

Surgery performed on:
RIGHT EYE **LEFT EYE**

PRK 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(s) that had surgery. Discontinue when bandage contact lens is removed at your 1 week post –op appointment.*



- Drop Name – Diclofenac or Ketorolac or Prolensa
 Cap color – Grey

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

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

Instructions: Start date: _____ End date: _____
☐ *Month #1 – after your bandage contact lens is removed, apply 1 drop 2 times per day in the eye(s) that had surgery. SHAKE BOTTLE.*
☐ *Month #2 – apply 1 drop 2 times per day in the eye(s) that had surgery. SHAKE BOTTLE.*
☐ *Month #3 – apply 1 drop 2 times per day in the eye(s) that had surgery. SHAKE BOTTLE.*
Then discontinue.



Recommended Preservative Free Artificial Tears

Brands – Refresh, Systane, Thera Tear

Instructions:
☐ *Week #1-8 – 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

Surgery performed on:
RIGHT EYE **LEFT EYE**

PRK Post-Operative Drop Instructions

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

Individual Drops – to be filled and provided by your Pharmacy

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

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

- Drop name – Ofloxacin or Besivance
 Cap color – **Tan**

Instructions: Start date: _____ End date: _____

- ☐ *Week #1 – apply 1 drop 3 times per day in the eye(s) that had surgery. Discontinue when the bandage contact lens is removed at your 1 week post –op appointment. Then discontinue.*



- 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**

- 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.*
☐ *Week#2-4 – apply 1 drop 2 times per day in the eye(s) that had surgery. SHAKE BOTTLE.*
☐ *Month #2-3 – apply 1 drop 2 times per day in the eye(s) that had surgery. SHAKE BOTTLE. Then discontinue.*



***Patients should use a steroid for a total of 3 months**

Recommended Preservative Free Artificial Tears

Brands – Refresh, Systane, Thera Tear

Instructions:

- ☐ *Week #1-8 – 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