

## Discharge Instructions after Uterine Artery Embolization

You are being sent home after your embolization procedure, but this does not mean your recovery is over. You will continue to recover from home. Please read these instructions carefully to guide you through the next few weeks.

### Access site

Your procedure was performed either from the groin or the wrist. This is where the tube went inside to access the blood vessel for the embolization procedure.

If your procedure was performed from the groin, you should avoid strenuous activity for 2-3 days to prevent bleeding from the access site.

If your procedure was performed from the wrist, you may remove the StatSeal disc the day after your procedure (at 8 a.m. if your procedure was done in the morning, at 1 p.m. if your procedure was done in the afternoon). A brown residue may be visible on the skin under the disc. Do not wipe or scrape this off. Apply a Band-Aid or similar bandage. Avoid lifting objects more than 10 pounds or 4 kg (about the weight of a large bag of sugar) for 1 day. Avoid repetitive wrist movements like typing or knitting for 2 days.

You can take a shower or bath the day of your procedure if you keep the puncture site clean and dry. Showering as normal can resume starting the day after your procedure. For the next two days, take off the wet Band-Aid and replace it with a new one after each shower.

You may experience localized bruising at the access site that spreads out and changes colour. This is normal and will subside like a typical bruise.

### Side Effects

Over the next few days, you may experience pelvic pain or pressure, nausea, fatigue, and possibly fever. Usually, these symptoms are most noticeable for the first 2-3 days. Symptoms should gradually improve and may be almost resolved after a week. Some patients experience symptoms for up to two weeks. These are all normal expected side effects from the procedure and can be controlled.

Pain is normal for 1-2 weeks post-procedure. We have prescribed anti-inflammatory and pain medication to help control this:

1. **Acetaminophen (Tylenol®)**. This should be taken regularly for the first week after the procedure. When taken regularly, acetaminophen reduces the need for stronger pain medication. Therefore, you should continue to take it as prescribed to reduce the need for other medications.
2. **Naproxen (Naprosyn®)**. This is an anti-inflammatory drug similar to ibuprofen (Advil®). This should be taken regularly for the first week after the procedure. After the first week this can be taken as needed for pain, but do not wait for your pain to become severe. Anti-inflammatory drugs work in a different way to acetaminophen, which is why they have been prescribed and can be taken together.
3. **Hydromorphone (Dilaudid®)**. This is an opioid medication and should be taken if the above medications are not sufficiently controlling your pain. Do not stop taking the acetaminophen and naproxen; rather continue to take these medications as well as the hydromorphone. This medication will take approximately 20 minutes to begin to lessen the pain. If you feel light-headed after taking the medication this may mean that you are

taking too much, and you might need to decrease the dose. Some people feel sleepy when they take opioid medication. This is a normal occurrence and you are advised to take advantage of this effect and have a sleep. Do not drive or perform activities requiring alertness when taking this medication.

4. **Laxatives** (e.g. PEG 3350/Lax-a-day® or senna/Senokot®). Opioids like hydromorphone often cause constipation. If you are taking the hydromorphone, take the laxative as prescribed to relieve the expected constipation.

Fever is also expected for 1-2 weeks after the procedure. Although a fever is sometimes a sign an infection in the body, the fever that occurs in the first 2 weeks after embolization is an expected phenomenon as your body adapts to the change in blood flow (called “post-embolization syndrome”). The acetaminophen (Tylenol®) prescribed for pain will also help you feel less feverish.

Nausea may occur either as part of the post-embolization syndrome or as a side effect of some of the above medications. Non-prescription anti-nausea medications like dimenhydrinate (Gravol®) can be taken as needed, following the instructions on the package. Dimenhydrinate may cause drowsiness.

### **Activity**

Fatigue is expected for 1-2 weeks after the procedure, so reduced activity for 3 to 4 days is suggested. Complete bedrest is not recommended. You can start to slowly return to normal activity by 1 week. After 1 week, you can resume regular activities like rigorous exercise and sexual activity. It is also advisable to avoid long travel for 2-3 weeks. We generally suggest taking 5 days off from work, but we understand that different people’s work circumstances and level of activity at work are quite variable.

### **Diet**

You can resume your regular diet at any time. You may have a low appetite initially because of some of the above symptoms, so it is also reasonable to slowly return to regular diet. Your body will tell you what you can eat and when.

### **Menstrual Bleeding and Vaginal Discharge**

Most women notice a decrease in menstrual flow within 2-3 cycles. You may experience vaginal spotting or watery discharge anytime up to 3 months. Do not use a tampon for 1 week after the procedure, as this can increase your chances of getting an infection. Otherwise, you can use a pad or tampon until the spotting or discharge stops.

### **Concerning Symptoms**

Call 9-1-1 if you have sudden severe chest pain or shortness of breath.

If you notice sudden swelling or bleeding from the access site, apply firm direct pressure with your fingers and place a clean cloth or paper towel over the site. Call for help right away and go the nearest hospital emergency room. This is a sign of bleeding that may not stop on its own.

If you experience any of the following, please call us at the numbers at the end of this document before contacting your gynecologist or family doctor:

1. Pain in the first 2 weeks that is not controlled despite taking the full prescribed doses of medication. We may need to modify your treatment regimen.
2. Any of the following symptoms in the hand or leg: pain, swelling, coldness, numbness, tingling, or blue or red discoloration.

3. Vaginal discharge that is thick or foul smelling.
4. Fever or pain that starts more than 2 weeks after the procedure.

**Follow-up**

An ultrasound or MRI follow-up is needed at 3 months post-procedure. Additional follow-up imaging may be necessary at 6 months and 1 year depending on your symptoms and findings on initial imaging.

You are also encouraged to see your gynecologist about 6 weeks after the procedure.

**Contact Information**

We strongly suggest that you call our department first with any questions or concerns. Many medical centres are not familiar with uterine artery embolization and special aspects of post-procedure care.

During regular office hours (8 a.m. to 4 p.m. Monday to Friday): 416-756-6186 or 416-756-6189.  
After hours: 416-756-6444, ask to speak to the interventional radiologist on call.

If you are unable to reach us, call your family doctor or go to the nearest emergency department.