

## **DISCHARGE INSTRUCTIONS FOR UTERINE EMBOLIZATION PATIENTS**

You have undergone uterine artery embolization for treatment of your symptomatic uterine fibroids. It is likely that you have had moderate to severe crampy abdominal pain while in the hospital and have been on intravenous and oral pain medication overnight. The crampy abdominal pain will get better each day, however, you will likely experience episodes of pain alternating with periods of relief for the next four to six days.

You have been given a prescription for Motrin (ibuprofen). Ibuprofen is a non-steroidal anti-inflammatory medication (example: Motrin, Advil, Naprosyn). This medication will help with the pain control as well as decrease the amount of uterine inflammation and will likely diminish your need for other pain medications. I have individualized the dosage instructions for you based on experience with other patients. You should take the ibuprofen as prescribed for one week. This will control pain and fevers you may have. This medication can upset your stomach and should be taken with food. Likewise, it should be taken with the anti-ulcer medication (Axid or Pepcid) you have been prescribed, as well.

For pain not controlled with the ibuprofen, I have given you either Vicodin or Percocet. If the pain is still not controlled with the ibuprofen and either of these other two medications, I can prescribe a strong narcotic medication, Dilaudid. If none of these medications are controlling your pain, you should call for further instructions.

You may experience low-grade fevers (less than 101 degrees Fahrenheit) while at home over the next several days. This does not mean that your uterus is infected. The non-steroidal anti-inflammatory drug will control the fever. Should you have persistent fevers or high fevers (greater than 102 degrees Fahrenheit) despite taking the ibuprofen or if you have foul smelling vaginal discharge or worsening abdominal pain, please contact us as soon as possible.

It is important to keep yourself hydrated during this post-procedure period. It is important to drink fluids and avoid dehydration. If you are taking

Percocet, Vicodin or Dilaudid, you may become constipated and a mild stool softener (example: Colace) is recommended.

Your menstrual period may be irregular for the next two to three cycles after the procedure. You also may pass small submucous fibroid tissue. This should not be alarming. If your pain is not improving over the next several days and fevers are persistent, please call either your gynecologist or your interventional radiologist.

When you get home you may shower. A bandaid at the puncture site can be removed after it becomes wet. If the skin appears opened, recover the access site with another dry bandaid.

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**DISCHARGE INSTRUCTIONS FOR UTERINE  
EMBOLIZATION PATIENTS  
(continued)**

Do not bathe or swim for three days following the procedure. Most patients will require seven to fourteen days before returning to full activity. However, you may begin your usual activity level three days after the procedure if you can tolerate it. You may resume sexual activity and exercise 7-10 days after the procedure as tolerated. Do not use tampons for three months. Do not drive, operate machinery or kitchen appliances while taking pain medications, which can make you sleepy.

You should contact your OB-GYN in seven days for a follow-up appointment. You should schedule a follow-up MRI in twelve to fourteen weeks after the procedure. Please forward a copy of the MRI to my attention. The fax number is 516-562-4794.

The above instructions are general guidelines based on our experience. They cannot cover every possible thing that may occur in the post-procedure period. If you feel that something unusual or unexpected is occurring, please contact us at 516-562-4834 during usual business hours, or at 516-562-0100 after hours and ask the operator to contact the radiology resident on-call who can contact the interventional radiologist on call.

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