

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: _____
OFLOXACIN	4 times per day	STOP
PREDNISOLONE (prednisolone acetate 1%) SHAKE WELL	4 times per day SHAKE WELL	2 times per day SHAKE WELL
KETOROLAC (DROP MAY BURN/STING)	4 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

OFLOXACIN

1 2 3 4

PREDNISOLONE

1 2 3 4

KETOROLAC

1 2 3 4

WEEK 2

OFLOXACIN

1 2 3 4

PREDNISOLONE

1 2 3 4

KETOROLAC

1 2 3 4

WEEK 3

OFLOXACIN



PREDNISOLONE

1 2

KETOROLAC

1 2

WEEK 4

OFLOXACIN



PREDNISOLONE

1 2

KETOROLAC

1 2
