



## **UTERINE ARTERY EMBOLIZATION HOME CARE INSTRUCTIONS**

The following information is being provided to assist you in your recovery at home. Please review the information prior to leaving the hospital. At the time of discharge, we encourage you to discuss any questions or concerns with the Interventional Radiologist.

### **MEDICATIONS**

1. Motrin (anti-inflammatory and analgesic) 600 mg by mouth three times a day with food. Continue the medication for at least four days or longer if needed.
2. Vicodin (analgesic) may be taken every six hours if the Motrin does not adequately control your pain. You can not drive a car while taking this medication because it may make you drowsy.
3. Doxycycline (antibiotic) 100 mg by mouth twice a day in the morning and evening. This medication is to prevent infection . Please be sure to continue the medication for seven days as prescribed.
4. Colace (stool softener) take twice a day morning and evening. Discontinue the medication when it is no longer needed.

### **POST-PROCEDURE PAIN**

Post-procedure pain is to be expected following embolization. The intensity of the pain varies with each individual. In order to have a comfortable recovery, take the Motrin regularly three times a day for at least four days. If needed, continue the Motrin for one week; this medication should keep your pain well controlled. If necessary, you may take the Vicodin as prescribed for added pain relief. Do not stop the Motrin even if you use the Vicodin.

### **POST PROCEDURE FLU-LIKE SYNDROME**

It is possible that you may experience a flu-like syndrome after the embolization. If this occurs, you may feel achy and tired as if you were coming down with the flu. Rest, fluids, and continuing your Motrin should alleviate these symptoms. This syndrome is usually short-lived and self-limiting. If symptoms persist or if you have a high fever or onset of severe pain, please call our department at 415 353-1300. If there is no answer, call 415-476-9000 and have the Interventional Radiology physician who is on-call paged.

### **VAGINAL BLEEDING/DISCHARGE**

Vaginal bleeding is common post embolization. It often begins within a day of the procedure and may last for a few days. We suggest you use a sanitary pad and avoid using a tampon. If bleeding is exceptionally heavy or persists for longer than four days, please call our department.

### **ACTIVITY AND EXERCISE**

Avoid all exercise and strenuous activity for two days. On day three you may drive an automobile. Do not resume physical exercise until one week after the procedure and then proceed with caution. Resumption of sexual intercourse is an individual matter, but should be postponed for at least one week or until you feel well and have no vaginal discharge.

### **DIET**

Resume your usual diet as tolerated and based on how well you are feeling.

### **RETURN TO WORK**

The decision to return to work is also an individual matter. We advise our patients to take at least one week off from work. We hope that you will feel fine within a few days but we do suggest that you do not rush the decision to return to work. It is possible that your recovery will require two weeks off from work.

### **When to Call the Doctor**

- **Fever/chills**  
If you develop a fever greater than 101° F and which lasts longer than a day, call Interventional Radiology.
- **Pus or foul smelling vaginal discharge**  
If you have a vaginal discharge which is foul smelling or pus-like, call Interventional Radiology.
- **Worsening pelvic pain**  
If you have prolonged pelvic pain which is similar to or worse than the pain you felt immediately after the procedure, call Interventional Radiology.
- **Groin bleeding (bleeding or bruising at the angiogram site)**  
If you have bleeding or bruising which is increasing in size at the groin puncture site, put manual pressure (with your hand) on the site and call Interventional Radiology. If the bleeding is very heavy, call 911.
- **Vaginal bleeding**  
Moderate vaginal bleeding is to be expected post-procedure. If heavy vaginal bleeding persists and/or reoccurs after stopping, call Interventional Radiology.

If you have any questions or concerns, call the Interventional Radiology department at: 415-353-1300 (8am-5pm) or key in your call-back number on pager 415-719-9417.