

MEDICATIONS

- Most patients will receive Imprimis eye drops, which contain Prednisolone Acetate, Moxifloxacin, and Nepafenac. These can be picked up at any Eyesight office during regular hours.
- For **Optiwave** or **Premium Lens** procedures, you'll receive both Imprimis and Klarity-C drops (one bottle per eye) after your payment is processed. If additional prescriptions, such as ointments, are required, they will be called into your pharmacy.
- For **Basic Lens** procedures, you'll need to purchase one bottle of Imprimis per eye or fill your prescribed eyedrops. A majority of patients will have increased symptoms of dry eye after surgery, so we also recommend over the counter lubricating eyedrops or Klarity-C lubricating drops starting one week after your cataract surgery, especially if you're having surgery on both eyes.



Note: If you're allergic to any Imprimis ingredients, we'll send a different prescription to your pharmacy.

- **Post-Surgery Eye Drop Instructions** - After surgery, use Imprimis in the operated eye four times a day (e.g., 8 am, 12 pm, 4 pm, and 8 pm) for 14 days. If advised by your doctor, reduce it to twice daily (morning and night). You'll likely need to use the drops for at least four weeks, but your doctor will inform you of any adjustments. One bottle per eye should suffice, and your surgeon will let you know if you need more.
- **Reminder:** Bring all your eyedrops, ocular ointments (if prescribed) and surgery instructions to your surgery and all follow-up appointments.
- **Refilling Prescriptions** - If you run out of Imprimis, or if you would like to purchase more Klarity-C, you can get more at any Eyesight location. If you need to refill your prescriptions at the pharmacy, a refill authorization was already sent.

If you regularly use other prescription eyedrops, such as Restasis, Xiidra or Cequa, please consult with your surgeon regarding their use before or after surgery.

Surgery Drop Schedule

IMPRIMIS Prednisolone-Moxifloxacin-Nepafenac



Klarity-C Cyclosporine
Lubricating drops



Beginning 1 hour BEFORE YOU LEAVE HOME, (regardless of how long it takes you to get to the surgery center) use the **IMPRIMIS eyedrops** every 15 minutes for a total of 4 times. i.e., if you leave home at 9:00am, you would use the IMPRIMIS eyedrops at 8:00, 8:15, 8:30 and 8:45.

Optiwave and Premium Lens patients will receive one bottle of Imprimis and one bottle of Klarity-C per eye. Basic lens patients, or patients that need additional bottles, can purchase Imprimis at any of our Eyesight locations. **You should have picked up your IMPRIMIS & Klarity-C prior to surgery.** Do not share the bottles if you have a second eye treated shortly after. **You will need one bottle PER EYE (of each drop).** You will begin using your lubricating drops (Klarity-C) the week after surgery, 2 times per day (morning and evening) until the bottles are gone.

Note: Shake eye drop bottles well prior to use. It is only necessary to use **1 drop at a time** from the bottle regardless of what the package insert says.

| In the _____ RIGHT EYE | | | | _____ LEFT EYE | | |
|---|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|
| Beginning 1 HOUR BEFORE LEAVING HOME FOR THE SURGERY CENTER on _____ | | | | | | |
| 1 hour prior | 45 minutes prior | 30 minutes prior | 15 minutes prior | After leaving the surgery center, use again at 12:00pm – 4:00pm – 8:00pm | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Eyedrops following surgery:

| Week 1 | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 | |
|------------------|--|--|--|--|--|--|--|--|
| IMPRIMIS | 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 2 | Day 8 | Day 9 | Day 10 | Day 11 | Day 12 | Day 13 | Day 14 | |
| IMPRIMIS | 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"/> |
| KLARITY-C | 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 3 | Day 15 | Day 16 | Day 17 | Day 18 | Day 19 | Day 20 | Day 21 | |
| IMPRIMIS | 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"/> | |
| KLARITY-C | 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 | |
| IMPRIMIS | 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"/> | |
| KLARITY-C | 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"/> | |

4 times a day would be roughly 8am, 12pm, 4pm and 8pm. - 2 times a day would be roughly 8am and 8pm

Please bring your eye drops and this schedule to the surgery center and to all follow-up appointments.