

ABINGTON HOSPITAL-JEFFERSON HEALTH

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UTERINE FIBROID EMBOLIZATION

Discharge Instructions

Level of Activity is Limited

-) Stair climbing: Keep to a minimum the first week, try to limit to one time, every eight hours.
-) Exercise: Take it easy and slowly increase your activity over the next three to four days. While you will progressively feel better, you can anticipate a lack of energy and you should rest when you are tired.
-) Shower: You may only shower for the next 7 to 10 days, and until groin puncture sites are completely healed.
-) Sexual Relations: Nothing per vagina for 2 weeks. You may have unrestricted activity, including sexual relations and exercise two weeks after the procedure.
-) Date to return to work: You will need two weeks off from work following the procedure.
-) Driving: Do not drive until you are no longer taking the prescription pain medications (Percocet or Dilaudid). These medications may make you sleepy. You should also not operate any machinery, appliance, vehicle or device while you are on these medications.
-) Other limitations: No heavy lifting, pushing or pulling for 4 weeks.

Diet

-) No restrictions.
-) Increase fluids and fiber.
-) You may have prune juice or over the counter mild laxative/stool softeners (such as Colace) to help keep your bowels soft. Constipation will make cramping worse.

Groin Puncture Site

-) The arterial puncture site is at the groin region and is covered with a Band-Aid.
-) You may shower each day.
-) After showering, replace Band-Aid. Do this until the skin is completely closed.
-) Observe the site. Some bruising is normal. As this heals, the bruising may spread out over several days.
-) You may feel a small knot, about the size of a large pea, under the skin of the puncture site. This is normal and will fade in a few months.
-) If you have continuing pain at the puncture site, you may take Motrin or Advil and please contact the Radiologist at 215-481-6226. This is due to irritation of the nerve branch that passes by the puncture site.
-) Notify the Radiologist if there is any separation, drainage, redness, or severe pain at site.
-) If you notice any swelling or active bleeding from the puncture site, which is very rare, call for help (911) and
 - o Lie down flat
 - o Apply direct pressure with your fingers over top of the site for a minimum of 10 minutes

Menstrual Periods, Vaginal Discharge, or Spotting

-) It is normal to have a brown or brownish red vaginal discharge or spotting after the embolization. This may continue for a few weeks or until your first period. Occasionally, patients can have a clear watery discharge for several weeks or months after the procedure. This does not indicate infection. Use a sanitary napkin until any discharge stops. However, a thick or foul smelling discharge, particularly accompanied by a fever, shaking, chills,

or pelvic pain may indicate infection. You need to contact the Radiologist or your gynecologist.

- J Your next menstrual period may start early or you may skip a period or two. The period may be better right away or some patients may not improve for 2 to 3 cycles.
- J DO NOT use tampons for the next 2 periods. Use sanitary napkins only for the next 2 periods.

- J You may have more discomfort with your first and possibly the second menstrual period. These increased cramps should resolve as the fibroids shrink over the next several months.
- J Fibroids are estrogen driven. As they shrink, you may have a sudden change in hormones that may cause mild depression to "hot flashes." This is usually self-limiting and requires no treatment.

Medications

- J You will receive prescriptions for one or all of the following medications:
 - o Toradol (Ketorolac) 10 mg – 1- every six hours for four days – Take with food
 - o Percocet (Oxycodone) 1-2 every four hours as needed for pain- May take with food
 - o Dilaudid (Hydromorphone) 1 every six hours as needed for pain (usually prescribed if Percocet does not work)- May take with food
 - o Zofran 4 mg 1 every 8 hours as needed for nausea
- J If you need a re-fill, you will need to call the Radiologist and have someone come to Abington Memorial Hospital to pick up the prescription. According to the law, we are not allowed to fax narcotic prescriptions to any pharmacy.

Constipation Management

The medications you were given during your procedure and hospital stay, as well as, you discharge pain medications, tend to cause constipation. Constipation in the days after your procedure will increase your abdominal discomfort. Please follow these instructions to keep your bowel function regular after your procedure:

- J Drink plenty of liquids to keep your body hydrated and to help keep your bowels functioning properly.
- J Take Colace 100mg capsules (stool softener to prevent constipation). The generic name for this medication is docusate sodium. Take one table every 12 hours while you are taking any narcotic pain medication.

If you have not had a bowel movement within 24-35 hours after your procedure: Take 2 tablets of Senokot-S (over the counter) at bedtime.

If you have not had a bowel movement by the next morning (day 2):
Take 2 more tablets of Senokot-S in the morning

If you have not had a bowel movement by midday (on day 2): Take 2 tablespoons of Milk of Magnesia at dinnertime and at bedtime.

If you have not had a bowel movement by the next morning (day 3):
Please contact us for further instructions at (215) 481-6226 or follow the instructions below for after hour contact information.

Potential Problems

- J Symptoms that may indicate problems:
 - o Swelling or active bleeding from puncture sites
 - o Pain arising several days or weeks after the initial pain has resolved

- o Elevated temperature (> 101 °F)
- o Irregular vaginal discharge that is foul smelling or copious (may indicate infection or partial passage of fibroid requiring gynecologic evaluation)
-] If these symptoms occur, contact the Radiologist or your gynecologist immediately.

Follow-up Care:

-] Schedule an appointment for 2 weeks post-procedure with the Radiologist by calling 215-481-6226.
-] Schedule an appointment with your gynecologist 1 month after the procedure.
-] Follow-up MRI of the Pelvis should be ordered by your gynecologist for 6 months after the procedure.

WHOM TO CALL:

Physician Contact Information

-] If you have a problem that requires immediate attention, you should go to the emergency room, either at Abington Memorial Hospital or the closest hospital, or call 911.
-] Our office is open Monday through Friday (except major Holidays) from 7:30 AM to 4:00PM. We can be reached at 215-481-6226.
-] If you are unable to reach our office and you have an urgent need, please call the following:
 - o During regular weekday hours (except major Holidays) from 7:30 AM to 4:00 PM, call 215-481-2040.
 - o For after hour emergencies call 215-481-2000 and ask the hospital operator to contact the Interventional Radiologist on-call.

I hereby acknowledge that I have received and understand the instructions given to me.

PATIENT SIGNATURE

NURSE SIGNATURE

DATE

TIME