SCHWARTZ
LASER EYE CENTER

TEAM OPHTHALMOLOGIST | TEAM OPHTHALMOLOGIST | TEAM LASIK SURGEON

# AFTER SURGERY DROPS

**Start these drops after your procedure in the operative eye.**


**ZYMAXID / Generic: GATIFLOXACIN (Antibiotic): Use 4 X per Day in your procedure eye for 1 week.**

| DAY 1 | DAY 2 | DAY 3 | DAY 4 | DAY 5 | DAY 6 | DAY 7 |
|---|---|---|---|---|---|---|
| ☐☐☐☐ * | ☐☐☐☐ * | ☐☐☐☐ * | ☐☐☐☐ * | ☐☐☐☐ * | ☐☐☐☐ * | ☐☐☐☐ |

****Helpful Hint: Morning, Lunch, Dinner, and Bedtime.**

**wait 5 minutes between drops *** wait 5 minutes between drops *** wait 5 wait minutes between drops***


**BROMSITE (Anti-inflammatory): 2 x A Day (AM & PM) for 4 weeks do not discard **Helpful Hint: Morning & Bedtime.**

***Week 1*: USE 2 x A Day**

| DAY 1 | DAY 2 | DAY 3 | DAY 4 | DAY 5 | DAY 6 | DAY 7 |
|---|---|---|---|---|---|---|
| ☐☐ | ☐☐ | ☐☐ | ☐☐ | ☐☐ | ☐☐ | ☐☐ |


**PRED FORTE / Generic: Prednisolone (Steriod): *SHAKE WELL BEFORE EACH USE***

***Week 1:* 4 x A Day**

| DAY 1 | DAY 2 | DAY 3 | DAY 4 | DAY 5 | DAY 6 | DAY 7 |
|---|---|---|---|---|---|---|
| ☐☐☐☐ | ☐☐☐☐ | ☐☐☐☐ | ☐☐☐☐ | ☐☐☐☐ | ☐☐☐☐ | ☐☐☐☐ |

****Helpful Hint: Morning, Lunch, Dinner, and Bedtime.**

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**BROMSITE (Anti-inflammatory): 2 x A Day (AM & PM) for 4 weeks do not discard** **Helpful Hint: Morning & Bedtime.**

***Week 2:*** **USE 2 x A Day**

| DAY 8 | DAY 9 | DAY 10 | DAY 11 | DAY 12 | DAY 13 | DAY 14 |
|---|---|---|---|---|---|---|
| ☐☐ | ☐☐ | ☐☐ | ☐☐ | ☐☐ | ☐☐ | ☐☐ |

***Week 3:*** **USE 2 x A Day**

| DAY 15 | DAY 16 | DAY 17 | DAY 18 | DAY 19 | DAY 20 | DAY 21 |
|---|---|---|---|---|---|---|
| ☐☐ | ☐☐ | ☐☐ | ☐☐ | ☐☐ | ☐☐ | ☐☐ |

***Week 4:*** **USE 2 x A Day**

| DAY 22 | DAY 23 | DAY 24 | DAY 25 | DAY 26 | DAY 27 | DAY 28 |
|---|---|---|---|---|---|---|
| ☐☐ | ☐☐ | ☐☐ | ☐☐ | ☐☐ | ☐☐ | ☐☐ |

**wait 5 minutes between drops *** wait 5 minutes between drops *** wait 5 wait minutes between drops***

**PRED FORTE / Generic: Prednisolone (Steriod):** ***SHAKE WELL BEFORE EACH USE***

***Week 2:*** **USE 3 x A Day**

| DAY 8 | DAY 9 | DAY 10 | DAY 11 | DAY 12 | DAY 13 | DAY 14 |
|---|---|---|---|---|---|---|
| ☐☐☐ | ☐☐☐ | ☐☐☐ | ☐☐☐ | ☐☐☐ | ☐☐☐ | ☐☐☐ |

***Week 3:*** **USE 2 x A Day**

| DAY 15 | DAY 16 | DAY 17 | DAY 18 | DAY 19 | DAY 20 | DAY 21 |
|---|---|---|---|---|---|---|
| ☐☐ | ☐☐ | ☐☐ | ☐☐ | ☐☐ | ☐☐ | ☐☐ |

***Week 4:*** **USE 1 x A Day**

| DAY 22 | DAY 23 | DAY 24 | DAY 25 | DAY 26 | DAY 27 | DAY 28 |
|---|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

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