Sightline Ophthalmic Associates

IOL POST-OPERATIVE INSTRUCTIONS

(Unless Otherwise Directed)

PATIENT NAME: _____ EYE: RIGHT / LEFT

- Avoid getting water in your eyes for 3 days.
- Do not wear eye make-up for 3 days.
- Avoid rubbing your eyes.
- Do not do any strenuous or vigorous activities for 1 week.
- No swimming for 2 weeks.
- Wear the clear shield at bedtime and for naps for 1 week.
- Wear sunglasses as needed for comfort.
- Use your EYE DROPS as instructed below. **Shake the Prednisolone drop well.** Always allow 1 minute between eye drops. A chart has been provided on the back of this page to help you keep track of your drops.

	WEEKS 1 & 2 _____	WEEKS 3 & 4 _____
MOXIFLOXACIN **TAN CAP**	**4** times per day	**STOP**
PREDNISOLONE **SHAKE WELL** **PINK OR WHITE CAP**	**4** times per day **SHAKE WELL**	**2** times per day **SHAKE WELL**
KETOROLAC (DROP MAY BURN/STING) **GREY CAP**	**2** times per day	**2** times per day

Call Sightline at **724-933-5588** or your eye doctor if you have any of the following symptoms: worsening pain/redness, discharge, decreased vision, new flashes/floaters.

Your ONE-WEEK POST-OP VISIT is scheduled with Dr._____.

Day: _____ Date: _____ Time: _____

EYE: RIGHT / LEFT

WEEK 1

MOXIFLOXACIN

1	2	3	4

PREDNISOLONE

1	2	3	4

KETOROLAC

1	2

WEEK 2

MOXIFLOXACIN

1	2	3	4

PREDNISOLONE

1	2	3	4

KETOROLAC

1	2

WEEK 3

MOXIFLOXACIN



PREDNISOLONE

1	2

KETOROLAC

1	2

WEEK 4

MOXIFLOXACIN



PREDNISOLONE

1	2

KETOROLAC

1	2