

Surgery performed on:
RIGHT EYE LEFT EYE

Limbal Relaxing Incision Post-Operative Drop Instructions

Please bring all post-operative drops to your 1-day 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: _____

- ☐ Day #1: apply 1 drop 3 times per day in the eye that had surgery.
- ☐ Day #2: apply 1 drop 3 times per day in the eye that had surgery.
- ☐ Day #3: apply 1 drop 3 times per day in the eye that had surgery. Then discontinue.



--OR--

Individual Drops – to be filled and provided by your Pharmacy

****You must pick up 2 drops from your pharmacy prior to LRI surgery****

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

1. Drop name – Ofloxacin or Besivance

Cap color – **Tan**

Instructions: Start date: _____ End date: _____

- ☐ Day #1-3 – 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: _____

- ☐ Day #1-3 – use 1 drop 3 times per day in the eye 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