



MEDICATIONS FOR PRESCRIBED EYEDROPS

Most patients will be prescribed a special combination drop called Imprimis. This drop contains a combination of 3 eyedrops - Prednisolone Acetate, Moxifloxacin and Nepafenac. If you are allergic to any of the medication in the Imprimis eyedrops, our office will call a different set of prescriptions into your pharmacy.

YOU WILL NEED TO START THESE EYEDROPS 1 HOUR PRIOR TO ARRIVING AT THE SURGERY CENTER.

1. Bring your eye drops and Surgery Drop Schedule to all follow-up appointments.
2. If you do not have enough drops to last at least 4 weeks, stop into any Eyesight office location to purchase more. If you have a pharmacy prescription, a refill is already available at your pharmacy.
3. For those patients who are on Restasis or Xiidra or Cequa: Please resume these drops AFTER surgical drops are gone.
 - 2 times per day until gone in the operated eye(s).

One vial should be used for a maximum of 1 or 2 days regardless of the instructions you receive from the pharmacy or on the package.

Surgery Drop Schedule - IF PRESCRIBED SEPARATE BOTTLES OF EYEDROPS ONLY!

In RIGHT EYE LEFT EYE

Beginning **1 HOUR BEFORE LEAVING HOME FOR THE SURGERY CENTER** on _____



	1 hr prior to surgery	45 min prior to surgery	30 min prior to surgery	15 min prior to surgery	After leaving the surgery center, use again at 12pm, 4pm & 8pm
Moxifloxacin or Polytrim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Prednisolone Acetate 1%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Ketorolac Tromethamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Week 1	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	
Moxifloxacin or Polytrim	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Prednisolone Acetate 1%	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Ketorolac Tromethamine	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Week 2	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	
Prednisolone Acetate 1%	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Ketorolac Tromethamine	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Week 3	Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21
Prednisolone Acetate 1%	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>
Ketorolac Tromethamine	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>

Week 4	Day 22	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28
Prednisolone Acetate 1%	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>
Ketorolac Tromethamine	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>

It is EXTREMELY important to follow your eyedrop instructions!
Your ophthalmologist will discuss the recommended continuation of your eyedrops after 4 weeks

Week 5	Day 29	Day 30	Day 31	Day 32	Day 33	Day 34	Day 35
Prednisolone Acetate 1%	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>

Week 6	Day 36	Day 37	Day 38	Day 39	Day 40	Day 41	Day 42
Prednisolone Acetate 1%	Once a day <input type="checkbox"/>	Once a day <input type="checkbox"/>	Once a day <input type="checkbox"/>	Once a day <input type="checkbox"/>	Once a day <input type="checkbox"/>	Once a day <input type="checkbox"/>	Once a day <input type="checkbox"/>