

DISCHARGE INSTRUCTIONS

DIET: • Resume normal diet

- Drink no alcohol for 24 hrs

ACTIVITY:

- Do not drive or operate any heavy machinery for 24 hours
- Do not make critical personal or business decisions for 24 hours
- Rest and light activity for the rest of the day
- Do not lift any heavy objects for 1 week
- May return to work / school tomorrow

MEDICATIONS:

- Do not take cold or allergy medicines or sleep aides today

• **ANTIBIOTICS**

- Doxycycline 100 mg

○ X 6 tabs

○ X 14 tabs

Take 1st tab after you eat your first meal following procedure

Take 2nd tab before you go to bed

The remainder should be 1 in the morning and 1 at bedtime

○ Metronidazole 500 mg tabs - 1 tab every 12 hrs until finished

○ Diflucan 150 mg by mouth x 1

- Ibuprofen or Tylenol per label instructions for pain

○ You have received a Rhogam injection

○ RhoGAM 300 µg

○ MICRhoGAM 50 µg

* Lot # _____ Exp. Date _____

- Birth Control:

○ Nuva ring:

* Not recommended in you are over 35 years and smoke cigarettes or if you have high blood pressure or migraine headaches

* Insert into vagina by collapsing ring between thumb and index finger and guiding into vaginal canal, push up using either index or middle finger until it slides in to place. Run your finger around your cervix (in back and top of vagina) and you should feel the ring in place around the ridge of cervix.

* If not inserted by the doctor insert, within 1 week of your procedure

* Keep in place for 3 weeks than remove for 1 week. You should get your cycle some time during the week it is out. After 1 week of having it out, insert a new one and repeat 3 week cycle.

* If ring comes out for any reason just make sure you insert it as soon as possible. Do not leave out for more than 4 hrs – if out for greater than 4 hrs you must wait until you get your period again and start a new ring, make sure you use another form of birth control during this time

○ Depo Provera

* Get your prescription filled right before your follow up visit and bring it with you to your appointment where we will give you the injection.

○ Oral Contraceptives: ○ Loestrin 24 ○ Fem Con Chewable ○ Yaz ○ Ortho Tricycline Lo

* Not recommended in you are over 35 years and smoke cigarettes or if you have high blood pressure or migraine headaches

* Begin taking pills either the day after your procedure or by 1 week following your procedure. If you haven't started taking pills within 1 week of your procedure you must wait until you end your next normal menstrual cycle to begin birth control pills.

* It is possible to get pregnant within a week of your procedure.

* Birth control is not as effective unless you have completed at least 1 month. Do not have unprotected sex, and use a back-up birth control method for the first month, such as condoms.

DOCTOR: CHANG

* If you miss 1 dose take it as soon as possible and continue with regular dosing. If you miss 2 doses double up for 2 days then continue with regular dosing. If you miss 3 or more doses you need to and wait until after your next period to begin a new pack and use a back up birth control method until that time.

- Orthoevra Patch- You will be exposed to about 60% more estrogen than the pills. This may increase the risk of side effects. The risk of blood clots and/or lungs may be doubled compared to the risk using pills.
 - Not recommended if you weigh > 200 lbs due to an increased risk of blood clots
 - Not recommended in you are over 35 years and smoke cigarettes or if you have high blood pressure or migraine headaches
 - Apply one patch to your skin each week for three weeks in a row and then leave the patch off for one week during which you will get your menses, at the end of the patch free week apply a new patch and repeat the three week cycle
 - Apply within 1 week of your procedure
 - You can shower with the patch on

□ Other: _____

- You may experience: nausea, vomiting, sleepiness, blurred vision, unsteadiness
 - You may have bleeding similar to a heavy period for approximately a week although some women have very little to no bleeding at all. You may have bleeding or spotting for up to 8 weeks. If you started a birth control pack right after your procedure you should get your period when you finish your 24 day pill cycle. If you have not started taking pills you should resume your normal period in 5 – 8 weeks.
 - **Notify us if any of the following occurs:**
 - Excessive bleeding – soaking 2 pads per hour (pads soaked side to side and top to bottom) for more than 2 hours in a row/Persistent nausea / vomiting Excessive pain/Fever greater than 100.4
 - If you have complications and are seen by your personal GYN or go to a hospital please notify us and have them forward a copy of your records to our office.
 - Do not use tampons, have sexual intercourse, or insert any objects other than nuva ring into your vagina for 2 weeks. There is risk of infection when any foreign object / liquid is introduced into the vagina.
 - Do not take baths for 2 weeks, only take showers. The bath water will migrate inside your vagina and could cause an infection.
 - The IV site may be sore for a day or two, warm compresses may help. Notify us if the area becomes red, swollen, hot or painful.
 - It is important to keep your follow up appointment to ensure that there are no complications, you are / have not developed an infection, obtain birth control if you have not already, and answer any questions you may have. If you cannot return to Gynemed Surgical Center for your follow up appointment than you should see your personal GYN for a follow up 1 week following your procedure.
 - Monsel solution has been applied to your cervix. It is used to control bleeding. You can expect to see what looks like coffee grounds or even a small mass of tissue similar to dead skin being discharged from your vagina. This is normal following the use of monsel solution so do not be alarmed.
 - Pt is ambulatory and discharged with all their belongings.
- I understand the above information and any questions I had have been answered.

_____ Date _____
Patient / Responsible party signature

_____ Date _____
RN/ MA signature

_____ Date _____
MD signature