LOUDOUN INTERNAL MEDICINE ASSOCIATES

Male Post-Insertion Instructions

Name: _____ Date of Birth: _____

- Your insertion site has been covered with two layers of bandages. The inner layer is a steri-strip, and the outer layer is a waterproof dressing.
- 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.
- Your clinician has advised you to not take tub baths or get into a hot tub or swimming pool for 7 days. You may shower, but do not remove the bandage or steri-strips for 7 days.
- The sodium bicarbonate in the anesthetic may cause the site to swell for 1-3 days.
- For flank insertion: Your clinician has advised against using the affected area in activities such as rowing, golfing, lower back exercises, abdominal twists. Ok to use lower glute and leg muscles and upper body.
- The insertion site may be uncomfortable for up to 2 to 3 weeks. If there is itching or redness contact your clinician for further instructions.
- You may notice some pinkish or bloody discoloration of the outer bandage. This is normal.
- If you experience bleeding from the incision, apply firm pressure for 5 minutes.
- Please call if you have any bleeding (not oozing) not relieved with pressure, 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 1-2 weeks prior to your next insertion and as outlined by your health care provider.
- Most men will need re-insertion of their pellets 4-5 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

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_____

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: _____