

POST INSERTION INSTRUCTIONS FOR WOMEN

- A.** Your insertion site has been covered with two (2) layers of bandages.
- The outer layer is the pressure bandage consisting of folded gauze and wide paper tape. Please remove this anytime after 3 hours of the insertion. If it's done late in the day, you may also sleep with it on. Please remove it first thing in the morning.
 - The layer next to your skin is either the waterproof foam tape and/or steri-strip. This needs to stay in place for three (3) days.
 - You may take it off on:

 Mon Tue Wed Thur Fri Sat Sun
 - We highly recommend **you apply an ice pack for 20-30 minutes, 3 or 4 times today after your insertion** or if you do any walking/heavy physical work the following day.

B. THREE Day Rule:

- "No No's"** for three (3) days:
 - ☆ No Tub Baths ☆ No Hot Tubs or Swimming ☆ No soaking in water
 - ☆ No Exercise with the exception of walking on a flat surface. We want to keep the hip as still as possible during this time.
 - ☆ You may resume exercise involving this area on:

 Mon Tue Wed Thur Fri Sat Sun
- Things you **CAN** do:
 - ☆ Shower ☆ Golf ☆ Enjoy life!

C. Other Important Notes:

- Avoid scrubbing the site until the incision is well healed (about 7 days).
- The insertion site may be uncomfortable for up to 2 to 3 weeks.
- 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.
- 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

- D.** Please call us if you have any active bleeding or pus coming from the incision site at our main number: - _____ and ask to speak with the physician who treated you.

E. Reminders:

- Please have your labs rechecked:
 - 4 weeks after your insertion
 - 2 weeks before your next insertion
 - Yearly
- Other office requests:
 - Pap Mammo

| |
|-------------------------------|
| Your Next Appointment: |
| _____ |
| Date/Day/Time |
| Provider: _____ |
| Office Location: _____ |