

Post-Operative Instructions

POTOMAC FAMILY PLANNING CENTER

Jackson Place North 966 Hungerford Drive, Suite 24, Rockville, MD 20850

(301) 251-9124 (800) 260-2464 Fax (301) 251-8581

After Hours **Urgent** Phone Number (800) 301-2615

PLEASE READ CAREFULLY.

1. For the next 2 weeks you should not have intercourse, use tampons, take baths, douche or swim. Showers may be taken. Avoid strenuous physical activities and heavy lifting.
2. Bleeding after the surgery will vary from no bleeding to bleeding like a heavy period. You could have **no** bleeding or you could bleed, spot off and on, and pass small clots for up to 2 weeks. You can expect your period in 4 to 6 weeks. If you are going to use birth control pills, NuvaRing, or patch, begin on Sunday, even if you are not bleeding. Your period will occur after the completion of the first month of birth control.
3. Expect mild cramping, backaches, or other discomforts. Take your usual pain medication such as Tylenol, Motrin, or Aleve as directed. **Do not take aspirin products.**
4. Take your temperature for the next 5 days; if it is above 100.4 degrees for more than 4 hours call the center.
5. Please return in 2 to 3 weeks for a follow-up visit. Remember to bring the follow-up form with you. If you go to another doctor for follow-up, please mail or fax the completed form to us.
6. Take all prescribed medications as directed by your physician.
7. If you experience any of the following symptoms contact the center immediately.
 - a. temperature above 100.4 degrees twice in any 24 hour period
 - b. allergic reaction to antibiotic (itching, rash, or hives)
 - c. excessive bleeding which is considered soaking through a sanitary napkin in one hour
 - d. severe pain not relieved by pain medication

AFTER **TWILIGHT SLEEP OR GENERAL ANESTHESIA** FOR YOUR HEALTH AND SAFETY:

1. **DO NOT** drive a motor vehicle, operate machinery or appliances for 24 hours following surgery.
2. **DO NOT** engage in activity that requires mental alertness for 24 hours. Do not make any important/legal decisions.
3. **NO** alcohol for 24 hours.
4. Dizziness may last for several hours. It is not uncommon for you to feel drowsy. It is suggested that you lie down and relax for the remainder of the day and limit yourself to essential activities.
5. You may eat and drink liquids as you like.
6. Slight nausea is not uncommon. If you have severe nausea and vomiting please call the center.
7. If you are taking medications daily, you may resume your normal schedule. Take all medications prescribed as instructed.

PLEASE CALL THE CENTER AT (301) 251-9124 IF YOU HAVE ANY QUESTIONS.

Date: _____

Patient's Signature: _____

Witness: _____

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Notice of privacy practices for protected health information

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Potomac Family Planning Center (PFPC) is committed to protecting the privacy of your health record and confidentiality of your visit. Your healthcare record, known as a chart, and the information it contains will not be disclosed to anyone or any agency outside of PFPC without written authorization from you unless such a release is required by law.

PFPC will use your health information for the purpose of:

- **Treatment:** for example, information obtained by staff will be used to determine your best course of treatment.
- **Payment:** for example, a bill may be sent to your insurance company with information that identifies you, as well as your diagnosis and procedure.
- **Healthcare Operations:** for example, PFPC may share your information with other healthcare providers to assist them in helping you. For example, if you got to your private doctor or clinic for your check-up.
- We may disclose your medical information as required by law. For example, to the Food and Drug Administration (FDA) relative to adverse events such as product defects or product recalls.
- To public health or legal authorities charged with preventing or controlling disease, injury, domestic abuse, child abuse, or neglect.
- For Law enforcement purposes such as in response to a valid subpoena.

Your Health Information Rights

Although your health record is the physical property of PFPC, you have the right to:

- Request a restriction on certain uses and disclosures of your information
- Obtain a copy of your health record and an accounting of disclosures of your health information
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken. All requests must be in writing.

PFPC reserves the right to change practices and to make the new provisions effective for all protected health information we maintain. Should PFPC's information practices change, we will post the changes in the clinic and on our website.

For more information or to report a problem

If you have questions, or if you want to report a problem, please contact PFPC's Privacy Officer at (301) 251-9124. Complaints may also be filed with the Secretary of Health & Human Services (866) 627-7748.