



This booklet is to provide you with the information needed to assist you through the surgical process. It contains important information as you prepare for surgery and what to expect after surgery.

We understand that surgery is not a normal aspect of your life. The purpose of this booklet is to make you comfortable with the surgical experience and answer questions you may have regarding pre/postoperative care and the healing process.

It is important that you read through this booklet. If you have any questions or issues that may not be answered by this booklet, write them down and discuss them with my nursing staff or myself prior to surgery.

All of us at Fibroid and Pelvic Wellness Center of Georgia regard this as a privilege and we will do our best to care for you throughout this process.

Sincerely,

Soyini M. Hawkins, MD and Ashley Davis, MD

www.FibroidandPelvicWellness.com

<https://www.facebook.com/fibroidandpelvicwellness/>

IMPORTANT NUMBERS

- **Fibroid and Pelvic Wellness Center**

678-580-1736

- **Price Estimate**

404-851-8694 or Price.Estimate@northside.com

- **Anesthesia Department**

833-885-0596

- **Pre- Registration/ Assessment**

404-459-1280 OPTION 1

- **Pre-Surgery Testing**

404-300-2443

- **Northside Financial Assistance line**

404-851-8878

Please note: if you're in need of financial assistance for your upcoming surgery. Please download and complete the application via Northside Hospital's website.

PREPARING FOR SURGERY

STARTING NOW STOP SMOKING: Smoking reduces circulation to the skin and decreases healing.

DO NOT TAKE ASPIRIN OR IBUPROFEN: Stop taking medications containing aspirin or ibuprofen at least 10 days before surgery. Review the list of drugs containing aspirin and ibuprofen carefully. Such drugs can cause bleeding problems during and after surgery. Instead, you can use medications containing acetaminophen (such as Tylenol).

VITAMINS: Vitamin C (Ascorbic Acid) 1000mg -take 1 tablet twice a day beginning 10 days before surgery; however, you should stop taking individual capsules of Vitamin K or Vitamin E 10 days prior to surgery as this will increase postoperative bleeding.

ELMIRON: If you are currently taking Elmiron you must discontinue 7 days prior to surgery.

MEDICAL CLEARANCE: This is certification from your Primary care physician stating that you're medically cleared to withstand a surgical procedure under anesthesia. If a clearance is required before your surgery, a "Surgical Clearance Request" form will be given to you at the time of your consult visit. **This form, along with any requested labs marked must be return to our office at least 3 weeks prior to your surgery date as to prevent any delays or surgery cancelation.** Failure to do so could result in your surgery being canceled. If you did not receive this request and clearance is needed, we will e-mail you a copy.

Medical History and Medications: For any patients on High Blood Pressure Medications or Diuretics, a Basic Metabolic Panel (BMP) must be drawn at least 1 month prior to your surgery date.

ALL Patients over 55 years of age must have EKG within 12 months.
Patients with history of High Blood pressure, Cardiopulmonary disease or Diabetes must have an EKG within 3 months of surgery.

OUT OF TOWN PATIENTS: We recommend that you stay in town after your surgery so that we can take care of you should a complication arise.

There are different time frames allowed based your surgery. These time frames are as follows:

- Laparoscopic / Open Abdominal surgery 72 hours
- Vaginal Surgery 48 hours
- ACESSA 24 hours
- Sonata 24 hours

If your surgery is a combination of more than one type, please speak with your doctor for specific recommendations.

NORTHSIDE HOSPITAL PRE-SURGERY ASSESSMENT VS. PRE-SURGERY TESTING

Pre-Surgery Testing

You will need to schedule an appointment with Northside Hospital for Pre-surgery testing at least 5-6 days prior to your surgery date. You may do this by calling (404)300-2443. During this appointment, an intake nurse will review your medical/surgical history and medications with you. Please have that information readily available at that time. You will also have any blood test completed that is needed before surgery such as a type and screen.

Pre- Surgery Assessment/ Registration

This appointment can be done over the phone. You will receive more information on your financial responsibility during this phone call.

During pre- Op registration phone call, you will receive information financial responsibility

CONFIRM SURGERY TIME: We will call you to confirm the time of your surgery at least 1 business day before your scheduled surgery date. Please only go by the time given from our office. If you have not heard from our office by 3:00pm the day prior to surgery please call us to confirm at 678-580-1736.

PRE-OP VISIT: If your initial consult was virtual OR if you haven't been seen in the office within 6 months of your surgery date, you will need a preoperative visit.

PRE-OP DIET/ BOWEL PREP 1 DAY BEFORE SURGERY FOR :

Laparoscopic or Open Abdominal Surgeries

(These surgeries include but not limited to the following):

- Open or Abdominal Myomectomy
- Hysterectomy
- Surgical Treatment of endometriosis
- ACESSA
- Robotic Myomectomy

Morning Day Before surgery : you may have a light breakfast the morning prior to surgery. (Example: Toast, eggs, bacon, Coffee or Tea, Granola bar)

Afternoon Day Before surgery after a regular lunch: You will start your CLEAR LIQUID DIET. You can only have things you can see through. (Example: Sprite, Jell-O, broth, popsicles, Gatorade, Powerade, tea, white grape juice and apple juice.

Bowel Prep Starting at 2pm:

Dissolve full bottle of MiraLAX (238gm bottle) In 32-64oz in the fluid of your choice. (Something with electrolytes preferred. This will help keep you hydrated which is very important prior to surgery)

Drink 8oz every 30mins until completed. Continue your clear liquid diet throughout the day. You may have CLEAR LIQUIDS ONLY UP UNTIL 3HRS PRIOR TO YOUR GIVEN ARRIVAL TIME.

PRE-OP DIET/ BOWEL PREP 1 DAY BEFORE SURGERY FOR :

Vaginal Surgeries

(Vaginal Surgeries include but not limited to the following)

- LEEP
- Hysteroscopy
- Polypectomy
- Resectoscopic Myomectomy
- Sonata
- IUD insertions
- D&C
- Ablations

NO DIET/ NO BOWEL PREP There is no special diet

required for your surgery. You'll discontinue EATING AFTER MIDNIGHT. YOU MAY HAVE CLEAR LIQUIDS ONLY up until 3hrs prior to your arrival time.

**** For surgeries that may require both Laparoscopic & Vaginal approach, please follow the Laparoscopic/Open Abdominal diet****

THE NIGHT BEFORE SURGERY DAY

SURGERY PREPARATION:

Please shower with an antibacterial soap such as Dial, Pure Castile soap or Dove.

Please remove any piercings you may have around the surgery area. You may keep your SNS and or acrylic nails on as long as your nail bed is showing.

No need to shave, the pre-op nurses will shave lower portion around the vagina in the operating room.

Patients having laparoscopic or Open surgeries should prepare for the possibility of staying at least 1 night in the hospital after surgery. You may want to pack a small bag with a change of clothes.

You do not have to bring your prescriptions with you to the hospital.

Note: Narcotic RX will be given at discharge

THE MORNING OF SURGERY

SPECIAL INFORMATION: If your doctor has you taking medication(s) the morning of surgery, you may take it with a sip of water in the early morning.

ORAL HYGIENE: You may brush your teeth as normal

MAKEUP: Please do not wear moisturizers, creams, lotions, or makeup.

CLOTHING: Wear only comfortable, loose-fitting clothing with an elastic waistband. Remove hairpins, wigs, and jewelry. Please do not bring any valuables with you.

CHECK IN/REGISTRATION

PARKING: You will park in the green lot at the hospital. Northside Hospital charges a daily parking fee. The surgery center will not validate parking.

Check in: At your scheduled time of arrival, report to the Admissions / Registration desk at the main entrance of the hospital. Tell the front desk that you are having surgery and they will direct you to the Ground or 3rd Floor Surgery Registration desk. Sign in and have a seat in the waiting room and the pre-op process will begin. Patients less than 18 years old must be accompanied by a parent or legal guardian.

***PLEASE NOTE:** If your surgery is the first case of the morning. Please plan to arrive at least 20mins prior to the given surgery time to allow for the registration process.

GOING TO THE OPERATING ROOM

PRE-OP: Our doctors have privileges at the following hospitals:

Northside Hospital-Atlanta; Gwinnett, Meridian Mark, and Midtown. Your scheduler will let you know which location to report to. The team at these facilities consists of an Anesthesiologist or Certified Nurse Anesthetist

(CRNA), trained operating room technicians and Registered Nurses in charge of the operating room.

When you arrive to the pre-op area you will be asked to change into a gown and robe and will be given foot covers. The anesthesiologist will meet with you during this time to go over your history, surgery and answer any questions you might have before anesthesia is administered.

Once you enter the operating room the staff will do everything, they can to make you feel secure. The nurse or the anesthesiologist will start an IV in your arm and give you sedation medication and anesthesia through this route. At the same time the staff will connect you to the monitoring devices.

RECOVERY ROOM

POST-OP: When your surgery has been completed you will move to the recovery room.

Your stay in the recovery room will last from 1 to 4 hours depending on how well you recover from anesthesia.

Vaginal Surgeries: Your surgery will likely be outpatient without a 23hr observation. If so, you'll go home from here

Laparoscopic or Open Abdominal surgeries: please note you may stay up to 23hrs after your surgery for observation. If so, you will be transferred to

EXTENDED RECOVERY OR INPATIENT FLOOR for further monitoring.

You will stay here until discharge from the hospital the next day barring any complications. This is where your family or loved one can stay with you.

TRANSPORTATION: Arrangements must be made for someone to take you home or to the hotel (if from out of town) from surgery. You will not be allowed to drive yourself or take any form of public transportation (cab, bus, uber, lyft etc.). If you live alone, you should also arrange for someone to stay with you following surgery for at least 24 hours.

NORMAL SYMPTOMS

You have had major surgery and your body will be healing for as long as one year, depending on the person. You will experience many different and often strange sensations. Call us if you are concerned.

SUTURE PLACEMENT: Most of the sutures used during your surgery are dissolvable and will disappear over time. Permanent sutures called Ethibond sutures may have been placed in your body as part of this surgery. Although these sutures are to remain in your body, they will sometimes work their way out through the vagina and are green or blue in color. This can happen anywhere from 6 months to 1-year post-op. This does not mean that your surgery has gone wrong in any way. Call the office if you have any questions.

DRESSINGS: You may have white gauze and tape dressings over your incisions when you leave the hospital. You may remove these once you get

home. Underneath those dressings will be glue or tap that should remain intact. They will peel over time while in the shower when they are wet.

SWELLING AND BRUISING: Moderate swelling and bruising of the abdomen and/or vagina are normal after surgery. Call the office for any severe swelling accompanied by nausea and/or vomiting and inability to pass gas.

DISCOMFORT AND PAIN: Mild to moderate discomfort or pain is normal after any surgery.

If the pain becomes severe and is not relieved by pain medication, then please call us (678) 580-1736 during or after office hours (answering service available).

CRUSTING ALONG THE INCISION LINES: We usually treat this with an antibiotic ointment such as Neosporin.

NUMBNESS: Small sensory nerves to the skin surface are occasionally cut when the incision is made or interrupted by undermining of the skin during surgery. The sensation in those areas gradually return usually within 2-3 months as the nerve endings heal spontaneously.

ITCHING: Itching and occasional small shooting electrical sensations within the skin frequently occur as the nerve endings heal. Typically, Ice and/or Benadryl cream will help with this. These symptoms are common during the recovery period.

REDNESS OF SCARS: All new scars are red, dark pink or purple. Scars on the body usually fade within 3-6 months; however, they may take more time.

SENSITIVITY OR ALLERGY TO DRESSING AND/OR TAPE:

Occasionally, allergic or sensitivity reactions may occur from soaps, ointments, tape or sutures used during or after surgery. Such problems are unusual, typically mild and easily treated.

HEMATOMAS: Small collection of blood under the skin that'll usually absorb spontaneously. Larger hematomas may require aspiration, drainage, or even surgical removal to achieve the best result.

HORMONES: If your ovaries are removed you may experience fluctuation in your hormone levels which may cause depression, hot flashes, night sweats, etc. If this occurs, please discuss this with your gynecologist as you may need hormone replacement therapy.

GENERAL SURGICAL RISKS

ABOUT RISKS: We want you to understand fully the risks involved in surgery so that you can make an informed decision. Although complications are infrequent, all surgeries have some degree of risk. All staff at *Fibroid and Pelvic Wellness Center* will use our expertise and knowledge to avoid any foreseeable complications. If a complication does occur, we will use those same skills to solve the problem quickly. The

importance of having a highly qualified medical team and the use of a state-of-the-art facility cannot be overestimated.

In general, the least serious problems occur more often, and the more serious problems occur rarely.

We have outlined the common and not-so-common risks of surgery in general below. We have not discussed every possible problem that may occur, but you must not assume that a problem will not occur simply because it was not discussed here.

INFLAMMATION AND INFECTION: An antibiotic ointment may be required to treat a superficial infection. Deeper infections are treated with oral or intravenous antibiotics. Development of an abscess usually requires drainage.

WOUND SEPARATION/DELAYED HEALING: Any incision during the healing phase may separate or heal unusually slow for several reasons. These include inflammation, infection, wound tension, decreased circulation, smoking or excess external pressure. If delayed healing occurs the outcome is usually not significantly affected but a secondary revision of the scar may be indicated.

INCREASED RISK FOR SMOKERS: Smokers have a greater chance of skin loss and poor healing because decreased skin circulation.

INJURY TO DEEPER STRUCTURES: Blood vessels, bladder structures, ureters, nerves, and muscles may be injured during surgery

RARE COMPLICATIONS

If they are severe, any of the problems mentioned under “General Risks” may significantly delay healing or necessitate further surgical procedures.

Medical complications such as pulmonary embolisms, severe allergic reactions to medications, cardiac arrhythmias, heart attack and hyperthermia are rare but serious and life-threatening problems. Having an anesthesiologist present at your surgery reduces the risk as much as possible (**Failure to disclose all pertinent medical information before surgery may cause serious problems for you and the medical team during surgery**).

GENERAL POSTOPERATIVE INSTRUCTIONS

ACTIVITY for all surgeries: DO walk around every 2hrs for at least 20 mins as to avoid Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE)
You may walk up stairs slowly (one foot at a time) but limit how often you go up and down.

Laparoscopic surgeries: No Heavy lifting of anything over 10lbs, no pushing pulling of any kind. No prolonged walking or standing. No strenuous activity of any kind for at least 6 weeks or until cleared by your surgeon. This goes for **Myomectomies (open and laparoscopic) and Hysterectomies**

Nothing in the vagina for 6 weeks or until cleared by your surgeon.

Example: no tampons, intercourse, or personal toys. You can place the

Estrace Vaginal Cream into your vagina 1 week after surgery if you were given a prescription. Follow the directions.

***ACESSA PATIENTS ONLY-** Activity as tolerated. No heavy lifting of anything over 25lbs for 3 weeks. No Tampons, or intercourse for 3 weeks

Vaginal Surgeries: Activity as tolerated after 3 days. No Tub baths, swimming, or anything in the vagina for 3 weeks.

DIET: Postoperative nausea is not unusual. Try to increase your diet as you can tolerate it. Start off with liquids such as a soup or broth and crackers, fruit juices, etc.

SIGNS OF INFECTION: Fever of 101 F (oral temperature), excessive pain, swelling, redness, foul odor or drainage. These signs and symptoms usually become apparent within 36-48 hours but can happen at any time. Call the office if this occurs.

DRIVING: No driving for 1-2 week or if you are on pain medication. Be careful getting in and out of the car.

TRAVEL: If you plan on flying out after surgery, please use a wheelchair to get around if possible as walking for long periods of time may increase post-op swelling to the vaginal / rectal area. Plan to walk every 2 hrs during travel.

HYGIENE: You may shower but **NO tub baths for 6 weeks including pools, oceans, hot tubs, etc.** Thereafter, use caution and make sure you do not strain getting in and out of the tub. You may still shower if you have a

catheter. Always clean down the catheter tube away from the vagina using one hand to anchor the tube and the other to wash.

You may note vaginal bleeding/ spotting or discharge for several weeks post-operatively. For some people this bleeding may only last 6-8 weeks, however, it may come and go for several weeks. **(Please call our office if the bleeding becomes heavier than a period and you are saturating more than one pad per hour.)**

You may also notice a yellowish vaginal discharge with an odor for up to 6-8 weeks while the vaginal sutures dissolve. This is a normal part of the healing process. As the stitches dissolve, they may break up and you may see them when you go to the bathroom or when you shower.

URGENCY: Sometimes after surgery patients experience a need to rush to the bathroom.

This is a temporary side effect of surgery or a urinary tract infection. Do not worry, this does not mean that your surgery is not working. Let us know if this happens, we will check your urine for infection which can be common after surgery.

OVERACTIVE BLADDER: After surgery you may have what is called bladder spasms. These spasms can happen at any time. Please note this is sometimes a side effect of surgery and does not mean your surgery was unsuccessful. These spasms can last up to 12 weeks. If these spasms become an issue there is medication that can help in the meantime.

POSTOPERATIVE CATHERIZATION (IF NEEDED)

Vaginal and bladder surgeries today are more advanced and less invasive for patients than they were years ago. However, with any type of bladder or vaginal reconstruction there is a chance you may need a catheter to help empty your bladder after you go home. Approximately 80% of our patients are emptying their bladders well within 2-3 days; however, depending on how the body reacts to anesthesia and surgery, some patients may take a little longer.

When you wake from surgery you may have a catheter emptying your bladder. For most patients this will be taken out the following morning. The nurses will then let you try to empty your bladder twice as you feel the urge, measuring the amount of urine each time. After the second urination they may use a device called a bladder scanner to measure the amount of urine still left in your bladder. They will then contact our office for further instructions.

If your doctor feels you need to go home with a catheter you will call our office at (678)580-1736 and we will make a bladder challenge appointment for you for the coming week. If you are an out-of-town patient, we may contact your PCP in your hometown to see if their willing to take out the catheter. We'll then send the bladder challenge instructions to their offices.

POSTOPERATIVE MEDICATIONS

Depending on your surgery and drug allergies you will go home with **one or more** of the following prescriptions. You will receive these prescriptions

either during your pre-op visit or at discharge from the hospital. Please follow the directions given below unless otherwise specified by your doctor:

PAIN MEDICATION (ONE OF THE FOLLOWING)

- ____ PERCOCET 5/325mg (generic Oxycodone/Acetaminophen) Take 1-2 tab every 4-6 hours as needed for pain.
- ____ LORTAB (NARCO) 5/325mg (generic - Hydrocodone/Acetaminophen) Take 1 -2 tabs every 4-6 hours as needed for pain.
- ____ DILAUDID 2mg (generic -Hydromorphone) Take 1-2 tabs every 4-6 hours as needed for pain.

NAUSEA MEDICATION

- ____ PHENERGAN 25mg (generic -Promethazine) Take 1 pill every 6-8 hours as needed for nausea.

ANTI-INFLAMMATORY

- ____ MOTRIN 800mg -Take 1 tab every 8 hours for 5 days then as needed for pain and inflammation. (take with food)

ESTROGEN CREAM

- ____ ESTRACE VAGINAL CREAM (to start 1 week after surgery and continue

until further notice) - 1/4 applicator in the vagina every other night. Place as far up into the vagina as you can tolerate. You can also use your fingertip instead of the applicator.

Progesterone

- Norethindrone 5mg (1 progesterone tablet daily start day after surgery, continue until seen by surgeon) For most Myomectomies, Acessa, Sonata or Endometriosis, patients this medication is prescribed to help with postoperative bleeding and cycle control after surgery. Please note that this medication should be taken everyday at the same time as to avoid any irregular bleeding. This medication is optional but advised.

***Take narcotic pain medicine only as needed for moderate to severe pain. Use EXTRA STRENGTH or REGULAR STRENGTH TYLENOL for relief of minor pain. Often the narcotic pain medication may cause constipation. We do not want you to strain when you defecate. Changing to Ibuprofen or Tylenol instead of narcotics will help prevent constipation.**

AS YOU HEAL, FAMILY & FRIENDS

Support from family and friends can be very helpful, but because they may not understand what constitutes a normal postoperative course their comments may unintentionally create emotional turmoil for you. We will tell you honestly how you are doing and what we expect your result to be. Please trust in our knowledge and experience when we discuss your progress with you.

DEPRESSION: Quite frequently patients experience a brief period of letdown or depression after surgery. Some may subconsciously have expected to feel and look better instantly even though they rationally understand that this will not be the case. Patients commonly question their decision to have surgery during the first few days after surgery. As the healing occurs these thoughts usually disappear quickly. If you feel depressed, understanding that this a natural phase of the healing process may help you to cope with this emotional state.

HEALING: Everyone has the capacity to heal themselves to one degree or another. Clearly this ability is variable and depends on several factors such as your genetic background and your overall state of health and lifestyle. Many people believe the surgeon heals the patient. No one person can make another heal. Drs. Hawkins and Davis can facilitate (but not accelerate) the healing process. Your cooperation and close attention are extremely important and in your best interest.

FOLLOWING INSTRUCTIONS: Another factor in the healing process is whether you follow the instructions given by this office verbally and in this booklet. Such guidelines are designed to promote healing and to prevent the occurrence of anything which may interfere with your recovery. It is imperative that you recognize that you are a partner in this process and have a responsibility to follow instructions carefully. The instructions, based on broad experience, are designed to give you the best opportunity for healing without delay or surprise.

HELPFUL INFORMATION

SUPPLIES NEEDED FOR SURGERY

Food for pre-op diet

- Mirilax for preo-op bowel care
- Over-the-counter stool softener (COLACE) and stimulant (MIRALAX)
- Prescription medications (RX given at discharge and sent to pharmacy)
- Tylenol, Advil, Motrin, Sanitary pads
- Donut pillow or Boppy pillow *(for vaginal /rectal discomfort with sitting)*
**optional*

POST OPERATIVE APPOINTMENT

Please call to make your 6-week post-operative appointment either before or after your surgery. (678) 580-1736

***Please note, you may be seen sooner if you are experiencing unusual symptoms.**

TELEPHONE NUMBERS:

There is always a physician available. If you have a problem during regular business hours, please contact the office and a nurse or physician will speak with you. (678) 580-1736

Regular office hours M-F 8:30 am 4:30pm EST

*If you have a life-threatening emergency please call 911.

NURSE EMAIL:

Veronica Veronica@fpwgc.com

Chantay Chantay@fpwgc.com

TESTIMONIALS:

Where to leave ONLINE testimonials: www.google.com,
www.healthgrades.com ; www.facebook.com (Fibroid and Pelvic
Wellness Center of Georgia)

Follow us and “Like’ us on:



IG: @Soyinihawkinsmd @ashleydavis_md

FB: Fibroid and Pelvic Wellness Center of Georgia

Email testimonials:

jessica@fpwgc.com

MEDICATIONS TO AVOID BEFORE SURGERY

If you are taking any medications on this list, they should be discontinued 10 days prior to surgery and only Tylenol should be taken for pain (unless your treating physician tells you otherwise). All herbal supplements (including Fish Oil) should be discontinued as well. All other medications that you are currently taking must be specifically cleared by the doctor prior to surgery. It is absolutely necessary that all of your current medications be cleared. *If you are on Coumadin, Heparin, Steroid, or Plavix therapy, please discuss this with your treating doctor and inform our nursing staff when you schedule surgery.*

**Ask your doctor when you can resume your medications after surgery. **

Aspirin Medications to Avoid

4-Way Cold Tabs Acetylsalicylic Acid Adprin-B products

Alka-Seltzer products Arthriten products Arthritis Strength BC Powder

Asacol

Asprimox products Bayer Products Buffered Aspirin Butal/ASA/Caff

Carisoprodol Compound Choline Salicylate Darvon Compound

Dolobid

Easprin Equagesic Fiorinal products Kaodene Magnaprin products

Meproamate

Anacin products Arthritis Foundation products Arthropan Ascriptin products
Azulfidine products BC Powder Bufferin products Butalbital Compound
Cheracol Coricidin Darvon/ASA Dristan Ecotrin products Excedrin products
Gelpirin Lanorinal Magnesium Salicylate Methocarbamol

Arthra-G Arthritis Pain Formula ASA Aspergum Backache Max Strength
Relief Bismatrol products Buffex Cama Arthritis Pain Reliever Choline
Magnesium Trisalicylate Cortisone

Medications Doan's products Duragesic Empirin products Fiorgen
PF Genprin Lortab/ASA Mathritic Micrainin

Mobidin Mobigesic

Momentum

Mono-Gesic Olsalazine

Pabalate products Phenaphen/Codeine #3 Robaxisal Salicylate products
Sine-off

Sodol Compound Sulfasalazine Talwin Tussirex products

Actron Aleve Cataflam

Nighttime Effervescent Cold Orphengesic products P-A-C Pink Bismuth

Roxeprin Salsalate Sinutab Soma Compound Supac Triaminicin Willow
Bark products

Ibuprofen Medications to Avoid

Acular (ophthalmic) Anaprox products Clinoril

Norgesic products Oxycodone Pain Reliever Tabs Propoxyphene
Compound product

Saletto products Salsitab Sodium Salicylate St. Joseph Aspirin Suprax

Tussanil DH

Advil products Ansaïd Daypro

Diclofenac Etodolac Genprill Indocin products Ketorolac Motrin products
Naprelan

Nuprin Oruvail Relafen Sulindac Toradol

4-Way w/ Codeine Actifed BC Tablets/Powder Contac

Dimetapp Sinus Feldene Ibuprofen Indomethacin products Lodine

Nabumetone Naprosyn products Ocufer (ophthalmic) Oxaprozin

Rhinocaps Tolectin products Voltaren

Dristan Sinus Fenoprofen Ibuprofen Ketoprofen Meclofenamate Nalfon
products Naproxen

Orudis products Piroxicam Sine-Aid products Tolmetin

Other Medications to Avoid

A.C.A. Any Type of Diet Pill Childrens Advil Coumadin (consult MD)

Accutrim Arthritis Bufferin Clinoril C Dalteparin injection

Dipyridamole Flagyl Garlic Isollyl Mellaril Prednisone (consult MD) Sinex

Tenuate Ticlopidine Warfarin (consult MD)

Doxycycline Fragmin injection Heparin (consult MD) Lovenox injection
(consult MD) Persantine Protamine Soltice Thorazine Ursinus

Enoxaprin injection Furodantin Hydrocortisone Macrochantin (consult MD)

Phenylpropanolamine Ru-Tuss

Stelazine Ticlid

Vibramycin