

PROSTATE 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.

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.

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 | Methylprdenisone | 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 Fleets 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 Fleets enema. It is important not to use more than 1 Fleets 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 Fleets enema. It is important not to use more than 1 Fleets 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 Fleets enema. It is important not to use more than 1 Fleets 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 Fleets enema. It is important not to use more than 1 Fleets enema in a 24 hr period.

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**.