**IRC**

**Uterine Fibroid Embolization**

**Follow-up Visit Form (to be filled out by patient)**

**Welcome back to the IRC!** We are very pleased to see you back after your UFE Hopefully all is well, but we know that is not the case for every woman who goes through UFE. Today we want to assess how well your UFE has worked and determine if any additional therapy is appropriate.

As you did on your initial visit please take the next few minutes to fill out this form. Please answer every question, even if the answer is "I don't know"

**Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Who is your gynecologist?

Have you changed gynecologists since our initial visit? Yes No

Do you have any health complaints today?

What was bothering you the most before your UFE? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How is it now?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

After leaving the hospital:

You took Norco for\_\_\_\_\_\_\_\_days.

Did you take the full week of ibuprofen? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not, why\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was your pain adequately controlled in the hospital? Yes No

Was your pain adequately controlled at home. Yes No

Did you take your temperature when at home? Yes No

If so, what was the highest temperature? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not, did you ever feel like you had a fever? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you have a vaginal discharge after your UFE? Yes No

If yes, was it foul smelling? Yes No

Was it controlled with a panty liner? Yes No

How many days did it last? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Since your UFE, have you passed any tissue? Yes No

If yes, please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Since your UFE, how many periods have you had? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle the response that most closely describes how you feel since your UFE:

**Volume of menstrual flow:** much better somewhat better no change somewhat worse much worse N/A

**Menstrual cramps:** much better somewhat better no change somewhat worse much worse N/A

**Urinary issues:** much better somewhat better no change somewhat worse much worse N/A

**Bloating:** much better somewhat better no change somewhat worse much worse N/A

Constipation: much better somewhat better no change somewhat worse much worse N/A

**Pain in pelvis:**  much better somewhat better no change somewhat worse much worse N/A

**Pain in back:**  much better somewhat better no change somewhat worse much worse N/A

**Pain in legs:**  much better somewhat better no change somewhat worse much worse N/A

**Sexual satisfaction:**  much better somewhat better no change somewhat worse much worse N/A

**Abdominal size:** much better somewhat better no change somewhat worse much worse N/A

**General appearance:** much better somewhat better no change somewhat worse much worse N/A

**Ability to exercise:** much better somewhat better no change somewhat worse much worse N/A

Any new problem(s) since the procedure?