

## **DISCHARGE INSTRUCTIONS: UTERINE FIBROID EMBOLIZATION (UFE)**

You have just had an angiogram and embolization of the uterine arteries. During and immediately after the procedure, you have received medication to relieve anxiety, pain, and nausea, and it is now time to discharge you from the hospital.

1. Following UFE, symptoms typically include pelvic pain/cramping, nausea/vomiting, low-grade fever, lethargy, and decreased appetite. These symptoms usually last for 5-10 days and may be more severe in some people than in others. We have prescribed several medications in order to address these symptoms. Please refer to the attached medication regimen for specific details. The pain and cramping is typically at its worst on the day of the procedure and 2-4 days after the procedure. Often times, patients feel better 1-2 days after the procedure and then experience additional episodes of the pain and cramping. For this reason, we recommend following the medication regimen closely for the first 3-4 days.
2. Some women experience light spotting after the procedure, which can last up to 1 month and is easily managed by wearing a light day maxi-pad.
3. It is always a good idea to have a working heating pad at home to apply to your abdomen. This may help decrease some of the cramping you experience during the recovery period.
4. You may remove the band-aid from the groin after 24 hours.
5. Activity is not restricted beyond the first 48 hours. However, the pain and cramping that you will experience during the first 5 days will likely be enough to reduce your activity, as well the side-effects of the medications that we have prescribed to relieve the post-procedure symptoms. After the first 2-3 days, the way that you will feel is the best indication of what you should and should not do. If you are taking pain medication, please do not drive.

6. Call our office at (518) 262-5149, if any of the following occur:
  - Fever greater than 102.5 or fever associated with sweating and chills.
  - Abnormal, foul-smelling vaginal discharge
  - Heavy, bright red vaginal bleeding, different from your normal menstrual flow.
  - Pain or burning with urination
  - Pelvic pain unrelieved by pain medication, and/or pain that lasts longer than 2 weeks.
  
7. If any of the following occur during non-business hours, please feel free to page Dr. Siskin at 343-3045, or Nancy Mitchell, NP at 422-2685. In addition, you can always call (518) 262-3125 and ask to speak with the interventional radiologist on call.
  
8. Follow up appointments are scheduled after 2-3 weeks and after 6 months. You should leave the hospital with an appointment card for your first follow up appointment. If for some reason you do not receive an appointment card please call our office to schedule the first appointment at your convenience. Follow-up appointments may be different if you are enrolled in one of our clinical trials; you will be informed of the follow-up requirements for these trials upon enrollment.

#### **Discharge Medications After UFE**

After Uterine Fibroid Embolization, we typically send our patients home on the following medications. Please be aware that these medications may not completely take away all symptoms, (pelvic pain/cramping, nausea/vomiting, etc.), but they should make these symptoms manageable. We advise that you follow the regimen closely for the first 3-4 days. At that time, you will know which medications are helping you and which ones are not and you can begin to stop taking the medications as symptoms allow.

- **Toradol (Ketorolac)**: This is a non-steroidal anti-inflammatory drug (NSAID) that is very effective in managing the pain associated with this procedure. One tablet (10 mg) should be taken every 6 hours for 3 days. After 3 days, this medication should be replaced with over-the-counter Ibuprofen due to the slightly increased risk of kidney failure in patients taking Toradol for longer periods of time. After 7 days, Ibuprofen is typically the only medication required for pain relief.

- **Oxycodone with Acetaminophen (Percocet)**: This is a pain medication. Please take 1-2 tablets every 4-6 hours as needed for pain. We recommend that you take this pain medication regularly for the first 3-4 days, as your symptoms begin to diminish begin to taper off this medication.
- **Levaquin (Levofloxacin)**: This is an antibiotic that we prescribe to reduce the risk of an infection after this procedure. Please take 1 tablet (500 mg) once daily for 5 days. If you experience nausea or vomiting with this medication, try taking it with food.
- **Compazine (Prochlorperazine)**: This is a rectal suppository given for nausea and vomiting. Please insert one suppository rectally every 12 hrs as needed for nausea. This medication is important because if you are unable to take the pain medication due to nausea, you will not get relief from the pain that is expected after this procedure.

If the medications listed above are not relieving your symptoms, or if you have any questions or problems with the above medication regimen, please feel free to call our office, (518) 262-5149, or page us. If you have questions after working hours on a weekday or on the weekend, please feel free to page Dr. Siskin at 343-3045, or Nancy Mitchell, NP at 422-2685. In addition, you can always call (518) 262-3125 and ask to speak with our interventional radiologist on call.

**Sample Medication Schedule After Uterine Fibroid Embolization**

<b>DAY 1-3</b>	7 AM	Percocet 1-2 tabs Toradol 10 mg Levaquin 500 mg
	1 PM	Percocet 1-2 tabs Toradol 10 mg
	7 PM	Percocet 1-2 tabs Toradol 10 mg

	11 PM	Percocet 1-2 tabs Toradol 10 mg
	If you experience constipation, which is likely related to the pain medication, you should take a laxative such as Senokot. For nausea, you can use the Compazine suppository once every 12 hours, but only if needed.	
<b>DAY 4-5</b>	7 AM	Percocet 1-2 tabs Levaquin 500 mg
	7 PM	Percocet 1-2 tabs
	If you are experiencing pain that is not adequately relieved with the Percocet taken twice a day, you may take 1-2 tablets 4-6 hours after the above doses. In addition, we also recommend taking over the counter Ibuprofen every 6 hours needed as needed.	
<b>DAY 6-10</b>	At this point in your recovery, we recommend over-the-counter Ibuprofen every 4-6 hours. This is usually enough to manage the pain that is experienced at this point in the recovery period. Percocet can be taken as well, every 4-6 hours, for significant pain not relieved with Ibuprofen. Percocet is not typically required for pain relief after the first 7 days.	

It has been our pleasure to participate in the treatment of your uterine fibroids. Please feel free to call our office, or page us with any questions, problems, or concerns. If there is something we can do to make this experience a better one, please let us know.