



Dr. Michael Ashenhurst & Dr. Vivian Hill

Eye Physicians & Surgeons

Phone: 403 245 3171 Fax: 403 245 2405

(Surgical Booking)

You have been scheduled for surgery at The Southern Alberta Eye Center (see page 2).

*****Your appointment time will be confirmed one week prior to surgery by phone call or confirmation email.**

A follow up will be made for you in 7-10 days for suture removal and will be written on your postoperative sheet provided to you on the day of surgery. Some out of town patients may be given dissolving sutures and may not need to come back to Calgary for a follow up.

If you have not heard from us and your surgery is less than one week away, please check your email for your confirmation or call surgical booking at (403) 245-3171.

During your confirmation call you will be asked for the remaining balance of your surgery with credit card over the phone, if it is still owing. You may, of course, come in before this and pay at our office with cash, debit, certified cheque/bank draft or credit card. Please note that this needs to be done **one week prior to surgery at the latest**. Visa/Mastercard payments carry a 2% transaction fee. We cannot accept personal cheques.

PLEASE BE AVAILABLE ON THE DAY OF SURGERY IN CASE YOUR TIME CHANGES LAST MINUTE DUE TO UNFORSEEN CIRCUMSTANCES. IT IS POSSIBLE YOU MAY BE CALLED IN EARLIER FOR YOUR SURGERY IF THERE IS A NO SHOW OR DR. ASHENHURST IS RUNNING AHEAD OF SCHEDULE.

If you need to cancel or reschedule your surgery please advise us as soon as possible. Last minute cancellations/ No Shows will result in loss of the \$500 deposit. A new deposit will need to be made to book another surgery day. Exceptions are made for emergency situations with supporting documentation.

You **MUST** have a responsible adult pick you up and take you home from surgery. If not, the surgery will be cancelled and a no-show fee will apply. Do not drive the day of surgery. If you don't have anyone who is able to get you then you may use Driving Miss Daisy, Keys Please, or Ride Please. No taking a Taxi or Uber. They lack the appropriate insurance coverage and are unable to take medical responsibility of you.

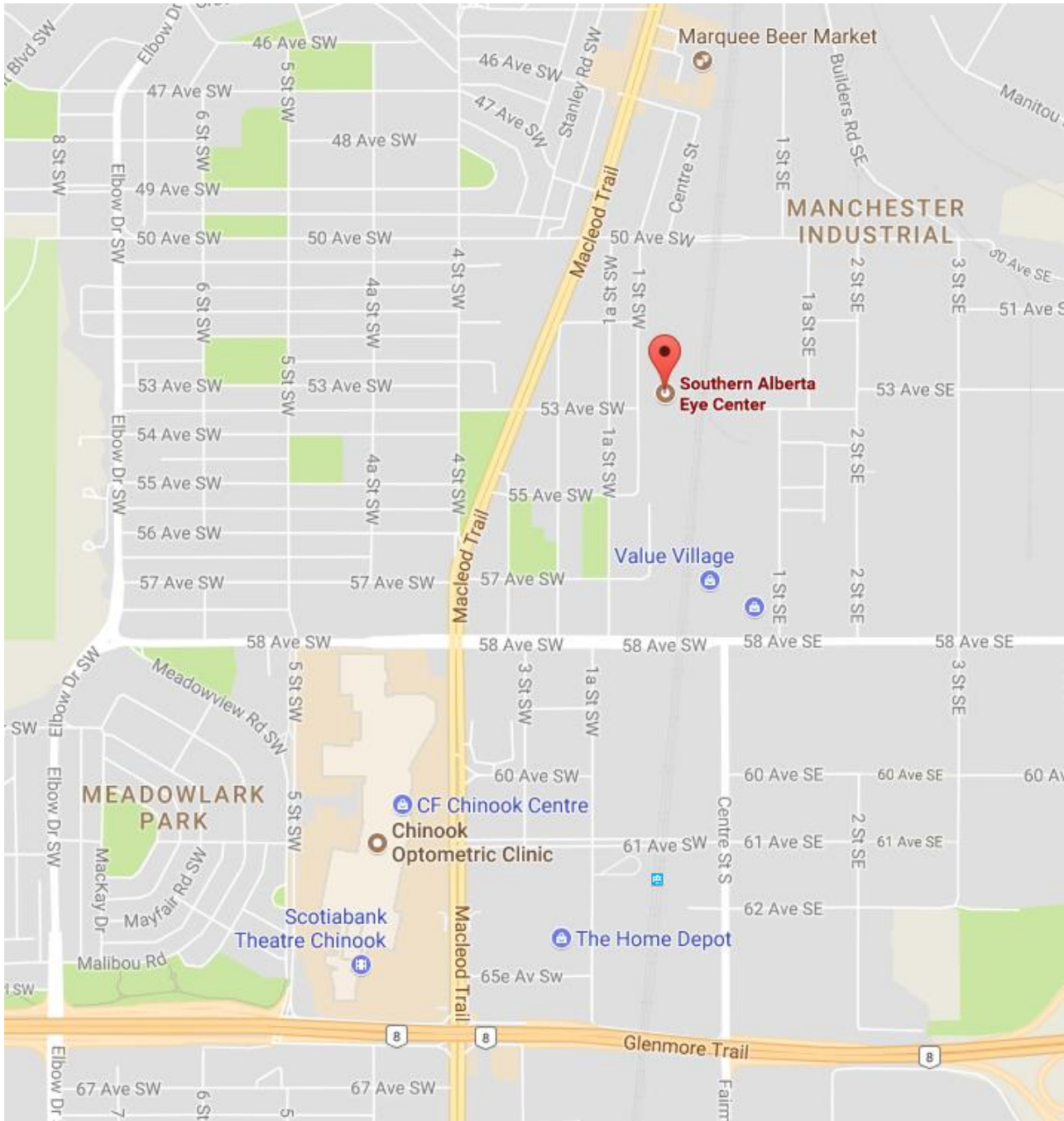
Please take your Alberta Health Care Card and a piece of photo I.D, such as your Driver's License.

You can expect to be at the surgical center for approximately 2 hours in total.

Please go to the preoperative instructions section on page 3 for information about fasting, medications, and preparation.

Southern Alberta Eye Center
Third Floor, 5340, 1st ST SW, Calgary, AB, T2H 0C8

The easiest way to get to the surgical center is to turn East onto 53rd Avenue SW off of Macleod trail. Follow this road to the end and you will come to a T-junction. The building is white and says the Southern Alberta Eye Center at the top. Paid parking is located at the back of the building. Please proceed to the third floor to check in. You will check in at the surgical desk.



Pre-Operative Instructions

- **DO NOT EAT ANY SOLID FOOD OR MILK PRODUCTS FOR A MINIMUM OF 10 HOURS PRIOR TO YOUR PROCEDURE. CLEAR FLUIDS** (apple juice, water, black tea or black coffee) **ARE ALLOWED UP TO 3 HOURS BEFORE YOUR SCHEDULED SURGERY TIME.** Gum, candy, cream, orange juice, and sugar are considered food products. You must be fasting even if we are planning to use a local anesthetic. If you eat then your surgery will be cancelled and a no show fee will apply.
- **GENERAL WARNING: Smoking causes poor healing and should be avoided.**
- You must not drive or take the bus from your surgery. Please arrange to have someone there to pick you up and take you home after your surgery.
- DO continue taking prescribed medications, including blood pressure pills, on the day of surgery. Diabetic medication that needs to be taken with food will need to be taken after surgery. We will arrange surgery for diabetics in the early morning to ensure you are not fasting too long.
- Blood thinners (**ASA, Warfarin, Pradaxa, Xarelto**) are usually discontinued 1 week prior to surgery – please contact your prescribing doctor to make a specialized plan for you. Other blood thinners such as **Vitamin E, Ginko Biloba, ginger, garlic, Advil, Motrin, Naproxen,** and **green tea** need to be discontinued a week prior to surgery.
Note: Tylenol is NOT a blood thinner and can be taken as needed pre-operatively.
- Please remove ALL make-up and arrive with a clean face on the day of surgery. It is best to wash your face with soap on the day of surgery. It is OK to apply a light moisturizer.
- You will not be changing into a robe, so please wear something you are comfortable laying down in.

Post-Operative Instructions

- You will be provided with a post op kit after your surgery, which will include the items that you need during your recovery.
 1. If you have external sutures, you will be given an antibiotic ointment called Ciloxan. Apply this to the incision for two weeks. If you have dissolving sutures then you may use this ointment for longer to help them dissolve faster.
 2. You can use artificial teardrops or tear gel as often as you like, for comfort. Your eyes will often feel stiff and not blink properly for a while after the surgery. Dry eye can be very common after surgery and the use of artificial tears will help. You will be given a small bottle of drops in your kit.
 3. When surgery involves the inner surface of the lid you will be given a bottle of medicated drops called Tobradex to prevent infection and discomfort. The most common surgery involving the conjunctiva is the lower transconjunctival blepharoplasty or ectropion repair.
 4. You can use Vitamin E oil, Dermatix or Scar reduction gel on the incision after your stitches are taken out/dissolved. We feel that Vitamin E Oil helps reduce scar tissue formation. Apply a thin layer twice per day for one month post op to help minimize scarring (SKIN INCISIONS ONLY). If you have skin incisions then you will be provided with a scar reduction gel you can use.
 5. We recommend washing your face with the **Alumier SensiCalm** or Baby Shampoo. The Gentle Cleanser is formulated for sensitive or traumatized skin and is gentle enough to start using 48 hours post operatively.

For patients having a secondary “touch up” procedure, you will only receive the medicated drops and/or ointment and some artificial tears in your post op bag.

- You must be light activity for one week following any type of surgery. No bending or lifting over 10 pounds. No working out, sports, or straining.
- If you require a letter for your work, please contact surgical booking and we will write one up for you free of charge. Any extra forms such as attending physician statements or short term disability forms can be filled out for a fee.

- No flying within one week of surgery.
- You can shower the following day so long as you avoid getting water or strong soaps in the eye area.
- Ice (or frozen peas) 10 minutes on and 10 minutes off. Continue for two days, while you are awake.
- Do not leave ice on for any longer than 15 minutes, as this will freeze the skin.
- After a few days you can switch to warm compresses, if you want, for comfort. This will also aid in reduction of bruising and speed up the healing process.
- Elevate the head (for night time sleeping) with an extra pillow or sleep in an easy chair for the first couple of nights. The ice and the elevation will help to reduce swelling.
- You can take Advil and Tylenol (as per manufacturer's instructions) for pain if needed.
- The use of make-up can resume one week after surgery.
- Some patients can feel regret or depression after surgery. This will usually pass as the eyelids heal.

What is NORMAL After Surgery

- It is normal to have fluid collect at the lower lids where the lid and cheekbone meet. This looks like a fluid blister and will go away on its own. You can increase warm compresses in the area to speed along the process.
- Fluid may also collect under the lining (conjunctiva) and look like gel or a blister on the eye.
- Bruising, redness and swelling often last two weeks or more and are a normal reaction to the sutures. Bruising can travel down the face, sometimes even to the jawline.
- Most people's lids do not look very good one week after surgery. The lids will often appear swollen and uneven for some time after surgery. DON'T PANIC! The healing process can take months and there will be ongoing improvement. The incisions will get itchy, lumpy, and red for a time as they heal, this is normal. The skin around the eyelashes will usually be somewhat numb for a while after the surgery. This will not last forever.

What is NOT NORMAL After Surgery

- Fever
- Uncontrolled swelling, bruising, pain, and loss of vision are a medical emergency. If this happens contact the office immediately or go to an emergency room.
- Excessive bleeding is rare. If you should experience excessive bleeding, apply pressure on the wound with ice packs. Lie quietly with your head elevated. Go to the nearest emergency room or contact the office if bleeding is uncontrolled. After regular office hours you can contact Dr. Ashenurst directly.

Contact numbers

Main Office: (403) 245-3171

Surgical Center: (403) 252-3937 Option 4

Health Link: 811

Sedation

Most eyelid procedures take 15 to 45 minutes depending on their complexity. Intravenous sedation is available and most patients prefer some mild sedation. We are unable to provide sedation if you have eaten anything within ten hours of your surgery time. There will be some discomfort during the administration of the anesthetic

and after the surgery. We make every effort to make you as comfortable as possible but the perception of discomfort will vary greatly amongst different patients.

Sutures

Non-dissolving sutures need to be removed in 7-10 days. Some sutures will dissolve on their own in 2-4 weeks. Some patients have a combination of dissolving and non-dissolving sutures and still need to be seen in 7-10 days for suture removal. In special cases (i.e. out of town patients) when all “dissolving” stitches are used, removal is not necessary. Your follow-up appointment will be given to you at the time your surgery is booked. If you did not receive a follow-up appointment, you can expect a call from our office in the next few days after surgery to clarify your follow up process (if needed).

Risks Of Surgery

All surgery involves general risks including but not limited to: bleeding, infection, sensory or motor nerve and tissue damage and exceedingly rarely, loss of vision, cardiac arrest or other serious bodily injury.

Additional risks and complications specific to eyelid surgery are as follows:

Dry eye	Keratitis (inflammation)
Ptosis (droopy lid)	Allergic reactions to suture materials
Entropion or ectropion (rotation of the lid)	Excessive bruising
Scleral show (more of the white of your eye is visible)	Irregular or prominent scarring
Asymmetry (Perfect symmetry cannot always be achieved)	Under/over correction requiring revision in the form of a second surgery. (Less than 5% chance)

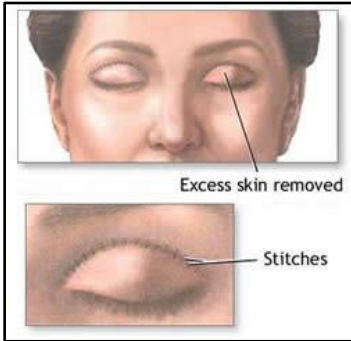
Temporary punctal plugs are inserted in the lower lid tear drainage channel at the time of surgery for those patients having upper eyelid surgery. This is done to help retain moisture in the eye to alleviate excess dry eye post-operatively. These plugs will dissolve on their own in 2-3 weeks’ time. You may find that you have extra tears running down your cheeks during this time. This is normal and is no cause for concern.

The most important risks are infection and excessive bleeding. Although this would be extremely unlikely, there could be a chance of infection getting in the eye and causing loss of vision. In the cases of a severe hemorrhage, blood may track behind the eye (this would look like a tight and severe “black eye”) and put pressure on the eye causing darkening or blacking out of vision. Both of these situations are treatable and vision loss is usually reversible. Please advise us ASAP if you are worried about either of these. Telephone numbers are provided.

Definitions

BLEPHAROPLASTY is a procedure where excess skin and/or fatty tissue is removed from the eye lids. The goal of blepharoplasty surgery is to correct changes caused by aging, smoking, sun damage and genetic factors.

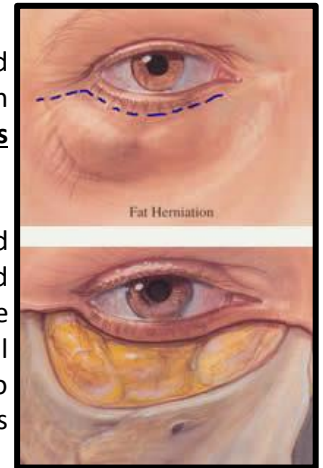
In the upper lids a skin incision is always required. Redundant skin and/or fat can then be removed. The tendon/muscle complex that opens the eye may also be repaired with this approach if needed.



In the lower lids fat causes puffiness or “bags”, which gives a tired or sad appearance. When there is extra skin in the lower lids, a skin incision and stitches are required. This is called a **transcutaneous blepharoplasty**.

When there is no extra skin in the lower lids the fat can be removed through an incision inside the lid, avoiding a visible scar and the need for stitches. This called a **transconjunctival blepharoplasty**. The

advantages of the transconjunctival approach are quicker recovery time and fewer potential complications. The disadvantage of the transconjunctival approach is that there are limitations to the amount of correction that may be done. In general, patients with more advanced aging changes require the transcutaneous approach.



TARSORRHAPHY is a surgical procedure by which the upper and lower lid margins are united. This is usually done to improve eyelid closure or to correct uneven lid openings.

BROWPLASTY elevates the eyebrows back to a normal position and can be done by a variety of techniques.

LATERAL CANTHAL TIGHTENING tightens the tendon of the lower lid and is frequently combined with blepharoplasty to correct or prevent sagging of the lower lids.

LID LENGTHENING is required when the upper or lower eyelid has been shortened by scar tissue. Relaxing incisions are made on the inside of the lid to release the scar tissue. In severe cases a graft is required to support the eyelid.

MID-FACE LIFT may be combined with a lower lid blepharoplasty. The tissues in the cheek are often loose due to aging changes. This will significantly affect the appearance of the lower lids. “Mid-Face Droop” will limit some of the success with lower lid blepharoplasty. A mid-face lift augments the effect of lower lid blepharoplasty surgery in certain cases. It does not give as much of a lift as a formal face lift but can benefit those patients with mild mid-face droop.

ENTROPION is a condition in which the eyelid and lashes roll in and rub against the cornea. Several types of eyelid operations are performed for the correction of this condition.

ECTROPION is when the eyelid rolls outward. Surgery is aimed at tightening loose tissues or releasing scars, skin grafts are sometimes needed.

PTOSIS is the term used when the upper eyelid droops. If the eyelid muscle is still functional, a tightening of this muscle will be performed either from the undersurface of the lid or through the skin.

SCLERAL SHOW is a term referring to the white area under the cornea being visible. Scleral show is normal in many people but not everyone. It can be more noticeable following any lower lid surgery including blepharoplasty. It can also result from thyroid eye disease (bulging eyes), strabismus or strabismus surgery.

DERMATOCHALASIS is a result of loss of elastic tissue and relaxation of the skin and the underlying muscles in the upper and lower lids. This is often associated with **ORBITAL FAT PROLAPSE** in which normal fatty tissues bulges forward in the lid. This fatty tissue causes puffiness or “bags”, which gives a tired or sad appearance.