

## First 24 Hours After Your Procedure

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*By now you have arrived home from your procedure. You are probably still cramping, may be experiencing some nausea, and in general, just feel wiped out. DO NOT WORRY. This is all normal, and is to be expected. Our goal now is to get you through the next 24-48 hours minimizing these symptoms.*

- **REST:** Do it! Pick your favorite, most comfortable spot to rest. This can be your bed, a sofa, a recliner chair, or any other place you can comfortably sleep. Be sure you are near a bathroom and do NOT have to go up or down stairs frequently.
- **EATING/DRINKING:** DON'T do it...yet. Remember all those IV fluids we gave you before, during, and after your procedure? Those fluids may be making you feel puffy or water-logged, but they are keeping you from being dehydrated. If you are experiencing nausea, don't try to force yourself to eat or drink just yet. You don't need food or drink at this point. Your body will tell you when it is ready. You may eat and drink when you feel hungry or thirsty and are NOT nauseated.
- **MEDICATION:** Keep your medication close by. You will have been given several medications: for pain, nausea, and constipation. DO take your medicine as directed with a sip of water. In most cases, your anti-nausea medication will be in the form of a rectal suppository, which is inserted in your rectum. If you are experiencing nausea, this is the way to go! Even if nausea has not been a problem, you will want to use your rectal suppository, at least at first, as a preventative measure, as many medications can actually CAUSE nausea. As a bonus, your anti-NAUSEA medication makes your PAIN medication work better! Bottom line... (no pun intended) USE your rectal suppository as directed.
- **HEAT:** You may use a heating pad (ON LOW SETTING) or a hot water bottle wrapped in towels applied to your abdomen in 15 minute increments to help with pain and cramping.
- **FAMILY RESPONSIBILITY:** Remember, you have arranged for a responsible adult to stay with you for the first 48 hours. This is the person who will be letting you get your rest. This is the person who will be fielding your phone calls, preventing visitors from checking on you, and keeping distractions away from you. This person will also be checking on you regularly, keeping track of when you take your medication so you don't take too much or too little, and helping you to the bathroom (by now you should need to urinate fairly frequently). This person will be sure you do not burn yourself with your heating pad by assuring that you turn it on LOW setting and remove it after 15 minutes.

## The Next 24-72 hours

*It is now the next morning, and you should be feeling like a human being again! The pain and cramping should have dramatically decreased, although some may still be present, and the nausea should have abated.*



- **REST/ACTIVITY:** Continue to rest, but make it seem more like a “lazy day” than a “bed rest day”. Move around frequently, from sofa to chair, for example, and back and forth to the bathroom. Read, watch a movie, or do a crossword puzzle to keep yourself from napping too much. Napping is ok, but moving around is GOOD for you, and can help prevent blood clots from forming in your legs from inactivity. You may shower (you probably need a good shower by now!) but do NOT take a tub bath, as you do not want water to enter the vagina.
- **EATING/DRINKING:** By now, your stomach should be grumbling and telling you it is ready for some food! Be gentle to your stomach, and start with a light, bland diet such as plain toast, soup, or crackers. Avoid heavy or spicy foods. Drink lots of fluids, and vary them. Water alone is not enough. Try fruit juices, soft drinks such as Sprite, or Gatorade. Remember, carbonated beverages are a “double-edged sword”, as the carbonation can make your stomach and intestines feel bloated, adding to abdominal discomfort; on the other hand, they provide the fluids you need and can help “settle” a nauseated stomach. Use your judgement on which foods and fluids your body needs.
- **MEDICATIONS:** During these next 48 hours, your pain medications should begin to feel more like an assistance to you and less like a necessity. You may no longer need your anti-nausea medicine, and it is ok to discontinue it now if that is the case. You will probably still want to take the anti-inflammatory (usually Naprosyn) that you have, but may find that you need the narcotic pain medication (usually hydrocodone) less frequently. Feel free to decrease your medication according to your symptoms.
- **FAMILY RESPONSIBILITY:** Your responsible person will no longer play such a major role in your care. You still need this person to drive you if you are still taking narcotics, as these can make you woozy, or if your groin is bothering you. You probably no longer need help to the bathroom, and are able to prepare your own meals. You may want this person to keep tabs on you periodically throughout the day, but the two of you may tailor this to your individual needs.
- **OTHER SYMPTOMS/CONSIDERATIONS:** You may not have had a bowel movement yet. Certain medications, especially narcotics, can be very constipating. As soon as you are able, begin taking your stool softener prescribed, or the over-the-counter stool softeners you stocked up on before the procedure. You may or may not experience some vaginal spotting or bleeding. If you DO, then use a sanitary napkin or pad, NOT a tampon.

## By the End of the First Week



- **REST/ACTIVITY:** By now, you should be in the bed only at night! You should have resumed normal activities, with a few exceptions, and should be moving around comfortably. You certainly will benefit from a nice walk and may go up and down steps, but are not ready yet for Stairmaster at the gym, or any strenuous activity! Your groin may still be sensitive and you may notice a “heavy” sensation in your leg or groin, especially when going up stairs. This is because the catheter went through the muscle that helps you lift your leg. This is NORMAL to feel and will improve with time. Continue to wear a pad (not a tampon) if you are spotting, and still avoid tub baths!
- **EATING/DRINKING:** You may resume your regular diet. You may want to increase your fiber in your diet, as well as your water intake to assist with constipation.
- **MEDICATIONS:** You will no longer need your anti-nausea medication or your narcotics. You may still benefit from your anti-inflammatory medicine as needed. You will probably still need your stool softener to help with bowel movements.
- **FAMILY RESPONSIBILITY:** Your work is done! You may now encourage your “patient” to move around freely, resume their normal daily activities (with some exceptions), and resume their diet.

### OTHER SYMPTOMS/CONSIDERATIONS:

- As mentioned, your groin or leg may feel a little heavy or weak—this is normal and will improve. Do not wear high heels for a few weeks, and increase your exercise gradually, allowing your groin to fully heal. You may also want to avoid frequent squatting or very heavy lifting, although this is not required.
- If you are spotting, wear a pad, NOT a tampon. Avoid ANYTHING in the vagina—tampons, water from tub baths, hot tubs, swimming pools, etc, as well as intercourse for a full TWO WEEKS.
- Constipation may still be a problem. Your stool softener should have helped, but if you have NOT had a bowel movement by the end of the first week, it is definitely time to take action! You will be very uncomfortable if you continue to be constipated. Try a LAXATIVE, such as Miralax, Dulcolax, Smooth Move herbal tea, Magnesium Citrate, or even a Fleets enema.
- “Sloughing” refers to the passing of dead fibroid tissue through the vagina after your procedure. This can occur any time after the procedure, but is most common within the first two weeks. Fibroid tissue that passes may seem a little frightening, but rest assured, it is normal and to be expected. Bonus: You didn’t want that dead fibroid inside you anyway!
- Please schedule a follow-up appointment with the Interventional Radiology Nurse Practitioner or Physician Assistant for approximately ONE WEEK post procedure to review your recovery and be sure you are improving appropriately.

*By the end of the first week, you should feel back to 90% of normal. The cramping should be very tolerable and minimal, and the nausea should be resolved.*



## WHEN TO CALL THE DOCTOR

Complications from UFE are very uncommon, but there are times when you really need to call us. You will be given the phone numbers for the midlevel provider, the department nursing staff, as well as the main radiology number. This is to help assure that you are able to reach our staff if you need assistance.

PLEASE call if you experience any of the following:

- Fever 101 F, chills, or rigors
- Severe nausea and/or vomiting after 24 hours not controlled by medication
- Inability to urinate accompanied by bladder discomfort, OR lack of urination >8 hours
- Severe pain or cramping after the first 72 hours not controlled by pain medication
- Unusual vaginal discharge, such as that with a foul odor, color, or consistency, especially if accompanied by cramping or fever
- Groin swelling (goose egg) or bruising in the groin larger than a half-dollar size
- Severe pain in the lower legs, with or without swelling
- Anything that is not covered above, but which you feel is abnormal or is causing you concern. We are here for you!

## 3 to 6 Months after your UFE:

- **WHAT YOU MAY BE EXPERIENCING / MENSTRUAL CYCLES:** By this time you should have had at least one or two menstrual cycles. It is common to miss a cycle after this procedure, or to start a cycle sooner than expected. Each menstrual cycle should progressively improve in terms of bleeding and discomfort. If you are continuing to have heavy bleeding or severe discomfort, please call your IR physician. We may need to re-image your pelvis to be sure all your fibroids are inactive. If your fibroids do not seem to be the problem, you will need to see your gynecologist for further workup.
- **WHAT YOU MAY BE EXPERIENCING / BULK SYMPTOMS:** "Bulk symptoms" refer to the symptoms you may have had related to an enlarged fibroid uterus. These include abdominal fullness, urinary frequency or urgency, night-time urination, pain with intercourse, or possibly back pain or constipation. These symptoms resolve very gradually, and you may want to keep a journal of your symptoms to help you track your progress. The gradual improvement may simply mean that a few months after your procedure you find that you are able to button a pair of pants that were previously too tight, or that you slept through the night without getting up to urinate!
- **FOLLOW-UP:** Between 3-6 months, as you continue to improve, you may want to have a follow-up MRI and consultation with the Interventional Radiologist. This is a good time to review your symptoms and your MRI to compare the changes in your fibroids before and after your procedure. At any time during this period you may call us to schedule your follow-up. Please allow plenty of time to verify insurance coverage for a follow-up MRI, as some insurance companies do not cover this service.

*This essentially concludes your Uterine Fibroid Embolization Procedure. You may now be released back to your gynecologist for your routine gynecologic care. Thank you for choosing Piedmont South Imaging for your UFE. We appreciate the confidence you have shown us in by allowing us to care for you!*