

LASIK: PRE-PROCEDURE CARE

1-WEEK BEFORE PROCEDURE



Systane Ultra or **Refresh Preservative-Free Vial Tears**: **1 drop at least 4 times per day**, or more. (i.e., breakfast, lunch, dinner, bedtime).
Over the counter

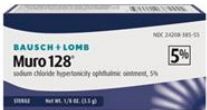
IF PRESCRIBED:



Eysuvis: Start _____ to prep the ocular surface.
1 drop 4 times per day. (i.e., breakfast, lunch, dinner, bedtime). **DO NOT use the morning of surgery**. Prescription only



Restasis/Cequa/Xiidra: Start _____ to help tear production.
1 drop 2 times per day. **DO NOT use the morning of surgery**. Will be used for at least 3 months after surgery. Prescription only



Muro 128 Ointment: Start _____ to add strength to the cornea.
Pea-sized amount inside each lower lid at bedtime. Over the counter, generic is okay.

1-DAY BEFORE PROCEDURE



Zymaxid (Gatifloxacin): Antibiotic. Tan Cap. **1 drop 4 times per day**.
Prescription only

DAY OF PROCEDURE

DO'S AND DON'T'S

- **No** perfumes, colognes, and fragrant lotions. Deodorant is fine.
- **No** makeup (i.e., foundation, concealer, mascara, eyeshadow, or eyeliner...etc.)
- Eat a light meal prior to arrival. Avoid caffeine **1 hour** prior to arrival.
- Avoid alcohol and medications that may cause drowsiness.
- Wear comfortable clothing. The laser suite is kept at a cooler temperature.
- Arrange for someone to drive you home on the day of the procedure.

Any Questions? Call Holzman Laser Vision at 855-995-2745

LASIK: PRE-PROCEDURE CARE (WAIT 1 MINUTE IN BETWEEN DROPS)



1 WEEK PRIOR	7 Days Prior ____/____	6 Days Prior ____/____	5 Days Prior ____/____	4 Days Prior ____/____	3 Days Prior ____/____	2 Days Prior ____/____	1 Day Prior ____/____	Surgery Day! (Prior to arrival)
Systane or Refresh Preservative-free vials	○ ○ ○ ○ 4 times per day	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○
Zymaxid (Gatifloxacin) TAN CAP	Start the day prior to surgery						○ ○ ○ ○	○ ○

IF PRESCRIBED: (WAIT 1 MINUTE IN BETWEEN DROPS)

1 WEEK PRIOR	7 Days Prior ____/____	6 Days Prior ____/____	5 Days Prior ____/____	4 Days Prior ____/____	3 Days Prior ____/____	2 Days Prior ____/____	1 Day Prior ____/____	Surgery Day! (Prior to arrival)
Eysuvis (if Prescribed)	○ ○ ○ ○ 4 times per day	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	DO NOT USE
Restasis/ Cequa/ Xiidra (if Prescribed)	○ ○ 2 times per day	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	DO NOT USE
Muro 128 Ointment (if Prescribed)	Pea-sized amount inside each lower lid at bedtime							DO NOT USE

If any other medications have been prescribed, use them as directed.
Check to ensure you have everything before your procedure. If not, call the office.

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