

POST PRK PROCEDURE INSTRUCTIONS

A bandage contact lens will be placed in your eye(s) & should be left in place for until removed by Dr. Hollingshead (usually 4 days). However, if the contact lens should fall out, do not attempt to reinsert it. Continue your eye medications as instructed and call the office.

Medications:



Predforte (prednisolone acetate): Day **of** surgery use 1 drop every 2 hours while awake. Starting the day **after** surgery, use four times a day until your doctor tells you to stop.



Zymaxid (gatifloxacin): Starting the day **after** surgery only, use 1 drop four times a day for 7 days unless further instructed.



'Preservative Free' Lubricating Eye Drops: On day of surgery, use every 15 minutes while awake. The next day use every 30-45 minutes. Then use as directed. Think of these drops as a prescription. Using them frequently will significantly aid in proper healing.

Comfort Drops: We will provide these for you. Use 1 drop every 1 to 2 hours as needed the 1st day while awake. You should not need this for more than 1 day. Continued use will slow the healing of your cornea.

Oral pain medication: Take one pill when you get home and then one every 4 to 6 hours as needed for pain.

Vitamin C 500mg: Take twice a day for 3 days prior to PRK and continue for 2 weeks following surgery.

WAIT 5 MINUTES BETWEEN DROPS TO AVOID WASHING THE FIRST DROP OUT.

REST YOUR EYES FOR 3 TO 4 HOURS AFTER SURGERY AND PREFERABLY TAKE A NAP.

AFTER THE ANESTHETIC DROPS WEAR OFF YOU MAY EXPERIENCE ONE OR ALL OF THE FOLLOWING:

- Foreign body sensation
- Mild burning/stinging
- Tearing/light sensitivity
- Moderate to mildly severe pain

STAY OUT OF HOT TUBS, POOLS, LAKES AND OCEANS FOR 1 MONTH. YOU MAY BATHE AS USUAL BUT ATTEMPT TO KEEP WATER, SHAMPOO, AND SOAP OUT OF YOUR EYES.

AVOID DUSTY AND DIRTY ENVIRONMENTS FOR 1 WEEK OR WEAR PROTECTIVE EYEWEAR.





DO NOT RUB OR SCRATCH YOUR EYE.



NO EYE MAKEUP FOR 5 DAYS.



It is important that you keep all follow-up exams with the Hollingshead Eye Center or your optometrist. If you notice sudden pain that doesn't go away or significant decrease in the quality of your vision, contact Hollingshead Eye Center: 208-336-8700. If after hours press 0 for the operator and they will page a doctor to call you.



EYE DROP SCHEDULE POST PRK

EACH CIRCLE REPRESENTS ONE DROP OF MEDICATION; e.g., BREAKFAST, LUNCH, DINNER, BED.

| Week 1 | Day of Surgery | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 |
|--|---|---|---|---|---|---|---|---|
|  PREFORTE (Prednisolone) | Use 1 drop every 2 hours while awake | ○○○○ | ○○○○ | ○○○○ | ○○○○ | ○○○○ | ○○○○ | ○○○○ |
|  ZYMAXID (Gatifloxacin) |  | ○○○○ | ○○○○ | ○○○○ | ○○○○ | ○○○○ | ○○○○ | ○○○○ |
|  ARTIFICIAL TEARS | Use 1 drop every 15 minutes while awake | Use 1 drop every 30-45 minutes or as directed | Use 1 drop every 30-45 minutes or as directed | Use 1 drop every 30-45 minutes or as directed | Use 1 drop every 1-3 hours or as directed | Use 1 drop every 1-3 hours or as directed | Use 1 drop every 1-3 hours or as directed | Use 1 drop every 1-3 hours or as directed |

| Week 2 | | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 |
|--|---|-------|-------|-------|-------|-------|-------|-------|
|  PREFORTE (Prednisolone) | Continue 4 times a day until further instructed | ○○○○ | ○○○○ | ○○○○ | ○○○○ | ○○○○ | ○○○○ | ○○○○ |
|  ARTIFICIAL TEARS | Continue as directed | | | | | | | |

| Week 3 | | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 |
|--|---|-------|-------|-------|-------|-------|-------|-------|
|  PREFORTE (Prednisolone) | Continue 4 times a day until further instructed | ○○○○ | ○○○○ | ○○○○ | ○○○○ | ○○○○ | ○○○○ | ○○○○ |
|  ARTIFICIAL TEARS | Continue as directed | | | | | | | |

| Week 4 | | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 |
|--|---|-------|-------|-------|-------|-------|-------|-------|
|  PREFORTE (Prednisolone) | Continue 4 times a day until further instructed | ○○○○ | ○○○○ | ○○○○ | ○○○○ | ○○○○ | ○○○○ | ○○○○ |
|  ARTIFICIAL TEARS | Continue as directed | | | | | | | |

SPECIAL INSTRUCTIONS: _____

After 4 weeks you will begin to taper PREFORTE as directed by your doctor. Please call with any questions.