

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.



Imprimis



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 - 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"/>	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 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"/>
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
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"/>
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
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"/>
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"/>

It is EXTREMELY important to follow your eyedrop instructions!

NOTE: 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"/>
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 6	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"/>
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"/>