



Epping Surgery Centre



**SETTING NEW STANDARDS OF EXCELLENCE
CATARACT SURGERY INFORMATION BOOKLET**



“Seeing the world, our loved ones... precious moments, all depends on our senses”

General Information

Welcome and thank you for choosing Epping Surgery Centre for your procedure. The centre is a fully accredited day surgery facility and centre of excellence for eye surgery. Your care, comfort and well being are our top priority.

Our centre is licensed with the Department of Health and accredited to the highest quality and safety healthcare standards, the Australian Council on Healthcare National Standards.

The centre has been awarded the prestigious 3 year accreditation with the ACHS and has negotiated contracts with all the major health funds. The centre fully complies with all Health Department Standards, National Safety & Quality Health Service Standards and Australian Standards concerning hospital, infection control and sterilisation practices. Our centre provides customised, state of the art equipment and instrumentation complemented by a team of well trained clinical and administrative staff that are available to answer any queries you may have.

This booklet will provide you with information about our centre and the care you will receive before, during and after your stay.



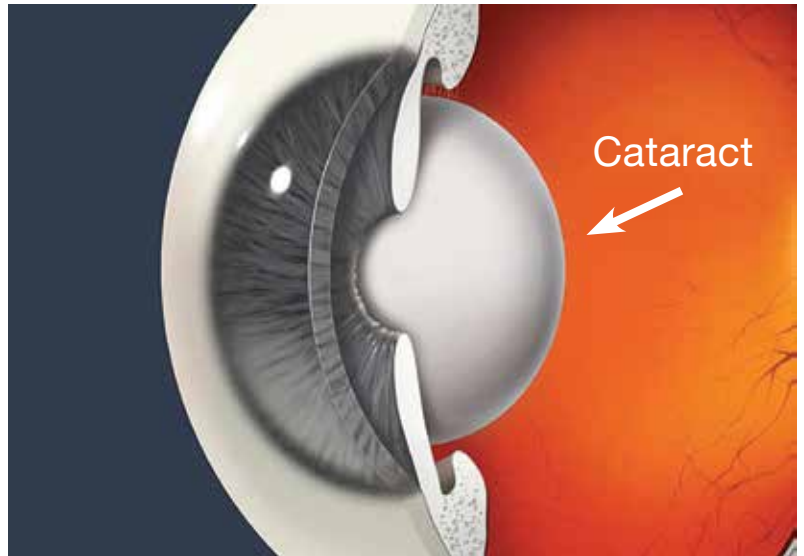
HOW THE EYE WORKS

Normal vision relies on healthy eyes, normal visual pathways and a healthy visual area of the brain. The human eye works similarly to a camera, with a focusing 'lens system' at the front of the eye and a light sensitive 'film', the retina, at the back of the eye. The crystalline lens acts as an 'auto-focus' system, similar to a camera, enabling us to focus on whatever interests us. Any loss of lens clarity is defined as a cataract.

CATARACT

Your eye surgeon has recommended cataract surgery because the lens in your eye has become cloudy making it difficult for you to see well enough to carry out your daily activities. Cataracts develop as a normal part of aging. They can also be present at birth, develop from injuries, certain diseases, medications or long-term exposure to sunlight.

Cataracts are successfully treated by removing the cloudy lens and replacing it with an artificial lens called an intraocular lens (IOL). This will not only improve vision but may significantly reduce dependency on reading glasses. A variety of IOL types are available. Work with your surgeon to choose the best one for you.



Cataract surgery is routinely performed in a day surgery environment under local anaesthesia and intravenous sedation.

CATARACT SURGERY

In cataract surgery, the eye surgeon manually creates a tiny incision on the cornea using a diamond blade and peels a circular hole on the surface of the lens of the eye. A high-frequency ultrasound is then used to break up the cataract and the tiny pieces are vacuumed out with a fine tube. Finally, the intraocular lens is inserted and a patch or shield is placed on the eye to protect it during the initial stages of healing. The success of the procedure largely depends on the surgeon's skill and experience supported by specialist nursing team and hi-tech equipment.

FOLLOW - UP CARE

Generally, when a cataract is removed it is replaced by a plastic intra-ocular lens. Normally this will restore the distance vision that you had before the cataract developed, although you may still need glasses for some activities.

After the operation, your Ophthalmologist will prescribe eye drops and arrange for you to return for post-operative care over the following weeks. During this time, glasses will be prescribed for your new eye, particularly to help with reading vision.

BEFORE ADMISSION

- Your doctor will inform you of the day of your centre admission as well as notify the centre of the date of your procedure. Your doctor will explain your procedure or operation to you and complete your consent form with you.
- Your doctor may request that you visit your GP for a general health assessment before your procedure. Regardless of whether your doctor recommends visiting your GP beforehand, it is important that you have seen your GP within the last year before your proposed surgery date.
- If your account is subject to a Work Cover or Third Party claim, please forward to us the full details of your claim, including a letter from your insurance company accepting liability for your admission.
- If you do not speak English, please ask someone you know to discuss this with our staff before admission so that we may provide the best possible assistance.
- It is very important that all our patients have a carer on the day of surgery, who will accompany them to and from the centre, and stay with them overnight following surgery. If you cannot comply with this requirement you will be asked to sign a release of responsibility and to provide a contact number for your carer or next of kin.

Online Pre-admission Form



Pre-admission is an important part of your care. Please ensure that you complete the pre-admission form provided by your doctor and forward these to the centre by the following methods:-

- **Online** at www.eesc.com.au click on the Online Pre-admission Form button on the home page and follow the link
- **In person** at our hospital
- Fax **(02) 9868 6544**. If faxing, please also bring the originals on the day of surgery
- Post to:
**Epping Surgery Centre
Suite 3, Oxford Place
44-46 Oxford Street,
EPPING NSW 2121**
- Email a scanned copy of the forms to:
reception@eesc.com.au





- Our nursing staff will contact you several days before your admission to review your completed pre-admission details and to advise you of your preparation and fasting times. Please contact the centre or your doctor if you develop a cold or illness prior to surgery or if you have had a recent accident such as a fall.
- Some medications may affect the outcome of your surgery so it is important to disclose all medication. If you are taking Warfarin or Clexane medication, it is important you provide the centre with a recent INR blood test result taken a few days prior to admission.
- If you have any questions about the hospital's procedures, completion of forms, our fees or your health insurance status, our staff will be happy to assist you.
- Our comprehensive website includes extensive educational resources specifically to help inform patients about their conditions, upcoming procedures and all aspects of their admission.

Visit our website at

www.eesc.com.au

FOR YOUR SURGERY AT EPPING SURGERY CENTRE

| First Admission Instructions | Second Admission Instructions |
|---------------------------------|---------------------------------|
| Admission Date: _____ | Admission Date: _____ |
| Time to Arrive: _____ | Time to Arrive: _____ |
| Fasting: Food _____ | Fasting: Food _____ |
| Fluids _____ | Fluids _____ |
| Approximate pick up time: _____ | Approximate pick up time: _____ |

CENTRE FEES

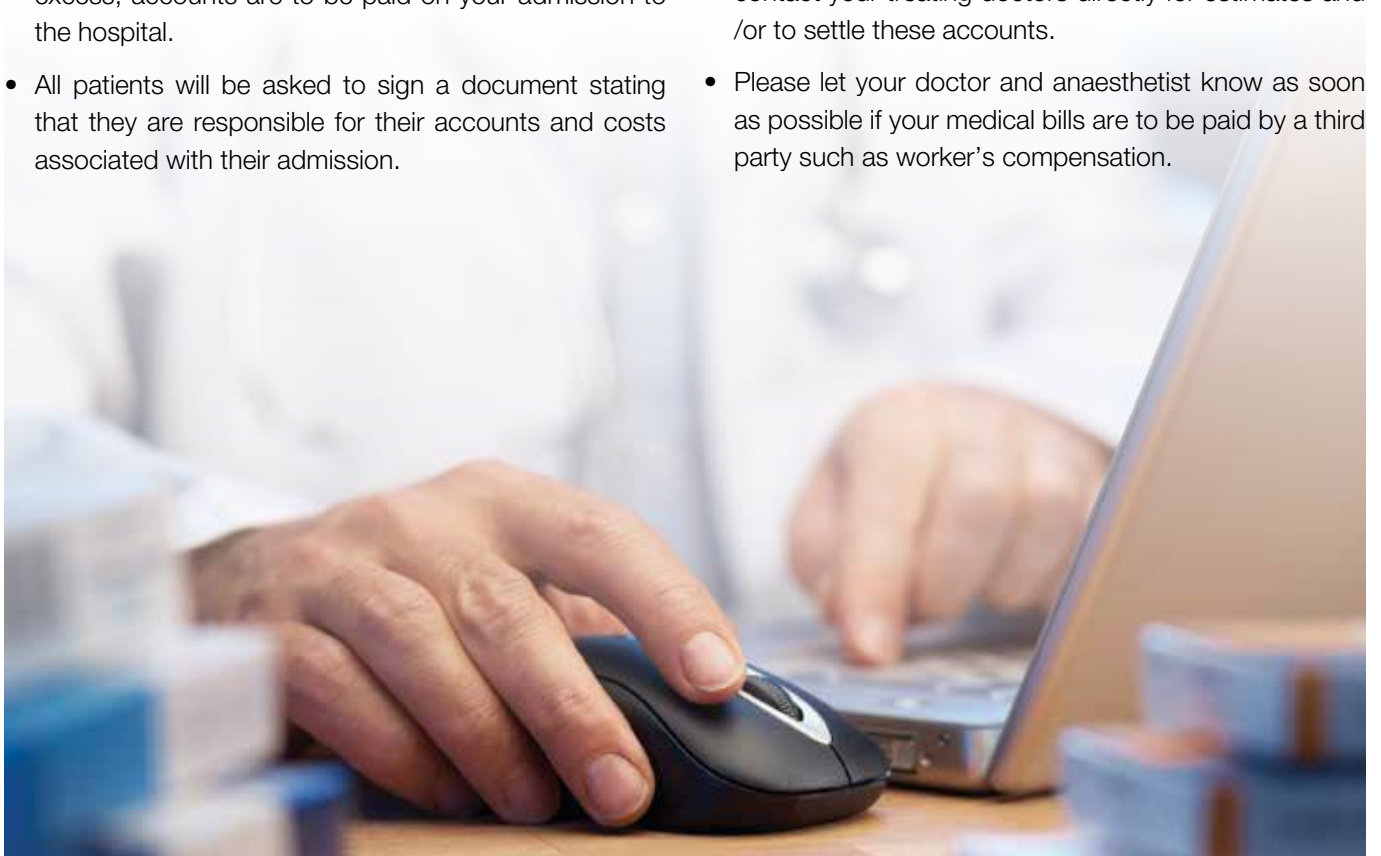
It is important that you check with your health fund, prior to your admission, on the following:

- If your level of health fund cover adequately covers the cost of your procedure and centre accommodation.
- Identify whether an excess is payable for your admission, and if so, the amount.
- If you have been a member of your health fund for less than 12 months, your fund may not accept liability for the costs of your admission if your condition or any symptoms of your condition existed prior to your joining your health fund. In these cases, your health fund has the right to obtain details regarding these symptoms from your GP or specialist consultant.
- If you are a member of a health fund, the centre will conduct an eligibility check to establish your level of cover and any payable excesses. It is the patient's responsibility to disclose health fund details to us.
- Prostheses (artificial surgical items used during procedures such as intraocular lenses or viscoelastic fluids) are fully covered by your health fund.
- For insured patients, our admission staff will be in contact with you to inform you of any estimated costs. You will be asked to sign a claim form and the centre will then lodge a claim with your health fund.
- For uninsured patients or insured patients with an excess, accounts are to be paid on your admission to the hospital.
- All patients will be asked to sign a document stating that they are responsible for their accounts and costs associated with their admission.

- Cost estimates, as part of our informed financial consent to you, are based on information provided by you and your doctor prior to your admission. This will be an ESTIMATE only. These costs may alter due to variations in the actual treatment given to you and your level of insurance cover. You will be informed of any additional changes as soon as any variations to your quoted treatment or insurance cover are detected. An invoice will then be forwarded to you.
- We accept cash, bank cheques (not personal cheques), EFTPOS and credit card. American Express cards not accepted.
- Veterans' Affairs patients must provide the centre with their Gold Card number and bring the card at time of admission to the hospital.
- If pathology is taken while in our care, you will receive a separate account from the pathology provider.

DOCTOR'S FEES

- Your doctor and anaesthetist will also advise you of their fees for your surgery and send you separate accounts not to be paid here at the hospital.
- These accounts from your treating doctors may not be fully covered by your health fund or Medicare. Please contact your treating doctors directly for estimates and /or to settle these accounts.
- Please let your doctor and anaesthetist know as soon as possible if your medical bills are to be paid by a third party such as worker's compensation.



MEDICAL RECORDS AND PRIVACY

Epping Surgery Centre ensures that your information is collected, stored and used in compliance with the Australian Privacy Principles (Privacy Act 1988 & Privacy Amendment Act 2012). Records of your illness and treatment are strictly confidential and the contents will be disclosed only with your consent or where justified by law. You are entitled to see or correct your medical record upon request.

It may be necessary for parts of your medical record to be disclosed to other medical professionals in order to provide your treatment or for quality activities. Patient information may also need to be disclosed to other organisations during activities necessary to operate the hospital. These may include your Health Fund, the Department of Veterans' Affairs, or other Government bodies.

We may communicate with you or your referrer electronically. In these instances, we engage the highest standards of information security and privacy, for example, in cases of online pre-admission registration, discharge information, patient satisfaction surveys and online newsletters. You may opt out of these at any time.

FASTING

The following are general fasting rules, unless otherwise advised by your surgeon, anaesthetist or nursing staff. Please telephone our nursing staff should you have any questions.

- If your surgery is in the morning, you are requested not to eat after midnight the night before your surgery.
- If your surgery is in the afternoon, you are encouraged to eat breakfast before 7am, but refrain from food after 7am unless otherwise advised during your pre-admission.
- Patients may have clear fluids, up to 200 mls per hour, until 2 hours pre-operatively. For example: 10am admission – No food after midnight, clear fluids until 8am. Our nursing staff will advise your expected admission time.
- For the best possible outcome to your surgery, you are advised to not smoke prior to your surgery.
- Children's fasting instructions are provided on page 12.

DAY OF SURGERY

Doctor's Orders

- Please follow any pre-admission instructions given by your doctor.

Medication

- Take your regular medication on the day of your procedure with a small sip of water, unless otherwise instructed.
- If taking fluid tablets (diuretics), do not take these on the morning of your procedure.
- If you are a diabetic and your procedure is in the morning, have a late supper and do not take insulin or diabetic tablets on the day of the surgery. If the procedure is in the afternoon, take half your normal dose of morning insulin, omit diabetic tablets and have an early breakfast, then follow the general fasting rules. Bring your insulin and/or your diabetic medications with you to the hospital.
- For patients taking Diamox tablets – please follow your surgeon's instructions.
- If you are an asthmatic and use puffers, bring them with you to the hospital.

WHAT TO WEAR

- Loose and comfortable clothing, preferably shirts/tops that open at the front for chest access (cardiac monitoring) and short sleeves.
- You may be required to change into a theatre gown depending on your procedure.
- Shower and wash your hair the day of or before procedure.
- Please do not wear make-up or nail polish.
- Leave all valuables and jewellery at home – you may wear your wedding ring.



In accordance with the Department of Health policy, Epping Surgery Centre is a smoke-free environment.



PARKING & COLLECTION

- Drop off in the driveway - press button 3 on the intercom to raise boom gate.
- Street parking is available in the surrounding area.
- For disabled patients or those using wheelchairs, we can arrange courtesy parking before your admission. A wheelchair is available at all times.

WHAT TO BRING

- Any relevant forms or other paperwork.
- Your health fund card will only be required if you have not already supplied us with your fund details prior to admission.
- Results of any relevant tests completed prior to admission.

Our team will ensure that your care is respectful of and responsive to your preferences, needs and values.

WHAT TO EXPECT

- Our friendly receptionists will finalise your admission and account as well as other necessary details on your arrival at the hospital.
- Nursing staff will take your medical history and ask any relevant questions including covering any discharge requirements.
- Your privacy and confidentiality is retained and respected at all times.
- Epping Surgery Centre is very proud of our approach to patient-centred care. Patient satisfaction and clinical outcomes informs all that we do.
- The centre is committed to and complies with the highest Infection Control and Australian Sterilisation standards and guidelines.



PATIENT'S RELATIVES, FRIENDS AND CARERS



- Your carer is responsible for taking you home and caring for you after your surgery. Your carer may be your spouse, another family member or a close friend. It is important that you have arranged an appropriate carer well before your scheduled date of admission. If you have problems making this arrangement, please tell our nurse when she calls you before your admission.
- For your convenience, a small carer's card which includes a map showing the location and address of our hospital, contact details, your admission date and time, and approximate pick-up time is provided at the back of this booklet. We suggest you give this to your carer to make things easier for them.
- Important information for your carer is also provided at the back of this booklet, adjacent to the carer's card.
- If accompanying a patient to hospital, you may wait in our reception lounge, which offers refreshments, relaxing music, television and reading materials. Shopping in the area has become a popular way for relatives and carers to entertain themselves whilst waiting for the patient to be discharged.
- Alternatively, our centre staff can ring carers when the patient is ready to be discharged. It is appreciated if carers could arrive as close as possible to discharge time so that you are not waiting too long at the hospital.



Epping Surgery Centre

Suite 3, 44-46 Oxford Street, EPPING NSW 2121
 Telephone: (02) 9868 6555 Fax: (02) 9868 6544
 Email: reception@eesc.com.au

Place ID Label Here

TO BE COMPLETED BY PATIENT

PRE-ADMISSION FORM

| | |
|--|---|
| Please indicate responses by crossing the appropriate box <input checked="" type="checkbox"/> | |
| Surgeon: | Date of Admission / / |
| Procedure: | Right <input type="checkbox"/> Left <input type="checkbox"/> |
| PATIENT DETAILS | |
| Title | Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Master <input type="checkbox"/> Prof <input type="checkbox"/> Dr <input type="checkbox"/> Sr <input type="checkbox"/> Fr <input type="checkbox"/> Gender M <input type="checkbox"/> F <input type="checkbox"/> |
| Given Name | Family Name |
| Street Address | |
| Suburb | State Post Code Date of Birth / / |
| Phone | Home Work Mobile |
| Email | |
| First admission to the hospital: | Please complete both sides of this form and return to the day hospital with the Consent Form as soon as possible prior to your admission. Your responses are valuable to us in planning your admission and care. This form can also be completed online at www.eesc.com.au |
| Subsequent admissions: | If your last admission was within the past three (3) months and there have been no changes to your personal details or medical condition since your last admission please cross here <input type="checkbox"/> and sign at the bottom of this page |
| Marital Status | Married / De Facto <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> |
| Ethnicity | Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/> |
| Language Spoken | Country of Birth |
| PRIVATE HEALTH INSURANCE / MEDICARE / DVA / WORKCOVER DETAILS | |
| Medicare, DVA, Pensioner | Medicare No. Ref No: Expiry Date / / |
| | Dept of Veterans' Affairs File No. Gold <input type="checkbox"/> White <input type="checkbox"/> |
| | Pension No. |
| Private Health Fund | Are you in a Health Fund? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | Health Fund Name Membership No. |
| Worker's Compensation | Admission covered by WC Claim Yes <input type="checkbox"/> No <input type="checkbox"/> Date of Injury / / |
| | Name of Employer Employer Phone No. |
| MVA Third Party | Admission covered by MVA Claim Yes <input type="checkbox"/> No <input type="checkbox"/> Claim No. |
| | Insurance Co. Contact No. |
| NEXT OF KIN / CARER DETAILS | |
| Next of Kin | Relationship Given Name Surname |
| | Address Post Code |
| | Telephone No. Home: Work: Mobile: |
| Do we have permission to speak to this person regarding your admission and care? Yes <input type="checkbox"/> No <input type="checkbox"/> or Carer? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Will this person be your carer on the day of surgery (ie taking you home)? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Carer's Details (if not Next of Kin above) | Name Relationship |
| | Telephone No. Home: Work: Mobile: |
| PATIENT PRIVACY INFORMATION FOR PERSONAL HEALTH INFORMATION | |
| Epping Eye Surgery Centre (EESC) ensures that your information is collected, stored and used in compliance to the Australian Privacy Principles (APP) (Privacy Act 1988 & Privacy Amendment Act 2012). Epping Eye Surgery Centre is committed to ensuring that the individual's information is used only for the purposes consented to by the individual. We may communicate with you or your referrer electronically using the highest standards of information security and privacy e.g. online registration, discharge information, patient satisfaction surveys & eNewsletters. You may opt out of this at any time. | |
| I have carefully read all details on this form and confirm that all information given on the Admission forms is correct and true to the best of my ability. I have read the Patient's Rights and Responsibilities and Privacy information in the Patient Booklet, online at the website or on display in the hospital. I am aware that it is a requirement of my admission to have an escort home and a carer overnight following surgery | |
| Patient / Guardian Signature | Patient / Guardian Name Date / / |

TEAR ON PERFORATION

PRE-ADMISSION FORM

MR2



* F A D M I T P R E 1 *



Epping Surgery Centre

Suite 3, 44-46 Oxford Street, EPPING NSW 2121
Telephone: (02) 9868 6555 Fax: (02) 9868 6544
Email: reception@eesc.com.au

Place ID Label Here

TO BE COMPLETED BY PATIENT

MEDICAL ASSESSMENT FORM

Patient's Name Date of Birth / /

GP's Name Phone

Referred to Surgeon by: GP Optometrist or Other Specialist

Name Suburb

MEDICAL HISTORY Please indicate responses by crossing the appropriate box.

| | Yes | No | | Yes | No | | Yes | No |
|---|--------------------------|--------------------------|--------------------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|
| Heart Conditions | <input type="checkbox"/> | <input type="checkbox"/> | High Blood Pressure | <input type="checkbox"/> | <input type="checkbox"/> | Recent Falls | <input type="checkbox"/> | <input type="checkbox"/> |
| Atrial Fibrillation | <input type="checkbox"/> | <input type="checkbox"/> | Stroke &/or TIA's | <input type="checkbox"/> | <input type="checkbox"/> | Skin Ulcers or Open Wounds | <input type="checkbox"/> | <input type="checkbox"/> |
| Pacemaker or Defibrillator | <input type="checkbox"/> | <input type="checkbox"/> | Epilepsy / Fits or Faints | <input type="checkbox"/> | <input type="checkbox"/> | Cold Sores /Herpes Simplex | <input type="checkbox"/> | <input type="checkbox"/> |
| Persistent Cough /Breathlessness | <input type="checkbox"/> | <input type="checkbox"/> | Mental Health Illness | <input type="checkbox"/> | <input type="checkbox"/> | Contact Dermatitis | <input type="checkbox"/> | <input type="checkbox"/> |
| COPD / CAL / Emphysema | <input type="checkbox"/> | <input type="checkbox"/> | Dementia or Alzheimer's | <input type="checkbox"/> | <input type="checkbox"/> | Kidney Disease | <input type="checkbox"/> | <input type="checkbox"/> |
| Tuberculosis | <input type="checkbox"/> | <input type="checkbox"/> | Neurological Condition | <input type="checkbox"/> | <input type="checkbox"/> | Gastrointestinal Ulcers/ Bowel | <input type="checkbox"/> | <input type="checkbox"/> |
| Asthma or Wheezing | <input type="checkbox"/> | <input type="checkbox"/> | Blood Clots | <input type="checkbox"/> | <input type="checkbox"/> | Glaucoma / Cataracts | <input type="checkbox"/> | <input type="checkbox"/> |
| Current Chest Infection / | <input type="checkbox"/> | <input type="checkbox"/> | Bleeding or Bruising | <input type="checkbox"/> | <input type="checkbox"/> | Retinopathy | <input type="checkbox"/> | <input type="checkbox"/> |
| Cancer | <input type="checkbox"/> | <input type="checkbox"/> | Anaemia | <input type="checkbox"/> | <input type="checkbox"/> | Latex / Rubber Allergy | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | Hepatitis or HIV | <input type="checkbox"/> | <input type="checkbox"/> | Are you pregnant? | <input type="checkbox"/> | <input type="checkbox"/> |
| Growth Hormone (pre 1985) | <input type="checkbox"/> | <input type="checkbox"/> | Arthritis or/ Limited Joint Movement | <input type="checkbox"/> | <input type="checkbox"/> | Do you Smoke? | <input type="checkbox"/> | <input type="checkbox"/> |
| Dura Mater Graft between 1972 - 1989 | <input type="checkbox"/> | <input type="checkbox"/> | Paraplegia / Muscle Weakness | <input type="checkbox"/> | <input type="checkbox"/> | Overseas travel in last 3 months | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you or your family have a history of Cruetzfeldt Jacob Disease (CJD) | <input type="checkbox"/> | <input type="checkbox"/> | Amputee | <input type="checkbox"/> | <input type="checkbox"/> | Do you drink Alcohol or take Recreational Drugs? Amount per week | <input type="checkbox"/> | <input type="checkbox"/> |

Have you, or your family, ever experienced any problems with anaesthetics? Yes No

LIST OF CURRENT MEDICATIONS - INCLUDING VITAMINS, SUPPLEMENTS OR HERBAL PREPARATIONS

Please attach a GP Management Plan or list on a separate sheet if insufficient space.

I am not currently taking any medications Is your surgeon aware that you are on all the medications listed? Yes No

Warfarin Therapy Yes No If presently taking Warfarin, please provide below the details of the most recent INR test.

Date / / INR Date ceased / / Plavix Iscover

| Drug | Dosage | Frequency |
|------|--------|-----------|
| | | |
| | | |
| | | |

ALLERGIES & ADVERSE DRUG REACTIONS Nil Known Please Use Extra Sheet If Insufficient Space.

| Drug or Other | Reaction Type | Date |
|---------------|---------------|------|
| | | |
| | | |

ILLNESSES AND CONDITIONS Please Use Extra Sheet If Insufficient Space.

OPERATIONS AND APPROXIMATE DATES Please Use Extra Sheet If Insufficient Space.

Height cm Weight kg Is there anything else you feel we should know?

Patient / Guardian Signature Patient / Guardian Name Date / /



* F A D M I T P R E 2 *

MEDICAL ASSESSMENT FORM

MR2A

TEAR ON PERFORATION



Epping Surgery Centre

Suite 3, 44-46 Oxford Street, EPPING NSW 2121
Telephone: (02) 9868 6555 Fax: (02) 9868 6544
Email: reception@eesc.com.au

Place ID Label Here

TO BE COMPLETED BY SURGEON

RECOMMENDATION FOR ADMISSION

Please indicate responses by crossing the appropriate box

This confirms the arrangements for (Patient Name)

to be admitted to the hospital on / / for 1st eye or 2nd eye

Provisional diagnosis CATARACT Right eye Left eye

Proposed operation CATARACT EXTRACTION AND INSERTION OF INTRA-OCULAR LENS Right eye Left eye

Proposed anaesthetic Topical Regional LA GA

Specific medical history

Bariatric status Height cm
Weight Kg Weight > 120 kg

MEDICAL HISTORY

I am aware of the patient's medical history, current medications and allergies Yes No

SURGERY

Procedure item numbers 42702

Specific pre-operative instructions

Specific requirements Implant Model Power
Implant Model & Power to follow

Transfer to overnight care Yes No

Reason for admission

Observation and ongoing care Yes No

Courtesy Transport to & from Facility Yes No Acuity in other eye

Doctor's Signature.....

Doctor's Name..... Date / /



* F R E C C O N G E N 1 *

TEAR ON PERFORATION

RECOMMENDATION FOR ADMISSION - CATARACT

MR3



TO BE COMPLETED BY SURGEON

CONSENT TO SURGICAL TREATMENT

I, Dr (Doctor's Name) have discussed with
(Patient's Name) whose date of birth is / /

The need for him / her to have **CATARACT EXTRACTION AND INSERTION OF INTRA-OCULAR LENS** Right eye Left eye

.....
We have discussed what alternatives are available, the nature of the risks of the procedure, the risk that it may not give the expected result and the possibility of altered or additional procedures being required. We have also discussed the fact that the procedure may involve anaesthetics, medications and / or blood transfusions and that these all carry risks. On the basis of this understanding, we agree that I perform, and that he /she consent to this procedure.

Doctor's Signature.....

Doctor's Name..... Date / /

Patient's Signature.....

Patient's Name..... Date / /

Interpreter's Signature.....

Interpreter's Name..... Date / /

CONSENT BY A RELATIVE OR LEGAL GUARDIAN TO SURGICAL TREATMENT

I, Dr (Doctor's Name) have discussed with
(Legal Guardian / Relative's Name)..... the **Legal Guardian / Relative of**

(Patient's Name) whose date of birth is / /

The need for him / her to have **CATARACT EXTRACTION AND INSERTION OF INTRA-OCULAR LENS** Right eye Left eye

.....
We have discussed what alternatives are available, the nature of the risks of the procedure, the risk that it may not give the expected result and the possibility of altered or additional procedures being required. We have also discussed the fact that the procedure may involve anaesthetics, medications and / or blood transfusions and that these all carry risks. On the basis of this understanding, we agree that I perform, and that he /she consent to this procedure.

Doctor's Signature.....

Doctor's Name..... Date / /

Relative/Legal Guardian's Signature.....

Relative/Legal Guardian's Name..... Date / /

Interpreter's Signature.....

Interpreter's Name..... Date / /

CONSENT TO SURGICAL TREATMENT - CATARACT

MR3A

TEAR ON PERFORATION



* F R E C C O N G E N 2 *

POST SURGERY

- All procedures require recovery time, the length of which depends on the individual. The average patient stay is approximately 3-4 hours depending on your procedure.
- Although some level of discomfort following your procedure is to be expected, please do not hesitate to address any concerns or ask any questions of our staff before your discharge. If you are unsure of anything, or concerned with any element of your care or condition, please ask.
- We offer patients light refreshments before leaving the hospital.
- Following anaesthesia, you should be accompanied home by your carer who should stay with you on the night after your surgery. We recommend that you travel home by private car or taxi, not on public transport.
- You will be given post-surgery instructions on discharge.
- You will receive a courtesy phone call from our nursing staff the following day or shortly thereafter to check on your recovery progress.

We are committed to ensuring you have the best experience possible! It helps us greatly when you complete our formal patient satisfaction survey. Your feedback enables us to continue to improve our services for future patients.

Thank you for your time.

<http://www.eesc.com.au/survey/>



GENERAL INFORMATION FOR YOUR CHILD

Children can find surgery and other procedures very intimidating. You can help minimise your child's worries or anxieties by telling them about their need for surgery using simple words to explain this so that they can understand. Do your best to answer your child's questions with a positive attitude and keep your tone-of-voice upbeat to reassure your child. If you have trouble answering these questions, your doctor or our nursing staff are happy to help.

Children should wear comfortable attire on the day of their procedure and may also wish to bring their favourite toy. If required, you can also bring nappies, formula, bottles, changes of clothing and a dummy.

FASTING

- It is important to inform us if your child has taken food or liquid after the fasting time.
- If your child is on regular medication during the fasting period, please discuss this with our nursing staff.
- Before their admission time, children may have solids, breast milk and formula six hours prior, and clear fluids until two hours prior.
- Children may have up to 200 mls of clear fluid per hour until commencement of the fasting time.
- Children must drink/eat prior to the fasting time to avoid dehydration.





PRIOR TO YOUR CHILD'S SURGERY

- Nursing staff will ask some questions and weigh your child.
- The anaesthetist will examine your child and can address any of your concerns.
- One parent is encouraged to stay with their child until anaesthesia is administered. The parent will be asked to wear a cap, gown and boots for sterilisation purposes.
- Nursing staff will escort you back to our waiting area after your child is asleep.

FOLLOWING SURGERY

- Your child will be taken to the recovery room and you will be called when your child wakes. Your child will have a cannula (small plastic tube in the back of the hand or foot), which must be kept in until no further medication is required. You can remain with your child during their recovery. Children are offered clear fluids, icy poles, milk, juice and light refreshments. You are welcome to bring your child's favourite food and drink.
- Children are given a Bravery Certificate on discharge.

ANAESTHESIA AND YOU

Anaesthetists in Australia are specialised, highly-trained doctors expert at administering pain management drugs as well as managing resuscitation and other medical emergencies.

You can ask your anaesthetist any questions and air any concerns before your procedure. It is important that you disclose any information that may be relevant and to follow your medical and fasting instructions. Your anaesthetist will monitor you throughout your procedure as well as afterwards to ensure your smooth recovery.

New surgical techniques combined with modern anaesthesia means that the majority of eye surgeries are now performed during day surgery, which is preferable to overnight hospitalisation.

Various types of anaesthesia are commonly used in day surgery, including:-



Topical Anaesthesia

Topical anaesthesia covers a small surface area only and may or may not include sedative drugs. The patient remains awake and recovery is fast.

Local Anaesthesia

Local anaesthesia causes numbness to a larger area than topical anaesthesia. The patient remains awake but comfortable, and does not feel any pain.

Regional Anaesthesia

Regional anaesthesia involves a nerve block to numb a particular part of the body, avoiding the need for general anaesthetic. Similar to the above methods, the patient is awake but comfortable.

Intravenous Sedation

To make things more pleasant for the patient, an anaesthetist may intravenously administer sedation drugs. The patient feels very relaxed and a little drowsy. Advantages of intravenous sedation includes fast recovery times, with discharge typically within an hour.

General Anaesthesia

General anaesthetic puts the patient into a state of unconsciousness for the duration of their operation. Anaesthesia drugs are injected through a needle placed in the vein and this is combined with a mixture of gases for inhalation. The anaesthetist monitors the patient's condition closely throughout the procedure. Recovery time is longer with a general anaesthetic.

IMPORTANT MESSAGE

Anaesthetic drugs are given in the smallest effective doses, however they may take a while to be eliminated from your body due to different rates of metabolism. Even if you feel fully recovered, it is imperative that you do not drive, operate machinery or sign important documents for 24 hours following your procedure.

PATIENTS' RIGHTS AND RESPONSIBILITIES

Epping Surgery Centre is committed to providing the best possible health care and outcomes for each and every patient. We have a commitment to the Privacy Act and Principles and the Australian Charter of Healthcare Rights. An integral part of providing this standard of care is ensuring that patients are aware of their rights and responsibilities.

The rights of all patients at Epping Surgery Centre are guarded by State and Commonwealth laws.

Patients of Epping Surgery Centre have the right to:

- Privacy, dignity and respect
- Access to healthcare relevant to their needs
- Receive safe and high quality care
- Confidentiality of personal and medical information
- Be informed about our facilities, services, treatment, options and costs in a clear and open manner
- Comment on their care and have their concerns addressed
- Referrals to other services
- Participation in the planning of their care.

Patients of Epping Surgery Centre have a responsibility to:

- Provide accurate and personal information
- Follow all instructions given by doctors and nursing staff
- Respect the rights of other patients
- Provide health fund details prior to admission
- Provide full payment on admission and settle any post-discharge accounts if applicable.

Epping Surgery Centre is committed to being a standard bearer and centre of excellence. To ensure the highest standards of patient care, we have a culture of continuous quality improvement. We continually monitor our hospital's performance against our quality objectives.

As part of our commitment to quality care, we welcome all compliments, suggestions and complaints.

In the unlikely event that the care you received did not meet your expectations or go as planned, we are committed to communicating with you openly and honestly.

COMPLAINTS PROCESS

- Please direct complaints to the Business Manager.
- If you feel your complaint has not been adequately addressed, you can escalate your complaint to:
Health Care Complaints Commission,
Level 4, 28-36 Foveaux Street, Surry Hills 2010
1800 043 159 or the
NSW Department of Health,
Private Health Care Unit
(02) 9424 5955

The following doctors have a pecuniary interest in the centre:

Dr Gayatri Banerjee

Dr Peter Kim

Dr Craig Donaldson

Dr Rajiv Shah

Dr Gagan Khannah



WOULD YOU LIKE TO BECOME A PATIENT AND FAMILY ADVISOR?

A patient and family advisor is someone who wants to help improve the quality of our hospital's care for all patients and family members by giving feedback on their experiences. This helps us plan changes and improvements.

Patient and family advisors volunteer their time to be a voice that represents all patients who receive care at our hospital.

Please contact our Clinical Manager on (02) 9868 6555 or email reception@eesc.com.au

Thank you!

ONGOING COMMUNITY EDUCATION AND PROFESSIONAL DEVELOPMENT

As clinical leaders we are committed to the ongoing education of our patients, staff and related health professionals. All of our staff and surgeons are abreast of the latest developments and technological advances in our field. We endeavour to provide up-to-date, useful and relevant information to patients and carers.

We run specialist health education programs in the community and also support local and international healthcare charities to bring critical surgery to those in need.

For latest news and developments on our facility and educational information, visit our website: www.eesc.com.au



INFORMATION FOR YOUR CARER

Please ask your nominated carer to read the following:

Your partner, relative or friend requires your full assistance during their recovery period.

Depending on the particulars of their surgery or procedure, they may have short-term, significant impairments to their vision, hearing or ability to eat, drink and talk.

Anaesthesia can affect their memory for a short period of time and they must avoid driving, operating heavy machinery or signing any important documents for at least 24 hours following anaesthesia. These drugs may also affect the balance so they may be unsteady on their feet.

WAYS YOU CAN ASSIST AS A CARER

- Walk on the side of the covered eye and help them through doorways.
- Offer support in case they are unsteady on their feet.
- Help them identify steps and changes underfoot.
- Ensure they do not have anything important to do and can take time to rest and sleep.

Ideally, patients should go straight home and rest after their discharge from hospital.

Patients are given post-operative instructions prior to discharge. It is helpful if you can listen to the instructions too. All instructions will also be given in writing.

You may need to visit a pharmacy to purchase medications following discharge and prior to the post-operative visit to the specialist.

We recommend that all patients have someone stay with them for 24 hours after they go home as the medications will still be in their system and they may not feel well.



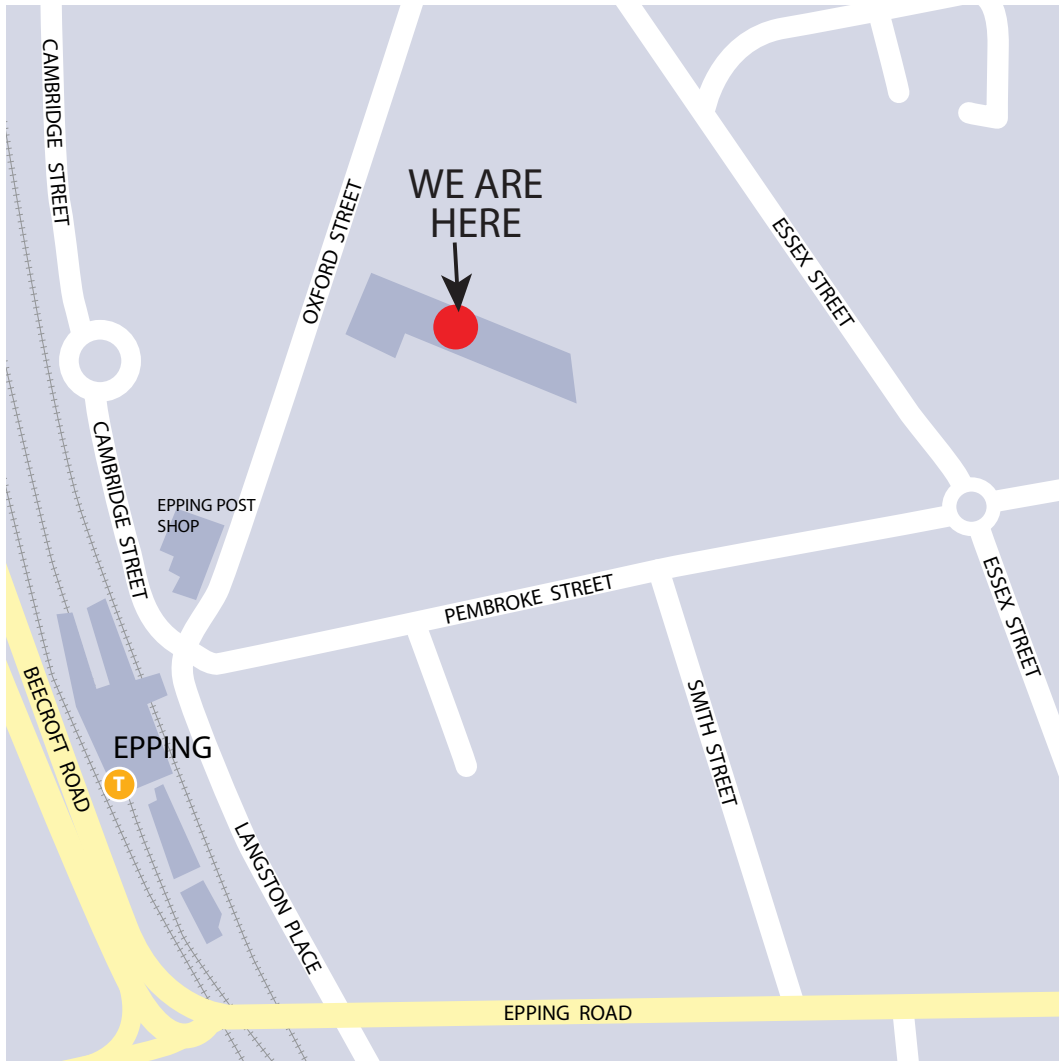
Use this Carer's Card (map on reverse)
to assist your arrival, collection and contact details in case you need to call.



Thank you for choosing our facility
and allowing us to be part of your health care team.



Epping Surgery Centre



PART OF THE PRESMED
AUSTRALIA
GROUP OF DAY HOSPITALS



- EPPING SURGERY CENTRE
- CENTRAL COAST DAY HOSPITAL
- CHATSWOOD PRIVATE HOSPITAL

Suite 3, Oxford Place, 44-46 Oxford Street, EPPING NSW 2121
Telephone: (02) 9868 6555 Fax: (02) 9868 6544
Email: reception@eesc.com.au Visit our Website: www.eesc.com.au

ABN 76 106 747 193