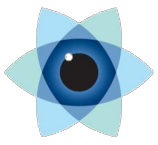


Laser treatment may be applied at the time of vitrectomy. In some cases, we may need to place a gas or oil bubble in your eye. This bubble acts like a “cast” to hold your retina in place while it heals. Importantly, if you need a gas bubble you cannot go to high elevations or fly in an airplane until the bubble disappears. We will tell you approximately how long that will take. In addition, it may be necessary for you to hold your head in a special position for 5 to 7 days (or more) to allow the gas bubble to work.

For cases in which an oil bubble needs to be placed in the eye, another surgery might be required to remove that oil bubble.

Again, we will review this with you at the time of your operation. Instructions are specific for each patient and their unique situation. For some retinal problems, we may need to operate more than once.

After the surgery, your eye may take several weeks or even several months to heal and achieve your best vision.



What do you need to do before your surgery?

Primary Care Doctor Clearance

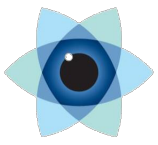
1. You should get surgical preoperative clearance with your primary care doctor before the scheduled surgery with Dr. Kapur or Dr. Hussain.
 - a. This clearance needs to be within 30 days of your surgery date.
 - i. This clearance **MUST INCLUDE** a history and physical exam which also includes that the patient is cleared for surgery. It is not acceptable to send a piece of paper stating that the patient is cleared for surgery.
 - b. Please have your primary care doctor fax the results of this evaluation to the attention of our surgery scheduler at **847-488-0677**
 - c. **PLEASE DISCUSS ALL OF YOUR MEDICATIONS WITH YOUR PCP DURING YOUR SURGICAL CLEARANCE APPOINTMENT.**
 - i. Your PCP will be the one to determine which medications you need to stop and which ones you are allowed to take with a sip of water on the morning of surgery.
 - ii. If you are on any **BLOODTHINNERS**, make sure to ask Dr. Kapur or Dr. Hussain as well as your PCP whether you need to stop these before your retinal surgery.

Cardiology Clearance (In some cases)

2. For some cases, cardiology clearance is also required. This will be determined by Dr. Kapur, Dr. Hussain, or by your PCP during your surgical clearance appointment.
 - a. In this case, you will also need to see your cardiologist for surgical clearance before the surgery. This clearance must also be within 30 days of surgery.
 - b. Cardiology clearance **MUST ALSO INCLUDE** a History & Physical Exam which **ALSO** includes that the patient is cleared for surgery. It is not acceptable to send a piece of paper stating the patient is cleared for surgery.

Pre-Operative Interview with Hospital Nurses

3. The nurses from the hospital or surgery center will also be calling you before your surgery to set up a pre-op interview appointment.
 - a. For any questions for the Pre-op nurses at Sherman Hospital - please call their direct line at 224-783-8782



Insurance Verification for Surgery

4. Your insurance needs to approve your surgery. Our office makes the necessary calls to verify that insurance is covering the surgery, but it is also the responsibility of the patient to make sure their surgery is covered, without proper coverage, the patient will be responsible for the payment of the surgery.
5. If you have an HMO insurance, some insurances require a referral for the actual surgery.
 - a. This means you will have to contact your PCP office to find out if a referral is needed.

Instructions for day before surgery or day of surgery.

1. You are not to eat or drink anything for **8-10 hours** before your surgery.
 - a. You can NOT chew gum or drink alcohol for 8-10 hours before the surgery.
2. In most cases, you will be arriving to the hospital **2 hours before your scheduled surgery time**. We will discuss this with you before your surgery date.

Discharge from the Hospital and Post-op instructions

Surgery discharge is usually the same day as the procedure. You will be required to come to our office _____ day(s) after your surgery to see your doctor for your first postoperative visit.

Make sure you bring the eye drops and any other medication given to you by the hospital to your first post-op office visit with Dr. Kapur or Dr. Hussain.