

Cryoablation Pre Procedural Instructions

1. Take Motrin as prescribed starting 24 hours prior to the procedure.
2. You may have a light breakfast on the day of the procedure. Do not eat any food (have water only) beginning four hours prior to the procedure.
3. You will need to have a full bladder for the procedure so be sure to drink two 8 oz. glasses of water before arriving at the office and do not empty your bladder prior to the procedure.
4. Plan to arrive at the office one hour prior to the procedure so that preoperative medications can be administered.
5. You should plan on your appointment taking about two hours. The actual procedure lasts for less than thirty minutes but you will need to remain in the office for a short period after the procedure.
6. Most patients are able to drive home after the procedure. In case you feel uncomfortable after the procedure, you should arrange for back-up transportation to and from the procedure.

Cryoablation Post Procedural Instructions

1. You will most likely experience mild to moderate cramping (like menstrual cramping) and a pinkish watery discharge for up to 3 weeks after the procedure.
2. Use pads, not tampons for the first 3 days after the cryoablation.
3. Refrain from sexual activity for one week after the procedure.
4. Use ibuprofen, two over-the-counter 200 mg tablets, every four hours if needed for cramps after the procedure. If adequate pain relief is not obtained with ibuprofen, please call the office for additional advice. (If allergic or intolerant to ibuprofen, acetaminophen can be substituted)
5. Please call the office for any of the following symptoms: nausea, vomiting, increasing pelvic or abdominal pain, fever greater than 100.4, or persistent malodorous vaginal discharge.
6. During first several menstrual periods after cryoablation, you may not experience the full eventual reduction in menstrual flow. Please continue to keep a careful menstrual record chart.
7. A follow-up office visit is recommended in three months.

Cryoablation Informed Consent

I, _____ hereby authorized Dr. John Garofalo to perform cryoablation of my uterus. This procedure has been clearly explained to me and the alternatives have been discussed. Dr Garofalo answered all questions to my satisfaction.

I understand that certain complications can sometimes result from cryoablation such as bleeding, uterine scarring, uterine perforation with injury to inter-abdominal contents, and infection of the uterus or other pelvic organs.

The medical literature has indicated that the general success rate for this procedure in treating abnormal vaginal bleeding is approximately 90 percent. Twenty to thirty percent (20-30%) of the patients will experience total resolution of their periods. Cryoablation may not decrease menstrual cramps or pain.

I understand that if a pregnancy occurs after endometrial ablation, there is a higher than normal chance of ectopic (tubular) pregnancy, miscarriage, premature delivery, or birth defects that can be dangerous for both mother and fetus.

I understand that endometrial ablation is not a form of birth control and that effective birth control continues to be important after this procedure.

Following the procedure, I have been informed that I can expect as a normal result of the procedure a heavy watery discharge for up to 3 weeks.

I understand that intercourse should be avoided until the discharge stops.

I understand that my first menstrual cycle after this procedure may be heavier than normal and that tissue may be passed.

I have read the above and I fully understand the nature, purpose, risks, and alternatives to this procedure. I am willing to undergo the procedure.

WITNESS

DATE

PATIENT

DATE