



HYSTEROSCOPY PROCEDURE

An appointment has been scheduled for you at _____ on _____. Please bring your procedure medications to your appointment.

Pre-Procedure Instructions

1. Take the Cytotec 200 mcg the night prior to your procedure.
2. Take an 800 mg Ibuprofen the night before the procedure, another 800mg of Ibuprofen the morning of the procedure.
3. Eat a light meal prior to the procedure. (Avoid greasy foods, fried food)
4. A urine pregnancy test will be performed in the office prior to the procedure.
5. You will be given all the pre-procedure medications upon arrival.
6. You must have someone to drive you home after the procedure.

Procedure

1. You will be given a local anesthetic during the procedure to reduce pain. You will be awake during the entire procedure.
2. The physician and his/her staff will keep you informed of what is taking place at all times. If you have questions or concerns, please feel free to ask them at any time.
3. After the procedure you are encouraged to go home and rest for the day. .

Post-Procedure

1. You may feel faint or nauseated. Follow your physician's recommendations regarding activity during the first 24 hours after your procedure.
2. If you have a fever greater than 100.5 or severe abdominal cramping, call the office at (208)746-1383 ext 6510.
3. Spotting or light bleeding is normal. If bleeding becomes heavy, or you are concerned, please contact your physician.

If you have any question please call the office at 208-746-1383 ext 6510.

I have received the above instructions.

Patient signature _____ Date _____

Nurse or Provider _____ Date _____