

**1. Steroid (pink cap)**

Purpose: reduces inflammation  
 Start 2 days BEFORE surgery:  
 1 drop 4x / day for 9 days, then  
 1 drop 3x / day for 1 week, then  
 1 drop 2x / day for 1 week, then  
 1 drop 1x / day for 1 week  
 then STOP!



**Prednisolone Acetate (pink cap)**

Substitutes: Durezol, Pred Forte

	DAY	DATE	BREAKFAST	LUNCH	DINNER	BEDTIME
Prep	Day 1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Day 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Post Surgical Drops	Day 3 (Surgery)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Day 4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Day 5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Day 6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Day 7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Day 8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Day 9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Day 10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Day 11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Day 12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Day 13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Day 14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Day 15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Day 16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Day 17				<input type="checkbox"/>	<input type="checkbox"/>
	Day 18				<input type="checkbox"/>	<input type="checkbox"/>
	Day 19				<input type="checkbox"/>	<input type="checkbox"/>
	Day 20				<input type="checkbox"/>	<input type="checkbox"/>
	Day 21				<input type="checkbox"/>	<input type="checkbox"/>
	Day 22				<input type="checkbox"/>	<input type="checkbox"/>
	Day 23				<input type="checkbox"/>	<input type="checkbox"/>
	Day 24					<input type="checkbox"/>
	Day 25					<input type="checkbox"/>
	Day 26					<input type="checkbox"/>
	Day 27					<input type="checkbox"/>
	Day 28					<input type="checkbox"/>
	Day 29					<input type="checkbox"/>
	Day 30					<input type="checkbox"/>

**2. Antibiotic (tan cap)**

Purpose: prevents infection  
 Start 2 days BEFORE surgery:  
 1 drop 4x / day for 9 days  
 then STOP!



**Moxifloxacin (tan cap)**

Substitutes: Gatifloxacin

	BREAKFAST	LUNCH	DINNER	BEDTIME
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Questions?**

Call 310-206-7955

All drops are started 2 days before surgery to prepare the eye.

**Steroids / NSAIDs:**

Reduce inflammation

**Antibiotic:**

Prevents infection

**3. NSAIDs (grey cap)**

Purpose: reduces inflammation  
 Start 2 days BEFORE surgery:

If Bromfenac:

1 drop daily for \_\_\_ days

If Ketorolac:

2 drops daily for \_\_\_ days



**Bromfenac - OR - Ketorolac**

Substitutes: Diclofenac

	BEDTIME	DAY	BREAKFAST	BEDTIME
	<input type="checkbox"/>	Day 1	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Day 2	<input type="checkbox"/>	<input type="checkbox"/>

	<input type="checkbox"/>	Day 3 (Surgery)	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Day 4	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Day 5	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Day 6	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Day 7	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Day 8	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Day 9	<input type="checkbox"/>	<input type="checkbox"/>

	<input type="checkbox"/>	Day 10	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Day 11	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Day 12	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Day 13	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Day 14	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Day 15	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Day 16	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Day 17	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Day 18	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Day 19	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Day 20	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Day 21	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Day 22	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Day 23	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Day 24	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Day 25	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Day 26	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Day 27	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Day 28	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Day 29	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Day 30	<input type="checkbox"/>	<input type="checkbox"/>