



EYEDROP INSTRUCTIONS FOR IMPRIMIS

PRE-SURGICAL EYE DROPS – After cataract surgery, patients are often instructed to instill multiple prescription drops to prevent infection, inflammation, and pain, and each drop is on a different schedule. This can be confusing, so we have compounded your multiple eyedrops into one prescription called Imprimis and it contains all the prescriptions you need!

NOTE: All prescriptions or Imprimis eyedrops will need to be picked up PRIOR to surgery. IMPRIMIS eyedrop can be purchased at the front desk at any Eyesight location during normal business hours.

START THE IMPRIMIS DROPS IN THE SURGICAL EYE:

- **Beginning 1 hour BEFORE YOU LEAVE HOME**, (regardless of how long it takes you to get to the surgery center) use the IMPRIMIS eyedrops every 15 minutes for a total of 4 times. i.e, if you are leaving home at 9:00am, you would use the IMPRIMIS eyedrops at 8:00, 8:15, 8:30 and 8:45.
Note: Shake eye drop bottle well prior to use. Note that it is only necessary to use **1 drop at a time** from the bottle *regardless of what the package insert says*.
- Bring your eye drops and Surgery Drop Schedule to all follow-up appointments.
- **Please follow the eye drop chart you were given at the time of booking.**

If prescribed, discontinue Xiidra/Restasis/Cequa, in the surgical eye only, beginning the morning of surgery. START XIIDRA, RESTASIS or CEQUA when your doctor instructs you to start.

BRING SUNGLASSES, GLASSES (if you wear prescription lenses), YOUR SURGERY BAG, AND EYE DROPS WITH YOU TO SURGERY.

If you are using prescribed eyedrops (NOT IMPRIMIS eyedrops), please follow the eyedrop instructions for prescription drops

Imprimis Surgery Drop Schedule

Prednisolone-Moxifloxacin-Nepafenac

Beginning 1 hour BEFORE YOU LEAVE HOME, (regardless of how long it takes you to get to the surgery center) use the IMPRIMIS eyedrops every 15 minutes for a total of 4 times. i.e, if you are leaving home at 9:00am, you would use the IMPRIMIS eyedrops at 8:00, 8:15, 8:30 and 8:45.

Purchase ONE bottle PER EYE prior to surgery. Do not share the bottles if you have a second eye treated shortly after. (i.e. If you have right eye surgery first, purchase 1 bottle for the right eye and use that bottle ONLY for the right eye. If you have the left eye treated after, purchase a separate bottle for the left eye and use that bottle ONLY for the left eye)

Note: Shake eye drop bottle well prior to use. It is only necessary to use **1 drop at a time** from the bottle *regardless of what the package insert says.*

In RIGHT EYE LEFT EYE

Beginning 1 HOUR BEFORE LEAVING HOME FOR THE SURGERY CENTER on _____

1 hour prior	45 minutes prior	30 minutes prior	15 minutes prior	After leaving the surgery center, use again at 12:00pm – 4:00pm – 8:00pm
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Eyedrops following surgery:

Week 1	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Week 2	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Week 3	Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21
	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>

Week 4	Day 22	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28
	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>

4 times a day would be roughly 8am, 12pm, 4pm and 8pm. 2 times a day would be roughly 8am and 8pm

Please bring your eye drops and this schedule to the surgery center and to all follow-up appointments.