## Cataract Surgery Post-Operative Eye Drop Schedule

### 1st Week
- **Day 1-7:**
  - 1 x a Day Prolensa
  - 4 x a Day Durezol
  - 3 x a Day Besivance

### 2nd Week
- **Day 8-14:**
  - 1 x a Day Prolensa
  - 2 x a Day Durezol

### 3rd Week
- **Day 15-21:**
  - 1 x a Day Prolensa
  - 2 x a Day Durezol

### 4th Week
- **Day 22-28:**
  - 1 x a Day Prolensa
  - 2 x a Day Durezol

### 5th Week
- **Day 29-35:**
  - 1 x a Day Prolensa
  - 2 x a Day Durezol

### 6th Week
- **Day 36-42:**
  - 1 x a Day Prolensa
  - 2 x a Day Durezol

### 7th Week
- **Day 43-49:**
  - 1 x a Day Prolensa
  - 2 x a Day Durezol

### 8th Week
- **Day 50-56:**
  - 1 x a Day Prolensa
  - 2 x a Day Durezol

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**Prolensa**, **Durezol**, and **Besivance**

**SYSTANE / RETAINE**

Use as much or as little as you need for comfort from irritation.

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**Please call our office if you experience sudden vision loss or pain.**

6624 Fannin, Suite 2105 ● Houston, TX 77030 ● 713-791-9494
• Wait 3-5 minutes in between each eye drop
• You may sleep on your operated side. Wear your protective shield for the first week when you nap and sleep.
• Do not rub your operated eye.
• You may resume most of your NORMAL activities.
• Bending is ok.
• Limit any activity which causes excessive strain or repeated jarring for one week.
• You may wash your face and hair. Be careful not to get shampoo in your operated eye.
• No swimming for 4 weeks.
• Wear your dark plastic glasses as desired. They offer good protection and decrease glare.

Please call our office at 713-791-9494 if you experience sudden vision loss or pain.
Cataract Pre-Operative Instructions

If you are currently on blood thinners or aspirin please DO NOT discontinue prior to surgery.

<table>
<thead>
<tr>
<th>3 DAYS PRIOR TO SURGERY</th>
<th>DAY 1</th>
<th>DAY 2</th>
<th>DAY 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 x a Day</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prolensa (GREY CAP)</td>
<td>○ am</td>
<td>○ am</td>
<td>○ am</td>
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<tr>
<td>2 x a Day</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Durezol (PINK CAP)</td>
<td>○ am</td>
<td>○ pm</td>
<td>○ am</td>
</tr>
<tr>
<td>3 x a Day</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Besivance (BEIGE CAP)</td>
<td>○ am</td>
<td>○ noon</td>
<td>○ pm</td>
</tr>
</tbody>
</table>

MORNING OF SURGERY

|               |       |       |
| Prolensa (GREY CAP) | ○ am  |       |
| Durezol (PINK CAP)   | ○ am  |       |
| Besivance (BEIGE CAP)| ○ am  |       |

♦ Wait 3-5 minutes in between each eye drop.
♦ Save these medications. You will need them after the surgery.
♦ **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE DAY BEFORE SURGERY.**
♦ Take all heart and/or blood pressure medications that you would normally take on the morning of surgery with a small sip of water.
♦ Wear comfortable clothes (short sleeves and front buttons if possible).
♦ **BRING YOUR PICTURE ID AND INSURANCE CARDS ON THE DAY OF SURGERY.**
♦ You are REQUIRED to return to our office the day after surgery.