



Optometrist Co-management Treatment Instructions

Please send your findings after each patient visit electronically at info@brintonvision.com. We will provide you with a template to use, or you can send a copy of your medical records.

SBK and SMILE

- Pt will be using Ofloxacin QID and pred acetate QID x 1 week in surgical eye. Pt gets these from the pharmacy.
- We recommend using preservative free artificial tears every 2 hours while awake for the first 2 months after surgery.
- Light sensitivity, halos, and glare are typically seen in the first 3-6 months after surgery, and generally improve as healing continues.
- If dryness or halos are persistent, we typically recommend avoiding bedroom fan use, using fish oil supplements, avoiding over the counter allergy medication, and starting refresh celluvise BID in addition to regular preservative free artificial tear use.
- OK to return to water activities after 1 week, recommend never rubbing eye for life.

PRK

- Pt will be using ofloxacin QID x 1 week. Pt will be using pred acetate QID x 1 week, TID x 1 week, BID x 1 week, QD x 1 week. Pt gets these from the pharmacy.
- At the one month point, they should be nearly finished with prednisolone. At this point, for a myopic correction, if the patient is under corrected (still myopic) you can prolong the taper, or increase the steroid and taper from there. If the patient is overcorrected (hyperopic) you can stop the steroid if they are still using, or fit the patient with a contact lens for 1-2 weeks to encourage healing to move to less hyperopia. For a hyperopic correction, if the patient is under corrected (still hyperopic) you can prolong the taper, or increase the steroid and taper from there. If the patient is overcorrected (myopic) you can stop the steroid without tapering.
- We recommend using preservative free artificial tears every 2 hours while awake for the first 2 months after surgery. We also recommend Vitamin C 1000mg daily for 1 year.
- Due to vision gradually becoming more clear with time, we often remind patients the timeline for full healing is 6 months.
- Recommend UV protecting sunglasses while outside.

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EVO ICL

- Pt will be using Ofloxacin QID and pred acetate QID x 1 week in surgical eye or until inflammation quiet. Pt gets these from the pharmacy.
- We recommend preservative free artificial tears at least QID for 1 month, and then use as needed.
- Halos and glare around lights are common in the first 1-3 months after surgery, as with any vision corrective procedure. Occasionally patients will notice circles near lights. This generally fades away over time as patient's brain learns to ignore this.
- **Measuring vault:** this refers to the space between the EVO ICL lens and the natural lens. To do this, we use an optic section to estimate the width of the space relative to the width of the cornea, which is approximately 500 microns.
- Restrictions such as bending over, lifting heavy weight that causes straining, wearing eye shield at night, and swimming are lifted after the first week.
- Remind these patients they are still prone to retinal issues, and other conditions common with high myopia, and to return with any symptoms of RD.

RLE

- Pt will be using Ofloxacin QID x 1 week, prolensa QD x 4 weeks, and pred acetate QID x 2 weeks then BID x 2 weeks in surgical eye or until inflammation quiet. Pt gets these from pharmacy.
- If the patient is on an extended regimen taper due to risk for CME, the drop schedule is as follows: Ofloxacin QID x 1 week, prolensa QD x 9 weeks (starting one week prior to surgery), Durezol QID x 2 weeks then BID x 4 weeks then QD x 2 weeks, and timolol BID x 8 weeks.
- Restrictions such as bending over, lifting heavy weight that causes straining, wearing eye shield at night, and swimming are lifted after the first week
- Some symptoms such as flickering lights with eyes open, a blurred crescent moon temporally in their vision, and dryness are common after the procedure. These typically dissipate with time and healing.

LRI

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