

Surgery performed on:
RIGHT EYE LEFT EYE

LASIK 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

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 that had surgery. Then discontinue.
- Week #1-4: may use preservative free artificial tears as needed.



--OR--

Individual Drops – to be filled and provided by your Pharmacy

****You must pick up all 2 drops from your pharmacy prior to LASIK 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. Then discontinue.



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

Instructions: Start date: _____ End date: _____

- Week #1 – use 1 drop 3 times per day in the eye that had surgery. SHAKE BOTTLE. Then discontinue.



3. Preservative Free Artificial Tears
Recommended Brands – Refresh, Systane, Thera Tear

Instructions:

- Week #1-4 – may use preservative free artificial tears as needed



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