**POSTOPERATIVE INSTRUCTIONS and EXPECTATIONS**

**Acessa Ultrasound-Guided Radiofrequency Ablation of Uterine Fibroids**

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**POSTOPERATIVE INSTRUCTIONS**

1. Follow standard surgical facility post-operative outpatient protocol.

2. You are required to have an adult you know drive you home and stay with you for 24 hours after anesthesia.

3. Do not drive, operate any machinery, sign any legal documents, make any legal decisions, or consume any alcohol for 24 hours after the surgery.

4. Pain Management Protocol

* **Two acetaminophen 500 mg tablets and three ibuprofen 200 mg tablets** every 6 hours as needed for pain (can be taken together or staggered)
* We prefer not prescribing opioids (narcotics such as hydrocodone, oxycodone, or tramadol) for this procedure. If your surgeon gave you an opioid prescription, use the smallest amount possible to control severe pain, or break the tablets in half. Make sure you are taking the acetaminophen and ibuprofen every 6 hours around-the-clock to reduce your need for opioids. Some people are predisposed to opioid addiction with even a very small exposure!

5. Activity

* Take it easy for 24 hours. Don’t stay in bed constantly, just do “essential walking” for bathroom chores and food preparation.
* Non-strenuous, low-impact activity after 1-2 days. No lifting limit.
* Normal activities within 4-5 days.

6. Eating and Drinking

* Eat lightly for the first two meals, then gradually resume your normal diet unless your surgeon has instructed you otherwise. Start with water, clear juice, or Jell-O, then progress to soup and crackers, gradually working up to solid food.

7. Pelvic Rest and Sex

* No vaginal penetration of any kind (sex, tampons, vibrators or sex toys) for 3 weeks

8. Bathing and Swimming

* You may shower the day following your surgery. Don’t scrub the incisions---just let the water run over them and gently pat them dry.
* Wait to resume baths or swimming until 1-week post-surgery.
* If incisions become wet, dry them with a hair dryer.

9. Incision Sites

* Do not pick at any of the incision sites.
* Itching at the incision sites may occur for up to 2 weeks.
* There will be a glob of Dermabond wound adhesive over each incision. Just leave it on and ignore it. It will gradually flake off over 2-3 weeks.

**POSTOPERATIVE EXPECTATIONS**

1-3 days after surgery

* Pink, brown, or bloody vaginal discharge; light bleeding for up to 6 weeks
* Cramping, bloating, lower abdominal pain, bowel irregularities.
* Pain and itching at incision sites.
* Pain in the back of the neck or shoulder blade, because of diaphragmatic irritation from carbon dioxide used to inflate the abdomen during the surgery.
* Slightly elevated temperature.
* Fatigue, headache, nausea.
* Call your surgeon if you experience: persistent temperature of 100.4 or higher, pain not relieved by acetaminophen and ibuprofen (or opioid if it was prescribed), or heavy vaginal bleeding (more than a pad per hour).

First 1-6 months after surgery

* Menstrual pain could be unchanged, less, or greater the first 1-2 periods, then it should gradually decrease.
* Menstrual bleeding should decrease within 1-3 months.
* Pressure symptoms should gradually decrease.
* Urinary frequency should gradually decrease.
* Uterine size and abdominal distention should noticeably decrease from 1-6 months postop. The majority of fibroid volume reduction is in the first 3 months, but they continue to shrink for 12 months.

Followup ultrasounds and appointments

* **2 weeks postop**: appointment with surgeon, review surgical findings.
* **3 months, 6 months, 12 months postop**: **pelvic ultrasound at imaging center** to assess fibroid and uterine shrinkage. A week after ultrasound, appointment with surgeon to review symptoms and ultrasound results.