



Discharge Instructions

For patients who received moderate sedation.

Activity for the next 24 hours

- You must have someone to take you home.
- Do not drive, operate machinery or power tools.
- Do not drink alcohol, including beer.
- Do not smoke if you are alone.
- If you are going home, you should have a responsible adult/caregiver for 24 hours after the procedure.

Activity for the next 48 hours

- No heavy lifting (over 10 pounds).
- Avoid pushing or pulling motions, such as vacuuming or mowing the lawn.
- No exercise or straining and avoid using stairs if possible.
- When you cough, sneeze or strain, hold pressure on the groin puncture site to lessen the chance of bleeding.

Common Side Effects

- Soreness at the site of the puncture wound.
- Slight bruising may persist at the site for several days to several weeks.
- Lump the size of a pea or marble at the site for a few weeks.

Care of your Incision Site

- Keep the dressing in place for 24 hours. Then, remove and replace with a Band-Aid.
- The bandage is no longer necessary after 48 hours.
- Cleanse the site gently with soap and water. No lotions or creams.
- Do not sit in the bathtub or a pool for 3-4 days until the wound has completely healed.

Diet

- You may resume your normal diet.

Medicines

- Keep taking your normal medications unless you are told otherwise.
- If you are currently taking a medication called Metformin or Glucophage, do not take the day of your procedure and for 48 hours after your procedure.
- If you are currently taking a blood thinner (i.e. Plavix, Warfarin, Aspirin) or are prescribed one after your procedure, start the medication the day AFTER your procedure.

Bleeding at the site

1. Lie down.
2. Apply firm pressure about 2 finger widths above the site.
3. **Call 9-1-1**
4. Maintain pressure until help arrives.

Call our office (419-866-2000) if you have

- Numbness, tingling or color change in the leg or arm used for the puncture site.
- Increasing pain, firmness or redness near the puncture site.
- A temperature of greater than 101° F.
- Any problems, questions or concerns.

Patient Signature _____ RN Signature _____ Date _____