LOUDOUN INTERNAL MEDICINE ASSOCIATES

Female Post-Insertion Instructions

Name: _____ Date of Birth: _____

- Your insertion site has been covered with two layers of bandages. Keep both bandages on for 3 days.
- You may experience bruising, swelling, and/or redness of the insertion site which may last from a few days up to 2 to 3 weeks. If the redness worsens after the first 2-3 days, please contact the office.
- Do not take tub baths or get into a hot tub or swimming pool for 3-4 days. You may shower, but do not remove the bandage or steri-strips for 4 days.
- No heavy lifting or major exercises for the incision area for the next 3-4 days, which includes running, elliptical, squats, lunges, etc.
- The sodium bicarbonate in the anesthetic may cause the site to swell for 1-3 days.
- The insertion site may be uncomfortable for up to 2 to 3 weeks. If there is itching or redness contact the office.
- You may notice some pinkish or bloody discoloration of the outer bandage. This is normal.
- If you experience bleeding from the incision, apply f irm pressure for 5 minutes.
- Please call if you have any bleeding not relieved with pressure (not oozing), as this is NOT normal.
- Please call if you have any pus coming out of the insertion site, as this is NOT normal.
- Please call if the area becomes red and warm to the touch.
- We recommend putting an ice pack on the area where the pellets are located a couple of times for about 20 minutes each time over the next 4 to 5 hours. You can continue this for swelling, if needed. Be sure to place something between the ice pack and your bandages/skin. Do not place ice packs directly on bare skin.

REMINDERS

- Remember to have your post-insertion blood work done 1-2 weeks prior to your next insertion. If you are not feeling any better by 4 weeks, however, please call the office to have your labs drawn early.
- It may take 2-3 rounds for some to see symptom improvement.
- Most women will need re-insertion of their pellets 3-4 months after their initial insertion. If you experience symptoms prior to this, please call the office.
- Please call as soon as symptoms that were relieved from the pellets start to return to make an appointment for your next insertion.

ADDITIONAL INSTRUCTIONS

_____

_____

I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY AND UNDERSTAND THE INFORMATION ON THIS FORM

PATIENT:
Print Name: _____

Signature: _____ Date: _____

WITNESS:
Print Name: _____

Signature: _____ Date: _____