**ICL Post-Operative Drop Instructions**

Surgery performed on:

**RIGHT EYE** **LEFT EYE**

Please bring all post-operative drops to your 1 day and 1 week appointment for review.

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**2 in 1 Combination Drops – to be provided by your Patient Counselor**

1. Drop name – Prednisolone/Gatifloxacin Ophthalmic Solution

Cap color – Grey

**Instructions:**  Start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ End date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Week #1 – apply 1 drop 3 times per day in the eye(s) that had surgery.*

*Then discontinue.*

1. Drop Name – Alphagan P or Brimonidine

Cap color – Green

**Instructions:**  Start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ End date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Week #1– apply 1 drop 3 times per day in the eye(s) that had surgery.*

*Then discontinue.*

**--OR--**

**Individual Drops – to be filled and provided by your Pharmacy**

*\*\*You must pick up* ***all 3 drops*** *from your pharmacy prior to ICL surgery\*\**

\*\*Apply drops a minimum of 3 minutes apart\*\*

1. Drop name – Ofloxacin or Besivance

Cap color – Tan

**Instructions:**  Start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ End date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Week #1 – use 1 drop 3 times per day for 1 week in the surgical eye(s).*

*Then discontinue.*

1. Drop Name – Lotemax Gel or Prednisolone Acetate

Cap color – Pink or white

**Instructions:**  Start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ End date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Week #1 – apply 1 drop 3 times per day in the eye(s) that had surgery.*

*SHAKE BOTTLE.* *Then discontinue.*



1. Drop Name – Alphagan P or Brimonidine

Cap color – Green

**Instructions:**  Start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ End date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Week #1– apply 1 drop 3 times per day in the eye(s) that had surgery.*

*Then discontinue.*