

Surgery performed on:
RIGHT EYE LEFT EYE

CXL Post-Operative Drop Instructions

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

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.

2. Drop Name – Diclofenac or Ketorolac or Prolensa
Cap color – Grey

Instructions: Start date: _____ End date: _____
 Day #1– use 1 drop 3 times per day in the eye(s) that had surgery.
 Day #2– use 1 drop 3 times per day in the eye(s) that had surgery. Then discontinue.

***If you have Prolensa, apply 1 drop in the surgery eye(s) for 2 days, 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 CXL 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.

2. Drop Name – Diclofenac or Ketorolac or Prolensa
Cap color – Grey

Instructions: Start date: _____ End date: _____
 Day #1– use 1 drop 3 times per day in the eye(s) that had surgery.
 Day #2– use 1 drop 3 times per day in the eye(s) that had surgery. Then discontinue.

***If you have Prolensa, apply 1 drop in the surgery eye(s) for 2 days, then discontinue*

3. Drop Name – Lotemax Gel or Prednisolone Acetate
Cap color – Pink or white

Instructions: Start date: _____ End date: _____
 Week #1 – apply 1 drop 2 times per day in the eye(s) that had surgery. SHAKE BOTTLE
 Week #2 – apply 1 drop 1 times per day in the eye(s) that had surgery. SHAKE BOTTLE
Then discontinue.



If you have new pain or a sudden decrease in vision please call DLV or your co-managing optometrist