

## Patient Instructions

(check if applicable)

\_\_\_\_\_ I can remain on my Normal Diet.

\_\_\_\_\_ I am to have nothing to eat or drink for 8 hours prior to my procedure. **\*\*\*IF YOU EAT OR DRINK WITHIN 8 HOURS OF YOUR SURGERY TIME, YOUR SURGERY WILL HAVE TO BE CANCELLED**

\_\_\_\_\_ I can take my prescribed medications with a small amount of water on the day of my procedure.

\_\_\_\_\_ I am to have only CLEAR LIQUIDS (Broth, Apple juice, Gatorade, Jell-O, Popsicles) avoid dairy products for 24 hours prior to my procedure.

\_\_\_\_\_ I am to cleanse my bowels before my abdominal procedure. Refer to the instruction sheet enclosed in this folder. **\*\*\*Failure to follow the bowel prep instructions and complete a bowel prep may result in bowel injury and we will not risk this complication and your surgery will be discontinued and rescheduled at your expense.**

\_\_\_\_\_ I will require a driver to transport me home from my procedure.

\_\_\_\_\_ I will require a medical clearance performed prior to my procedure.

\_\_\_\_\_ If I am age 50 or older, I will require a chest x-ray be performed prior to my procedure. Prescription has been given.

\_\_\_\_\_ If I am age 50 or older, I will require an EKG be performed prior to my procedure. Prescription has been given.

\_\_\_\_\_ If necessary for in office procedures, I have been given my pre-operative prescriptions and instruction sheet.

\_\_\_\_\_ Sterilization consent signed 30 days prior to Essure or BTL if 18 years of age and has not previously become the natural or adoptive parent of a child.

## **After Your Procedure**

### **Activity Level** (CHECK APPLICABLE)

\_\_\_\_\_ You should not have sexual intercourse or put anything inside the vagina until released by your provider.

\_\_\_\_\_ You should not lift anything weighing greater than 25 pounds until released by your provider.

\_\_\_\_\_ You should not drive a motorized vehicle until released by your provider.

\_\_\_\_\_ You can perform normal daily activities without restriction after 24 hours.

### **Return to Work** (CHECK APPLICABLE)

\_\_\_\_\_ You may return to work without restrictions following your procedure.

\_\_\_\_\_ You will need \_\_\_\_\_ days recovery time off work following your procedure.

\_\_\_\_\_ You will need \_\_\_\_\_ weeks recovery time off work following your procedure.

### **Pain Management**

You can expect to experience a mild to moderate amount of pain following your procedure. If necessary your provider will give you a prescription for pain control before you go home after the procedure. Most pain medications can cause nausea if taken on an empty stomach. Narcotic medications also have a constipating affect so make sure you drink plenty of water and take narcotic medications only as long as necessary to relieve moderate pain levels. Over the counter medications such as Motrin or Aleve are also effective for mild pain relief, they should be taken with food.

## **Call Us if...**

You get a fever above 100.4 F

Your incision becomes red or inflamed.

You experience any bleeding or drainage from the incision site.

You experience heavy bright red vaginal bleeding or passing clots filling a pad in one hour lasting 4 hours.

You are experiencing a foul odorous discharge.

You are experiencing severe pain.

You experience vomiting and cannot keep down fluids for more than 4 hours.

You are eating but not able to move bowels for more than 48 hours.

You are experiencing any visual changes.

You are experiencing leg or calf pain or redness.

You are experiencing shortness of breath, or chest pain.

You feel worse instead of better.

*Fairfax Office 703-391-1500 Woodbridge Office 703-690-2295*

*Gainesville Office 703-753-0963*

**\*\*If you call after hours and the doctor on call does not respond to your call within 20 minutes, please go to Fair Oaks Hospital Emergency Room.**