



MEDICATIONS

1. Most patients will be prescribed a special combination drop called Imprimis. This drop contains a combination of 3 eyedrops - Prednisolone Acetate, Moxifloxacin and Nepafenac. **You can pick up your eyedrops at any Eyesight office during normal business hours.**
 - **Note:** if you are allergic to any of the medication in the Imprimis eyedrops, our office will call a different set of prescriptions into your pharmacy.
2. **After surgery, you will use 1 drop of your Imprimis eyedrops in the operated eye 4 times per day (8am, 12pm, 4pm, 8pm)** for 14 days, then 2 times per day (once in the morning and once at night). Use this drop for a **minimum of 4 WEEKS** after surgery. Your surgeon will inform you of any changes in the length of time or frequency to use your eyedrops.
3. Bring your eye drops and Surgery Drop Schedule to all follow-up appointments.
4. If you do not have enough drops to last at least 4 weeks, **stop into any Eyesight office location** to purchase more. If you have a pharmacy prescription, a refill is already available at your pharmacy.
5. For those patients who are on **Restasis or Xiidra or Cequa:** Please resume these drops AFTER surgical drops are gone.
 - **2 times per day** until gone in the operated eye(s).
 - One vial should be used for a maximum of 1 or 2 days regardless of the instructions you receive from the pharmacy or on the package.



Imprimis Surgery Drop Schedule

Prednisolone-Moxifloxacin-Nepafenac



www.EyesightNH.com

In RIGHT 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	12PM 4PM 8PM
<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"/>

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



CONTACT INFORMATION

Please contact your Eyesight surgical coordinator if you have any questions by dialing **603-501-7868** and entering their extension prompt.

PORTSMOUTH COORDINATORS:

Sandy x230

Leah x240

SOMERSWORTH COORDINATORS:

Cassie x263

Kimberly x541

EXETER COORDINATORS:

Deb x317

KITTERY COORDINATORS:

Rebecca x540

SURGERY CENTER CONTACTS:

Coastal Surgical Center - 291 Shattuck Way, Newington NH
603-314-8035 (before 4:30pm)

Portsmouth Ambulatory Surgery Center - 333 Borthwick Avenue, Portsmouth NH
603-433-0941 (before 5:30pm)

Frisbie Memorial Hospital - 11 Whitehall Road, Rochester NH
603-330-8936 (after 5pm 603-332-5211)

Wentworth Douglass Hospital – 789 Central Avenue, Dover NH
603-740-2281 (after 6pm 603-740-2433)

Exeter Hospital
5 Alumni Drive, Exeter NH 603-580-7568 (before 4:30pm)
603-580-7568 (before 4:30pm)