

PRK Post Operative Care

Day 1-3	<ul style="list-style-type: none">- Vision usually falls between 20/40 and 20/100- The bandage contact lens is maintained- Zymaid and Lotemax Qid. Acuvail Bid or Bromday QD or Ketorolac or Bid if needed-Artificial tears as needed
Day 5	<ul style="list-style-type: none">- The bandage contact lens is removed if epithelium has regenerated.- Lubricate generously prior to removal- Discontinue Accuvail/Bromday/Ketorolac-Driving vision should be re-established (20/40 or better)-Continue Artificial tears as needed
Day 7	<ul style="list-style-type: none">- Discontinue Zymaxid-Begin Steroid regimen with Lotemax Gel BID for 2 weeks, then QD for 2 weeks

Tapering Steroid Therapy

- Topical steroids are used to control haze and refractive status
- At one week appointment, if VA is not 20/50 or better do a manifest refraction
- Follow up every 2 weeks while tapering medication
- If HYPEROPIC : reduce the steroid dosage by half
- Persistent MYOPIA requires continued steroids until myopia decreases; there may even be a need to increase steroid dosage by one drop if a larger correction is required.
- INCREASED HAZE requires more steroid. The treatment priority is to treat corneal haze rather than refractive error. That is, given the choice of reducing steroid due to hyperopia, or treating haze, you must continue the steroid until haze resolves.

Managing Pain After PRK

- Prepare the patient for PRK- stress that blur and discomfort are an issue during the first week.
- Use lubricants frequently. Refrigerated drops are more soothing
- Use Acuvail, Bromday, or Ketorolac until bandage lens is removed
- Encourage sunglass use
- Patient was prescribed Neurotin. Take as directed.