

## Sample B

# Post-procedure Patient Instructions for In-office NovaSure® Procedure

### Office Procedure Discharge Instructions

#### Endometrial Ablation

- You can expect a vaginal discharge that can be watery, pink, red or brown in color for up to 2-3 weeks. If you experience bright red heavy vaginal bleeding **WORSE THAN A NORMAL MENSTRUAL CYCLE**, contact your physician.
- No douching, tampons or intercourse for 1 week or until cleared by your doctor.
- If you have not urinated within 6 hours of your arrival home, please contact your physician.
- Uterine cramping is normal following this procedure. You may use moist heat, ibuprofen and any pain medicine prescribed by your physician for the discomfort.
- Observe for the following signs of infection:
  - **Increased pain**
  - **Elevated temperature 100.4 or higher**
  - **Foul odor or discharge**
- You may experience lightheadedness, dizziness or sleepiness following surgery. Please do not stay home alone. A responsible adult should be with you for the first 24 hours.
- Rest at home with activity as tolerated.
- You may resume a normal diet after your procedure. It is better to wait until you are hungry and/or thirsty without nausea before eating or drinking.
- Take prescription pain medication as directed by your physician. Take medication before pain becomes severe. Follow pain medication precautions for activity and safety.
- Check with your physician regarding medications you were taking prior to your procedure.

These signs and symptoms usually become apparent in 36-48 hours. If present, contact your physician at the following phone number: \_\_\_\_\_

#### Post-operative Telephone Call

A nurse from your physician's office may call you within a few days of your procedure. This is a routine call to find out how you are progressing after your procedure.

If you should experience difficulty breathing, bleeding that you feel is excessive, persistent nausea or vomiting, any pain that is unusual, swelling or fever, please call your physician. If you find that you cannot contact your physician, but feel your signs and symptoms warrant a physician's attention, go to an Emergency Room at the hospital closest to you. Our office does not provide Emergency Services.

Other Instructions: \_\_\_\_\_

Prescriptions: \_\_\_\_\_

My signature verifies that I have reviewed the above discharge instructions and have had all of my questions answered.

Patient/Guardian: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Date: \_\_\_\_\_ Witness Signature: \_\_\_\_\_