

DISCHARGE INSTRUCTIONS FOR PATIENTS HAVING UTERINE FIBROID
EMBOLIZATION

In order to ensure a rapid and worry-free recovery from your procedure, we have put together this set of instructions to answer the most common questions that patients have. We are always happy to have you call with your questions, but we ask that you please read through this before calling as the answers that you seek will likely be here.

THE RECOVERY PROCESS

Over the next several days, you are likely to have cramps that come and go as well as feeling as if you have the flu, with low energy, intermittent nausea, and possibly fever. These are all normal side effects of the procedure as your body reacts to the death of fibroid tissue. Usually these symptoms are most pronounced in the first 2 or 3 days and by the fourth or fifth day after the procedure, you will start to feel better. It is unusual for these symptoms to last longer than 7 days. Mild cramping may continue for a few days longer. Because of the flu-like symptoms, most patients will need about 1 week off from work. While you will progressively feel better over several days, you should anticipate a generalized lack of energy and should gauge your activity accordingly. We do not recommend travel plans for 2 weeks (except for those patients from out of the area who are returning home). Below we will discuss specific problems.

FOLLOW-UP CARE

We will visit you in the hospital the day after the procedure and answer any questions you may have, provide you with home prescriptions, follow-up instructions and discharge you home. A follow-up visit is needed in one to two weeks in our clinic. Please call our office at 747-1007 to schedule this visit soon after your discharge. We will also follow up with you in 3 months to check on your progress. We recommend that you inform your gynecologist within 30 days that you have had this

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procedure. Please remember that this procedure is not a form of birth control. You should continue your normal well-woman care such as monthly breast exams and yearly pelvic exams with Pap smears as suggested by your gynecologist.

PUNCTURE SITE

An arterial puncture was performed at the top of the leg and a bandage is in place over that puncture site. You may shower today and each day thereafter. No tub baths until the site is completely healed. After each shower, remove the wet bandage and replace with a dry, clean Band-Aid. This will promote healing. If you notice any swelling or active bleeding from the puncture site, you should use direct pressure by placing your fingers and a clean cloth or paper towel over the site. Immediately call for assistance and report to the nearest emergency room for evaluation. This is extremely rare and occurs in less than 1 in 500 patients.

There may be bruising at the puncture site which is normal. This bruising may spread out over several days. This is the normal way in which a small amount of blood under the skin is reabsorbed. This should not be of concern.

You may notice a small knot under the skin at the puncture site, usually the size of a large pea. This knot is expected and part of the healing process. This will usually fade away within a few months.

It is not unusual to notice continuing pain at the puncture site and down the upper thigh. This is usually due to irritation of the nerve branch that passes by the puncture site. The Naproxyn that you will be taking after the procedure will help with these symptoms. While it is possible for this discomfort to continue for several weeks or longer, this is very rare. Should this occur, please contact us.

DIET AND ACTIVITY

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You may resume your normal medications and your diet as tolerated. You should slowly increase your activity over the next three to four days however exercise, heavy lifting and sexual activity should not be resumed until 7 days after your procedure. Do not drive until you are no longer taking the prescription pain medication (Percocet) or the nausea medication (Phenergan). These medications may make you sleepy. Because of this, do not operate any machinery or kitchen appliances while you are taking them.

MEDICATIONS

You have been given a number of prescriptions for management of post-procedure symptoms and issues. For convenience, we have provided the following table of the generic and trade names of the prescription drugs we usually use.

<u>ACTIONS</u>	<u>GENERIC NAME</u>	<u>BRAND NAME</u>
**Anti-inflammatory	Naproxen	Naprosyn **
**Antibiotic	Levofloxacin	Levaquin **
Laxative	Polyethylene-glycol	Miralax
Pain relief	Oxycodone	Percocet
Anti-nausea	Promethazine	Phenergan
	Ondansetron	Zofran
Yeast Infection	Fluconazole	Diflucan

The medications in **RED** are an extremely important part of your recovery and should be started the day you are discharged home. We recommend continuing the Miralax until you have a normal bowel movement and no longer need the pain medication Percocet. The remaining meds are “if needed” medications. These are all discussed in more detail below.

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POST-PROCEDURE PELVIC PAIN AND/OR CRAMPS

You should expect to have pelvic pain and cramping over the next several days to two weeks. However, usually this lasts only 3 to 4 days. It is most intense the day of the procedure and decreases each day thereafter. You have been given Naprosyn (Naproxen), which is an anti-inflammatory medication. Take one pill (500mg) every 12 hours for 20 days. There is an additional refill on this medication if you continue to have pelvic discomfort or pressure. In addition, you have been given pain medications to assist with pain control. Percocet (Oxycodone) is a narcotic pain reliever and generally provides substantial relief for most patients. You may take one or two tablets every four hours as needed for pain. **DO NOT TAKE ADDITIONAL TYLENOL WHEN TAKING PERCOCET –IT IS INCLUDED IN PERCOCET. TYLENOL MAY BE TAKEN IN PLACE OF PERCOCET FOR MILD PAIN.**

NAUSEA

It is not unusual to experience nausea after the procedure. You have been given a prescription for an anti-nausea medication Phenergan (Promethazine) or Zofran (Ondansetron). You may take this medication every four to six hours as needed for nausea. If the medication you have been given does not relieve the nausea, call us and we can prescribe an alternate.

HEARTBURN

While taking antibiotics and anti-inflammatory medications such as Naprosyn, Advil and Motrin, it is important to protect your stomach from irritation. It is strongly recommended that these medicines are taken with food and a full glass of water. It

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is best to remain upright for at least 30 minutes after taking them.

CONSTIPATION

A very common side effect of the prescription pain medicine, diet changes and inactivity after the procedure is constipation. Miralax has been prescribed for you for this. This is THE most common and problematic complaint we get. Taking this BEFORE it becomes a problem makes it much easier to resolve. This should be started the DAY you arrive home after your procedure. The Miralax can be mixed with just about any liquid. For stubborn constipation, mixing it with warm prune juice has proved beneficial. Other things that can help are mixing equal amounts of applesauce, prune juice and whole bran (such as All Bran) and taking 2 tablespoons each morning. Following any of these remedies with hot coffee or tea increases effectiveness.

FEVER

A mildly elevated temperature is a common side effect of the uterine artery embolization and occurs in approximately 20-25% of patients. The fever is a side effect of the fibroids dying and does not indicate infection in most cases.

High temperatures (greater than 102 degrees), a fever that persists for more than 3 days, or a fever that arises more than a week after the procedure might indicate infection and you should call the Interventional Radiology Service described at the end of these instructions. In general, infections that might develop would be much more likely to do so in a week to several weeks after the procedure.

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MENSTRUAL PERIODS, VAGINAL DISCHARGE OR SPOTTING

A brown or reddish-brown vaginal discharge or spotting after the embolization is considered normal and may continue for a few weeks or until your first period. You may use a sanitary napkin until it resolves. Please do not use tampons for the first week after the procedure.

Occasionally, patients will have a clear or watery discharge for several weeks or months post-procedure. This does not indicate infection. Of greater concern is a thick or foul-smelling discharge, particularly if it accompanied by fever or pelvic pain. This may indicate an infection and you need to contact us.

On occasion, the procedure may cause you to start a menstrual cycle early or you may skip a period or two. If heavy bleeding was one of the symptoms caused by your fibroids, often your periods will be better right away. However, some patients will not improve for 2 or 3 cycles; so don't be discouraged if there is no immediate improvement. Regardless of whether bleeding or pressure and pain were symptoms, most patients will have improvement by the 3rd month after the procedure.

The first and possibly the second menstrual periods may be more uncomfortable than usual. Some patients tend to have increased cramps during these periods. This should resolve as the fibroids shrink. The fibroids take several months to significantly shrink and therefore short-term improvement in the size of the uterus/fibroids should not be expected.

HORMONAL CHANGES

Some patients may experience symptoms as a result of changes in their hormonal balance after the procedure. Fibroids are estrogen driven. As the fibroids die, there may be a sudden change in hormones. Some women experience mild depression, which subsides within a few days. Others may experience "hot

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flashes” and/or night sweats and these may persist for a few weeks. In our experience here, we have found these symptoms to be self-limiting and resolve without treatment.

SIGNS OF POTENTIAL PROBLEMS

Symptoms that might indicate problems include swelling or active bleeding from the puncture site, pain that arises several days or weeks after the initial pain has resolved, a temperature several days to weeks after the initial procedure or an irregular vaginal discharge (particularly if foul-smelling or copious). This might indicate either an infection or partial passage of a portion of the fibroid and may require gynecologic evaluation. If any of these symptoms occur, please contact the Interventional Radiology service to assess the symptoms and to make further treatment recommendations.

IF YOU HAVE QUESTIONS OR PROBLEMS

If at any time you have any questions regarding the procedure or any symptoms you might have, please feel free to call us. During the day you can call one of our nurses at 901-747-1007. At night or on the weekends, you may contact the doctor on call by calling 901-747-1007 or directly to our answering service at 901-541-5228.