

UTERINE ARTERY EMBOLIZATION

DISCHARGE INSTRUCTIONS

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 it will be easier and quicker for you to refer to these instructions first. The answers you seek will often be here. If you need to reach us, you can reach us either through the office at 609-652-6094, 732-206-8455 or 856-362-6056 during usual business hours or through the after hours emergency number.

AFTER HOURS EMERGENCY NUMBER: (609) 814-5243.
If calling after hours ask for the interventional radiologist on call.

THE RECOVERY PROCESS

There is an expected recovery process and you should anticipate and prepare for some time off work. We will excuse you from work for 1 week.

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 low grade fever. These are all normal side effects of the procedure as your body reacts to the death of the fibroid tissue. Usually these symptoms are most pronounced in the first 2 or 3 days, and by the 4th or 5th day after the procedure you will start to feel better. It is common for these symptoms to wax and wane. It is unusual for the symptoms to last longer than 7 days. The cramps may continue for a few days longer. Because of the flu like symptoms, patients may need up to one 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 at least 2 weeks (except for those patients from out of the area returning home) and would not recommend overseas travel for one month or until you feel completely recovered.

FOLLOW-UP CARE

Before discharge home, you will be scheduled for a 3 month post procedure appointment for evaluation.

You are advised to continue your normal gynecologic follow-up and well woman care. This includes monthly self breast exams and yearly pelvic exams with Pap smear as suggested by your gynecologist.

PUNCTURE SITES

To perform the procedure, the artery over the groin or wrist was punctured. At the end of the procedure, a Band-Aid was applied to the puncture site. Once discharged home, you may shower normally. For the next 2 days after each shower the wet Band-Aid should be removed and replaced with a dry, clean Band-Aid. 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 one in 500 patients.

There may be some bruising at the puncture sites and this 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 about the size of a large pea. This is part of the healing process, and will usually fade away within a few months. This should not be of concern unless it is enlarging

Rarely patients will notice continuing pain at the puncture site or in the upper thigh. This is usually due to irritation of the nerve branch that passes by the puncture site. If this is bothersome, you may continue to take Motrin or Advil, which will usually reduce this discomfort. 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

Resume your normal diet and medications after discharge home. You should slowly increase your activity over the next 3 to 4 days. It is very important to drink plenty of fluids, remain active, and take the stool softener prescribed at the time of discharge. This should help prevent constipation which can cause significant post-procedure pain. You may have unrestricted activity, including sexual activity and exercise, 7 days after the procedure. Do not drive until you are no longer taking the prescription pain medications. This medication may make you sleepy. Because of this, do not operate any machinery or kitchen appliances while you are taking them.

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 you have your first period. You may use a sanitary napkin until it resolves. Please do not use a tampon for the first month after the procedure.

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

On occasion, the procedure causes you to start a menstrual cycle early or you may skip one or more periods. 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 third month after the procedure.

The first and possibly the second menstrual periods may be more uncomfortable than typical. 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 should not be expected.

MEDICATIONS

You have been given a number of prescriptions to help manage the pain and nausea that may occur in the first several days following the procedure. For convenience, we have provided the following table of the generic and trade names of the prescription drugs that may have prescribed. Dosages listed below are for reference only. Please be sure to take the medication as directed by the prescribing physician.

RX	BRAND NAME	GENERIC NAME	USE/ACTION	TYPICAL DOSE
	Motrin	Ibuprofen (NSAID)	anti-inflammatory, pain	600mg every 6hr
	Alleve, Naprosyn	Ibuprofen (NSAID)	anti-inflammatory, pain	500mg every 12hr (if severe may take an extra 500mg)
	Percocet	Oxycodone/ Acetaminophen 5/325	narcotic pain relief	1-2 tabs every 4-6hrs
	Dilaudid	Hydromorphone	narcotic pain relief	2-4mg every 4hrs
	Medrol Dosepack	Methylprednisone	steroid, anti-inflammatory	tapering dose pack
	Prilosec	Omeprazole	acid blocker, protects stomach from NSAIDs	20mg daily
	Zofran	Ondansetron	anti-emetic for nausea	4mg every 6hr
	Colace	Docusate	stool softener	100mg tabs. Take 1 tab twice daily. You may increase this up to 200 mg twice daily. Once you have returned to normal bowel habits you should taper the dose. See below.
	Enulose	Lactulose	laxative for constipation	Usual adult dosage is 1 tablespoon 3 to 4 times daily.

POST-PROCEDURAL PELVIC PAIN

You should expect to have pelvic pain and cramping over the next several days to 2 weeks. Usually this lasts for a week with the pain most intense the day after the procedure. The pain typically decreases each day thereafter. You have been prescribed an NSAID which is an anti-inflammatory medication, typically either ibuprofen or naproxen. You also were given a narcotic pain medication to assist with pain control, typically dilaudid or percocet. It is important to take the NSAID first, and then the narcotic pain medication to better control the pain. It is very important that you not drive or operate dangerous equipment while taking the narcotic pain medication. Remember to drink plenty of fluids, remain active, and take the prescribed stool softeners while taking narcotic pain medication to prevent constipation.

- **NSAIDS (Ibuprofen or Naproxen)**

These medications help alleviate post procedure pain and also have anti-inflammatory properties. This should be the first line of pain medications that should be taken regularly at least during the first week. These medications will allow you to taper the narcotic pain medications (percocet or dilaudid). Remember to take the prilosec with the NSAIDs to help protect your stomach.

- **Narcotic Pain Medication (Percocet or Dilaudid)**

These are very powerful medications and must be taken very carefully. You should never exceed the prescribed dose and you should not drive or operate dangerous equipment while taking these medications. These should be taken sparingly

NAUSEA

It is not unusual to experience nausea after the procedure. You have been given a prescription for an anti-emetic which will help with the nausea. The medication typically prescribed is the Zofran. You may take this medication according to the label directions every 6 hours as needed for nausea. If the medication that has been given does not relieve the nausea, please call the office and an alternative can be prescribed.

FEVER

A mildly elevated temperature is a common side effect following uterine artery embolization and occurs in approximately 20 to 25% patients. The fever is a side effect of the fibroids dying and does not necessarily indicate infection. The fever can be treated with regular Tylenol.

Temperatures reaching 101° or higher are more concerning. Fevers lasting more than 3 days or fevers beginning one week or later after the procedure are more concerning. If you have a temperature greater than 101°, a fever lasting more than 3 days, or a fever which begins after the 1st week following the procedure please contact the office.

HEARTBURN AND CONSTIPATION

While taking NSAIDs, either ibuprofen or naproxen, it is important to protect your stomach from your irritation. Try to eat food before taking these medications, and take it with a full glass of water. It is best to remain in an upright sitting position for at least 30 minutes after taking these medications. An acid blocking medication may also have been prescribed to help protect the stomach.

A common side effect of prescription pain medications is constipation. Unfortunately, this is a common source of pelvic pain in patients following uterine artery embolization. It is very important to try and maintain normal bowel habits. A stool softener was prescribed following the procedure. Also, feel free to drink a warm glass of prune juice. Remember to drink at least 8 glasses of water each day. The action of many stool softeners requires adequate fluid intake. This will also help decrease cramping that can sometime accompany laxatives. It is also very important to remain active. If the prescribed medications are not working, you may switch to any of the over the counter stool softeners or laxatives. If these are still not working, a Fleet's enema can be used. Below is a suggested approach to prevent and treat constipation. It uses stool softeners and laxatives, but remember drinking plenty of water and remaining active are probably the most helpful.

- **Post Procedure Day 1**

Take Colace 100mg tab twice daily
(1 tab twice daily = 2 tabs in 24 hours)

- **Post Procedure Day 2**

If no bowel movement, take two Colace 100 mg tab twice daily (2 tabs twice daily = 4 tabs in 24 hrs)

- **Post Procedure Day 3**

If no bowel movement, continue to take the Colace. Also you may start to use the Enulose. On day 3 take 1 tablespoon of Enulose 3 or 4 times daily. If needed, you may try a Fleet's enema. It is important not to use more than 1 Fleet's enema in a 24 hr period.

- **Post Procedure Day 4**

If no bowel movement, continue to take the Colace. Also you may increase the Enulose. You may take 2 tablespoons of Enulose 3 or 4 times daily. If needed, you may try a Fleet's enema. It is important not to use more than 1 Fleet's enema in a 24 hr period.

- **Post Procedure Day 5**

If no bowel movement, continue to take the Colace. Also you may increase the Enulose. You may take 3 tablespoons of Enulose 3 or 4 times daily. If needed, you may try a Fleet's enema. It is important not to use more than 1 Fleet's enema in a 24 hr period.

- **Subsequent Days**

If no bowel movement, continue to take the Colace and Enulose. If needed, you may try a Fleet's enema. It is important not to use more than 1 Fleet's enema in a 24 hr period.

HORMONAL CHANGES

Some patients may experience symptoms as a result of changes in the 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 typically subsides within a few days. Others experience "hot flashes" and/or night sweats and these may persist for a few weeks. In our experience, we have found these symptoms to be self-limiting and resolve without treatment.

SIGNS OF POTENTIAL PROBLEMS

The following is a list of signs of potential problems. The recommended steps of action are listed in the table as well. If there are any questions, remember that we can be reached through the office during normal business hours at **609-652-6094, 732-206-8455** or **856-362-6056**. There is always an interventional radiologist on call who can be reached after hours emergency number **609-814-5243**.

POTENTIAL PROBLEM CHART

SIGN	IMMEDIATE ACTION	ADDITIONAL STEPS
swelling or bleeding at puncture site	hold pressure at the site and call ambulance immediately	call the office or hospital if after hours
fever >101, fever lasting >3 days, fever starting 1 week or more after procedure	call the office or hospital if after hours	call your gynecologist if radiologist not reached
uncontrolled pain	call the office or hospital if after hours	call your gynecologist if radiologist not reached
uncontrolled nausea	call the office or hospital if after hours	call your gynecologist if radiologist not reached
constipation	take prescribed stool softener and laxatives (see constipation section)	change to different stool softener, use Fleets enema, call your primary doctor
heavy menstrual bleeding	This may be normal. If severe and there is concern call the office.	call your gynecologist if radiologist not reached
passage of tissue	This can happen if fibroids slough from the uterus. You may call us and let us know, but if there are no other symptoms like worsening pain, fever or other signs of infection we will likely simply observe you to make sure the tissue doesn't get lodged at the cervix. If you have these other symptoms call the office or hospital if after hours.	If there are associated symptoms like fever or worsening pain, and you cannot reach the radiologist please call your gynecologist.
vaginal discharge	As noted above, this can be normal. If it is foul smelling or associated with fever, call our office or hospital if after hours.	If you have a fever or discharge is foul smelling, and you cannot reach the radiologist please call your gynecologist.

Patient: _____

Date: _____

AMI Representative: _____

Date: _____