

2152 S Vineyard#138, Mesa AZ 85210
480-539-6646-p 480-539-6696-fx

HYSTEROSCOPY PRE-PROCEDURE INSTRUCTIONS

PATIENT

- No food or beverages 8 hrs prior to coming to the office for your Hysteroscopic procedure
- Wear a light blouse; you may get warm during the procedure. Also wear loose, stretchy-type pants for ease after your surgery.
- Have a driver with you. You will feel drowsy from the medications administered to you during the procedure. Have someone stay with you for the day.
- You can plan on being at the office for about one hour. You will arrive 30 minutes before the actual procedure so that the medications will have time to take effect. The Hysteroscopy procedure treatment cycle takes approximately 90 seconds.
- You will experience some cramping during the procedure.
- If prescriptions are prescribed, you may fill and bring with you to your Appointment.
- If you are on routine medication, it must be approved by our Anesthesia to take the same day, please confirm this information with our office
- If we advise you to take Cytotec, you may take with a small sip of water.
- You may take 800mg of Ibuprofen after your procedure.
- You may want to purchase a Castor Oil Packs. If you choose, bring that with you and we will apply it before you leave the clinic.
- It is OK if you are having your period on the procedure day.
- If you have any questions prior to your procedure, please call our office.

Signature, Printed, Date

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HYSTEROSCOPY POST-PROCEDURE INSTRUCTIONS

PATIENT: _____ DATE: TIME: _____

- Expect vaginal discharge that is watery, pink, red, or brown in color for up to 2-3 weeks. If you experience bright red heavy vaginal bleeding, contact your physician.
- No douching or intercourse until cleared by your doctor. Check with your doctor regarding the use of tampons.
- If you have not urinated within 6 hours of your arrival home, please contact your doctor
- Uterine cramping is normal following this procedure. You may use moist heat placed on top of your abdomen to ease the discomfort
- Look for a temperature 100.2 or higher, foul odor or discharge. These are signs of infection which can occur 36 -48 hours after the procedure. If you observe this signs and symptoms: please contact your doctor immediately at _____ (insert emergency and office phone numbers)

If you have had local anesthesia with sedation, please pay attention to the following:

- Do not drink alcoholic beverages including beer or wine for 24 hours. Alcohol increases the effects of sedation.
- Do not drive a motor vehicle; operate machinery or power tools for 24 hours. These restrictions will need to be continued if you are taking narcotic pain meds.
- Do not climb ladders or stairs without assistance for the first 24 hours.
- Do not make important decisions or sign legal documents for 24 hours.
- 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.

Postoperative Telephone Call: A nurse from the 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.

Postoperative followup appointment: Schedule your followup appointment for 2 weeks after the procedure.

WARNING: If you experience difficulty breathing, bleeding that you feel is excessive, persistent nausea or vomiting, any pain that is unusual, swelling or fever, call your doctor immediately. If you find that you cannot contact your physician, but feel your signs and symptoms warrant a physician's attention, go immediately to the Emergency Room closest to you.

Other instructions/Rx _____

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

SIGNATURE: _____ ProcedureDATE: _____

WITNESS: _____

Discharge time/date and initials: _____