## **Cataract and Eye Consultants**

## **IOL POST-OPERATIVE INSTRUCTIONS**

(Unless Otherwise Directed)

RIGHT / LEFT

EYE:

PATIENT NAME: \_\_\_\_\_

Avoid getting water in your eyes for	3 days.	
Do not wear eye make-up for 3 day	S.	
Avoid rubbing your eyes.		
Do not do any strenuous or vigorou	s activities for 1 week.	
No swimming for 2 weeks.		
Wear the clear shield at bedtime an	d for naps for 1 week.	
Wear sunglasses as needed for cor	mfort.	
Use your EYE DROPS as instructed	d below. Shake the Prednisol	one drop well. Always allow 1
minute between eye drops. A chart	t has been provided on the back	of this page to help you keep
track of your drops.		
	WEEKS 1 & 2:	WEEKS 3 & 4:
<b>OFLOXACIN</b> (TAN CAP)	<b>4</b> times per day	STOP
PREDNISOLONE (PINK or WHITE CAP) *SHAKE WELL*	4 times per day	2 times per day
KETOROLAC (GRAY CAP)	<b>2</b> times per day	<b>2</b> times per day
	Do not wear eye make-up for 3 day Avoid rubbing your eyes. Do not do any strenuous or vigorou No swimming for 2 weeks. Wear the clear shield at bedtime an Wear sunglasses as needed for cor Use your EYE DROPS as instructed minute between eye drops. A chart track of your drops.  OFLOXACIN (TAN CAP)  PREDNISOLONE (PINK or WHITE CAP) *SHAKE WELL*	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 Prednisol minute between eye drops. A chart has been provided on the back track of your drops.  WEEKS 1 & 2:  OFLOXACIN (TAN CAP)  4 times per day  PREDNISOLONE (PINK or WHITE CAP) *SHAKE WELL*

Call CEC at **724-617-2020** or your eye doctor if you have any of the following symptoms: worsening pain/redness, discharge, decreased vision, new flashes/floaters.

Your <b>ONE-WEEK POST-OP VISIT</b> is scheduled with DR					
	Day:	_ Date:	Time:		

