About Your Neck Dissection Surgery

About Your Surgery **3**

Before Your Surgery **5**

Preparing for Your Surgery 6

Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs) 13

Herbal Remedies and Cancer Treatment 16

Information for Family and Friends for the Day of Surgery 18

After Your Surgery **21**

What to Expect 22

How to Use Your Incentive Spirometer 26

Resources **29**

MSK Resources 30

External Resources 32

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About Your Surgery

This guide will help you prepare for your neck dissection surgery at Memorial Sloan Kettering (MSK), and help you understand what to expect during your recovery. Read through this guide at least once before your surgery and then use it as a reference in the days leading up to your surgery. Bring this guide with you every time you come to MSK, including the day of your surgery, so that you and your healthcare team can refer to it throughout your care.

Head and neck cancer can spread to the lymph nodes. Lymph nodes are small oval or round bodies along the lymphatic system. If your doctor thinks that there is a high risk that the cancer may have spread to the lymph nodes in your neck, or if it has already spread to those nodes, your treatment may include having a neck dissection. This is a surgery to remove the lymph nodes in the neck area.

There are several types of neck dissections. The type you will have depends on where the cancer is, whether it has spread to your lymph nodes, and whether it has spread to other structures in your neck. Sometimes, your surgeon can tell which lymph nodes are affected by examining you. If this is not possible, you may need to have a computed tomography (CT) scan or ultrasound of your neck so that your surgeon can see the area better.

In addition to the lymph nodes, other structures in the neck may need to be removed, including:

- The muscle on the side of the neck that helps you turn your head. When this muscle is removed, there will be an indentation on that side of your neck. You will still be able to move your neck without difficulty.
- The nerve that allows you to raise your arm higher than your shoulder. Your surgeon will try to save this nerve. If it must be removed, you will have trouble raising your arm above a 90-degree angle on the affected side.
- A major vein that collects blood from the brain, face, and neck. Removing this vein on one side of your neck will not cause any problems. Other veins in your neck will collect and circulate the blood on that side of your neck and face.
- A salivary gland in the upper part of the neck. Removing this gland will not cause any damage to your salivary function.

Once your lymph nodes have been removed, your surgeon will close your incision with staples or sutures (stitches). The type of incision line you have will depend on which lymph nodes and structures were removed. Your surgeon will discuss this with you.

Notes

The information in this section will help you prepare for your surgery. Read through this section when your surgery is scheduled and refer to it as your surgery date gets closer. It contains important information about what you need to do before your surgery. Write down any questions you have and be sure to ask your doctor or nurse.

Preparing for Your Surgery

You and your healthcare team will work together to prepare for your surgery.

About Drinking Alcohol

The amount of alcohol you drink can affect you during and after your surgery. It is important that you talk with your healthcare providers about your alcohol intake so that we can plan your care.

- Stopping alcohol suddenly can cause seizures, delirium, and death. If we know you are at risk for these complications, we can prescribe medications to help prevent them.
- If you drink alcohol regularly, you may be at risk for other complications during and after your surgery. These include bleeding, infections, heart problems, greater dependence on nursing care, and longer hospital stay.

Here are things you can do to prevent problems before your surgery:

- Be honest with your healthcare provider about how much alcohol you drink.
- Try to stop drinking alcohol once your surgery is planned. If you develop a headache, nausea, increased anxiety, or cannot sleep after you stop drinking, tell your doctor right away. These are early signs of alcohol withdrawal and can be treated.
- Tell your healthcare provider if you cannot stop drinking.
- Ask us any questions you have about drinking and surgery. As always, all of your treatment information will be kept confidential.

Help us keep you safe during your surgery by telling us if any of the following statements apply to you, even if you aren't sure.

- I take a blood thinner. Some examples are aspirin, heparin, warfarin (Coumadin®), clopidogrel (Plavix®), and tinzaparin (Innohep®). There are others, so be sure your doctor knows all the medications you're taking.
- I take prescription medications, including patches and creams.
- I take any over-the-counter medications, herbs, vitamins, minerals, or natural or home remedies.
- I have a pacemaker, automatic implantable cardioverter-defibrillator (AICD), or other heart device.
- I have sleep apnea.
- I have had a problem with anesthesia in the past.
- I have allergies, including latex.
- I am not willing to receive a blood transfusion.
- I drink alcohol.
- I smoke.
- I use recreational drugs.

About Smoking

People who smoke can have breathing problems when they have surgery. Stopping even for a few days before surgery can help. If you want to quit, call our Tobacco Treatment Program at 212-610-0507. You can also ask your nurse about the program.

About Sleep Apnea

Sleep apnea is a common breathing disorder that causes a person to stop breathing for short periods while sleeping. The most common type is obstructive sleep apnea (OSA). This means that the airway becomes completely blocked during sleep, so no air can get through. OSA can cause serious problems when you have surgery. Please tell us if you have sleep apnea or if you think you may have it. If you use a breathing machine (such as a CPAP) for sleep apnea, bring it with you the day of your surgery.

Within 30 Days of Your Surgery

Presurgical Testing

Before your surgery, you will have an appointment for presurgical testing (PST). The date, time, and location of your PST appointment will be printed on the appointment reminder from your surgeon's office.

You can eat and take your usual medications the day of your PST appointment. During your PST appointment, you will meet with a nurse practitioner who works closely with anesthesiology staff (doctors and specialized nurses who give you medication to sleep during surgery). He or she will review your medical and surgical history with you. You will have tests, including an electrocardiogram (EKG) to check your heart rhythm, a chest x-ray, blood tests, and any other tests necessary to plan your care. Your nurse practitioner may also recommend you see other healthcare providers.

Your nurse practitioner will talk with you about which medications you should take the morning of your surgery. To help you remember, we've left space for you to write these medications in on page 9 of this guide. It is very helpful if you bring the following with you to your PST appointment:

- ☐ A list of all the medications you are taking, including patches and creams
- ☐ Results of any tests done outside of MSK, such as a cardiac stress test, echocardiogram (echo), or carotid doppler study
- ☐ The name(s) and telephone number(s) of your doctor(s)

Health Care Proxy

If you haven't already completed a Health Care Proxy form, we recommend you complete one now. A health care proxy is a legal document that identifies the person who will speak for you if you are unable to communicate for yourself. The person you identify is called your health care agent. If you are interested in completing a Health Care Proxy form or to learn more, talk with your nurse. If you have completed one already, or if you have any other advanced directive, bring it with you to your next appointment.

Breathing and Coughing Exercises

Practice taking deep breaths and coughing before your surgery. You will be given an incentive spirometer to help expand your lungs. For more information, please read *How to Use Your Incentive Spirometer,* located in the "After Your Surgery" section of this guide. If you have any questions, ask your nurse.

Exercise

Do some form of exercise every day. If it is cold outside, use stairs in your home or go to a mall or shopping market. Walking will help your body get into its best condition for your surgery and make your recovery faster and easier.

Eat a Healthy Diet

You should eat a well-balanced, healthy diet before your surgery. If you need help with your diet, talk to your doctor or nurse about meeting with a dietitian.

10 Days Before Your Surgery

Review Your Medications

If you take vitamin E, stop taking it 10 days before your surgery. If you take aspirin, ask your surgeon whether you should continue. Medications such as aspirin, medications that contain aspirin and vitamin E can cause bleeding. For more information, please read *Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs),* located in this section.

7 Days Before Your Surgery

Stop Taking Herbal Remedies and Supplements

Stop taking herbal remedies or supplements 7 days before your surgery. If you take a multivitamin, talk with your doctor or nurse about whether you should continue. For more information, please read *Herbal Remedies and Cancer Treatment,* located in this section.

2 Days Before Your Surgery

Stop taking nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen (e.g., Advil®, Motrin®), and naproxen (e.g., Aleve®). These medications can cause bleeding. For more information, please read *Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs),* located in this section.

1 Day Before Your Surgery

Note the Time of Your Surgery

A clerk from the Admitting Office will call you after 2:00 PM the day before your surgery. He or she will tell you what time you should arrive at the hospital for your surgery. If you are scheduled for surgery on Monday you will be called on the Friday before. The Admitting clerk will tell you where to go on the day of your surgery. This will be either the Surgical Day Hospital (SDH) or the Presurgical Center (PSC). If you do not receive a call by 7:00 PM, please call 212-639-5014.

Use this area to write in information when the clerk calls:

Date: _____ Time: _____

Both locations are at 1275 York Avenue between East 67th and East 68th streets.

- ☐ Surgical Day Hospital (SDH)
  M elevator to the 2nd Floor
- ☐ Presurgical Center (PSC)
  B elevator to the 6th Floor

Sleep

Go to bed early and get a full night's sleep.

Do not eat or drink anything after midnight the night before your surgery. This includes water, hard candy, and gum.

Morning of Your Surgery

Take Your Medications

If your doctor or nurse practitioner instructed you to take certain medications the morning of your surgery, take only those medications with a sip of water. Depending on what medications you take and the surgery you're having, this may be all, some, or none of your usual morning medications.

Medication	Dose	Doctor/Nurse
Medication	Dose	Doctor/Nurse
Medication	Dose	Doctor/Nurse

Do not eat or drink anything the morning of your surgery. This includes water, hard candy, and gum. Take any medication as instructed with a small sip of water.

Things to Remember

- Do not put on any lotion, cream, deodorant, makeup, powder, or perfume.
- Do not wear any metal objects. Remove all jewelry, including body piercings. The equipment used during your surgery can cause burns if it touches metal.
- Leave valuables, such as credit cards, jewelry, or your checkbook, at home.
- Before you are taken into the operating room, you will need to remove your eyeglasses, hearing aids, dentures, prosthetic device(s), wig, and religious articles, such as a rosary.
- If you wear contact lenses, wear your glasses instead.
- _____
- _____
- _____

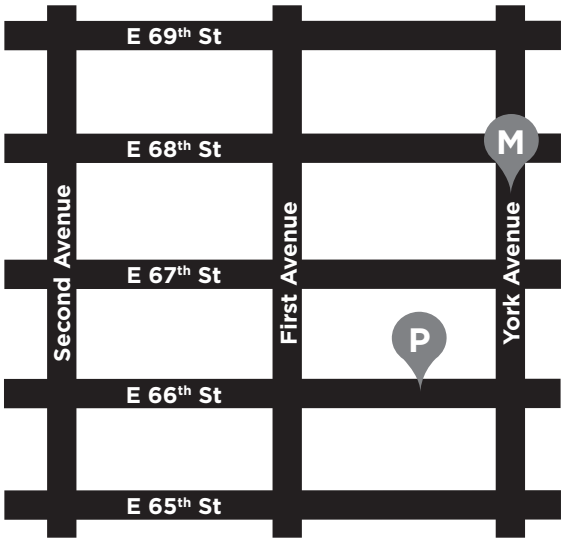
What to Bring

- ☐ A button-down or loose fitting top.
- ☐ Only the money you may need for a newspaper, bus, taxi, or parking.
- ☐ A CD player and CDs or an iPod, if you choose. However, someone will need to hold these items for you when you go into surgery.
- ☐ If you have a case for your personal items, such as eyeglasses, hearing aid(s), dentures, prosthetic device(s), wig, and religious articles such as a rosary, bring it with you.
- ☐ Your Health Care Proxy form, if you have completed one.
- ☐ This guide. Your healthcare team will use this guide to teach you how to care for yourself after your surgery.
- ☐ _____
- ☐ _____
- ☐ _____

Parking When You Arrive

Parking at MSK is available in the garage on East 66th Street between York and First Avenues. To reach the garage, enter East 66th Street from York Avenue. The garage is located about a quarter of a block in from York Avenue, on the right-hand (north) side of the street. There is a pedestrian tunnel that connects the garage to the hospital. If you have questions about prices, call 212-639-2338.

There are also other garages located on East 69th Street between First and Second Avenues, East 67th Street between York and First Avenues, and East 65th Street between First and Second Avenues.



P = Parking
M = Memorial Sloan Kettering

Once You're in the Hospital

You will be asked to state and spell your name and date of birth many times. This is for your safety. Patients with the same or similar names may be having surgery on the same day.

Get Dressed for Surgery

You will be given a hospital gown, robe, and nonskid socks.

Meet With Your Nurse

Your nurse will meet with you before your surgery. Tell him or her the dose of any medications (including patches and creams) you took after midnight and the time you took them. Your nurse will insert an intravenous (IV) line into a vein , usually in your arm or hand. The IV line will be used to give you fluids and anesthesia (medication to make you sleep) during your surgery.

Meet With Your Anesthesiologist

He or she will:

- Review your medical history with you.
- Talk with you about your comfort and safety during your surgery.
- Talk with you about the kind of anesthesia you will receive.
- Answer any questions you may have about your anesthesia.

Prepare for Surgery

Once your nurse has seen you, 1 or 2 visitors can keep you company as you wait for your surgery to begin. When it is time for your surgery, your visitor(s) will be shown to the waiting area. Your visitors should read *Information for Family and Friends for the Day of Surgery* located in this section.

You will walk into the operating room or you can be taken in on a stretcher. A member of the operating room team will help you onto the operating bed. Compression boots will be placed on your lower legs. These gently inflate and deflate to help circulation in your legs.

The length of your surgery depends on which type of surgery and incision you have. Your doctor will discuss this with you before your surgery. Once your surgery is finished, your incisions will be closed with staples or stitches.

Notes

Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

This information will help you identify medications that contain aspirin and other nonsteroidal anti-inflammatory drugs (NSAIDs). It's important to stop these medications before many cancer treatments.

Medications such as aspirin and other NSAIDs, vitamin E, and COX-2 inhibitors can increase your risk of bleeding during cancer treatment. These medications affect your platelets, which are blood cells that clot to prevent bleeding. If you take aspirin or other NSAIDs, vitamin E, or a COX-2 inhibitor such as celecoxib (Celebrex®), tell your doctor or nurse. He or she will tell you if you need to stop taking these medications before your treatment. You will also find instructions in the information about the treatment you're having.

If you're having surgery:

- Stop taking medications that contain aspirin or vitamin E 10 days before your surgery or as directed by your doctor. If you take aspirin because you've had a problem with your heart or you've had a stroke, be sure to talk with your doctor before you stop taking it.
- Stop taking NSAIDs 48 hours before your surgery or as directed by your doctor.
- Ask your doctor if you should continue taking a COX-2 inhibitor.

If you're having a procedure in Radiology (including Interventional Radiology, Interventional Mammography, and General Radiology):

- If you take aspirin because you've had a problem with your heart or you've had a stroke, be sure to talk with your doctor before you stop taking it. If your doctor instructs you to stop taking aspirin, you should stop 5 days before your procedure or as directed by your doctor.
- Stop taking NSAIDs 24 hours before your procedure.
- Stop taking medications that contain vitamin E 10 days before your procedure, or as directed by your doctor.

Chemotherapy can decrease your platelet count, which can increase your risk of bleeding. Whether you're just starting chemotherapy or you've been receiving it, talk with your doctor or nurse before taking aspirin or NSAIDs.

Medications are often called by their brand name, which can make it difficult to know their ingredients. To help you identify medications that contain aspirin, other NSAIDs, and vitamin E, please review the list of common medications in this leaflet. While this list includes the most common products, there are others. Please check with your healthcare provider if you aren't sure. Always be sure your doctor knows all the medications you're taking, both prescription and over-the-counter.

The following common medications contain aspirin:

Alka Seltzer®
Anacin®
Arthritis Pain Formula
Arthritis Foundation Pain Reliever®
ASA Enseals®
ASA Suppositories®
Ascriptin® and Ascriptin A/D
Aspergum®
Asprimox®
Axotal®
Azdone®
Bayer® (most formulations)
BC® Powder and Cold Formulations
Bufferin® (most formulations)
Buffets II®
Buffex®
Cama® Arthritis Pain Reliever
COPE®
Dasin®
Easprin®
Ecotrin (most formulations)
Empirin® Aspirin (most formulations)
Epromate®
Equagesic Tablets
Equazine®
Excedrin® Extra-Strength Analgesic Tablets and Caplets
Excedrin Migraine
Fiorgen ®
Fiorinal® (most formulations)
Fiortal®
Gelpirin®
Genprin®
Gensan®
Heartline®
Headrin®
Isollyl®
Lanorinal®
Lortab® ASA Tablets
Magnaprin®
Marnal®
Micrainin®
Momentum®
Norgesic Forte® (most formulations)
Norwich® Aspirin
PAC® Analgesic Tablets
Orphengesic®
Painaid®
Panasal®
Percodan® Tablets
Persistin®
Robaxisal® Tablets
Roxiprin®
Saleto®
Salocol®
Sodol®
Soma® Compound Tablets
Soma Compound with Codeine Tablets
St. Joseph® Adult Chewable Aspirin
Supac®
Synalgos® DC Capsules
Tenol-Plus®
Trigesic®
Talwin® Compound
Vanquish® Analgesic Caplets
Wesprin® Buffered
Zee-Seltzer®
ZORprin®

The following common medications are NSAIDs that do not contain aspirin:

Advil®
Advil Migraine
Aleve®
Anaprox DS®
Ansaid®
Arthrotec®
Bayer Select Pain Relief Formula Caplets
Celebrex
Children's Motrin®
Clinoril®
Daypro®
Diclofenac
Etodolac®
Feldene®
Fenoprofen
Flurbiprofen
Genpril®
Ibuprofen
Indomethacin
Indocin®
Ketoprofen
Ketorolac
Lodine®
Meclofenamate
Mefenamic Acid
Meloxicam
Menadol®
Midol®
Mobic®
Motrin
Nabumetone
Nalfon®
Naproxen
Naprosyn®
Nuprin®
Orudis®
Oxaprozin
PediaCare Fever®
Piroxicam
Ponstel®
Relafen®
Saleto 200
Sulindac
Toradol®
Voltaren®

Most multivitamins contain vitamin E, so if you take a multivitamin be sure to check the label. The following products contain vitamin E:

Amino-Opt-E
Aquasol E
Aquavit
D'alpha E
E-400 IU
E-1000 IU Softgels
E complex-600
Vita-Plus E

Acetaminophen (Tylenol®) is generally safe to take during your cancer treatment. It doesn't affect platelets, so it will not increase your chance of bleeding. The following common medications contain acetaminophen; those in bold require a prescription:

Acephen®
Aceta® with Codeine
Acetaminophen with Codeine
Aspirin-Free Anacin
Arthritis Pain Formula Aspirin-Free
Darvocet-N 100®
Datril®
Di-Gesic®
Esgic®
Excedrin P.M.
Fiorcet®
Lorcet®
Lortab
Naldegesic®
Norco®
Panadol®
Percocet®
Repan
Roxicet®
Talacen®
Tempra®
Tylenol
Tylenol with Codeine No. 3
Vanquish
Vicodin®
Wygesic®
Zydone®

Read the labels on all your medications.

Acetaminophen (Tylenol) is a very common ingredient found in over-the-counter and prescription medications. It's often an ingredient in pain relievers, fever reducers, sleep aids, and cough, cold, and allergy medications. The full name acetaminophen is not always written out, so look for these common abbreviations, especially on prescription pain relievers: APAP, AC, Acetaminoph, Acetaminop, Acetamin, and Acetam.

Acetaminophen is safe when used as directed, but there is a limit to how much you can take in 1 day. It's possible to take too much acetaminophen without knowing because it's in many different medications, so always read and follow the label on the product you are taking. Do not take more than 1 medication at a time that contains acetaminophen without talking with a member of your healthcare team.

If you have any questions or concerns, talk with a member of your healthcare team. You can reach them Monday through Friday from 9:00 am to 5:00 pm at _____. After 5:00 pm, during the weekend, and on holidays, please call_____. If there's no number listed, or you're not sure, call (212) 639-2000.

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Herbal Remedies and Cancer Treatment

One week before you have surgery or start chemotherapy or radiation therapy, you must stop taking any herbal or botanical home remedies or other dietary supplements because they can:

- Interact with other drugs
- Increase or lower blood pressure
- Thin the blood and increase the risk of bleeding
- Make radiation therapy less effective
- Lower the effects of medications that suppress the immune system
- Increase the effects of sedation or anesthesia

Common Herbs and Their Effects

Echinacea

- Can cause an allergic reaction such as a rash or difficulty breathing
- Can lower the effect of drugs used to suppress the immune system

Garlic

- Can lower blood pressure, fat, and cholesterol levels
- Can prevent platelets (the blood cells that help stop bleeding) from sticking together, which increases the risk of bleeding

Gingko (also known as gingko biloba)

- Can change how platelets function, which can increase the risk of bleeding

Ginseng

- Can act as a stimulant, which can decrease the effects of anesthesia or sedation
- Can interfere with platelet function, which can increase the risk of bleeding
- Can lower blood glucose (sugar) level

Turmeric

- Can reduce the antitumor action of chemotherapy drugs

St. John's Wort

- Can interact with medications given during surgery
- Can make the skin more sensitive to laser treatment

Valerian

- Can have a sedative effect, which can increase the effects of anesthesia or sedation

Herbal formulas

- Many herbal formulas contain different herbs. We don't know their side effects. You must also stop taking these products 1 week before and during treatment

For more information about herbs and botanicals, visit the About Herbs, Botanicals & Other Products website at mskcc.org/aboutherbs.

You can also download the Memorial Sloan Kettering About Herbs app from the Apple App Store at itunes.apple.com/us/app/about-herbs/id554267162?mt=8.

This information does not cover all possible side effects. Please share any questions or concerns with your doctor or nurse.

If you have any questions or concerns, talk with a member of your healthcare team. You can reach them Monday through Friday from 9:00 am to 5:00 pm at _____. After 5:00 pm, during the weekend, and on holidays, please call_____. If there's no number listed, or you're not sure, call (212) 639-2000.

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Information for Family and Friends for the Day of Surgery

This information explains what to expect on the day your friend or family member is having surgery at Memorial Sloan Kettering (MSK).

Before the Surgery

After arriving at the hospital, the patient will be asked to provide contact information for the person who will be meeting with the surgeon after the surgery. This is the same person who will get updates from the nurse liaison during the surgery. If the patient is having an outpatient procedure, he or she will also be asked to provide contact information for the person who will be taking them home.

Once the patient is checked in, he or she will go to the Presurgical Center (PSC) to be examined before surgery. One person can come along, but other visitors should wait in the waiting area. If the patient wishes, other visitors may join him or her when the nurse has finished the exam.

When the operating room (OR) is ready, the surgical team will take the patient there. They will prepare the patient for surgery, which can take 15 to 90 minutes. Then, the surgery will begin.

Please remember the following:

- Do not bring food or drinks into the waiting area or the PSC. Patients are not allowed to eat before their surgery or procedure.
- Our patients are at high risk for infection. Please do not visit if you have any cold or flu symptoms (fever, sneezing, sniffles, or a cough). We may ask you to wear a mask if there are any concerns about your health.
- If the patient brought any valuables, such as a cell phone, iPod, iPad, etc., please keep them safe for him or her during surgery.
- Sometimes, surgeries are delayed. We make every effort to tell you when this happens.

During the Surgery

After the patient is taken to the OR, please wait in the main lobby on the 1st floor. While you are waiting, here are some things you can do:

- Food and drinks are available on the 1st floor in the cafeteria and in the gift shop. You can also bring your own food and eat it in the cafeteria.
- The coat-check room is located at the bottom of the escalator on the ground level. It is open Monday through Friday from 11:00 AM to 4:00 PM.
- Wireless Internet access is available in most areas of the hospital. You can also use the computers in

the rooms off the main lobby.

- Please be courteous and mindful of others while using your cell phone. Use the designated area to accept and make calls on your cell phone. It may be useful to bring your phone charger to the hospital.
- The Mary French Rockefeller All Faith Chapel is an interfaith chapel located in room M106 near the main lobby on the 1st floor. It is open at all times for meditation and prayer.
- The Patient Recreation Pavilion is open daily from 9:00 AM to 8:00 PM for patients and their visitors. Children are allowed in the pavilion as long as they are supervised by an adult. Arts and crafts, a library, an outdoor terrace, and scheduled entertainment events are available in this area. To get to the pavilion, take the M elevators to the 15th floor.

Surgery updates

A nurse liaison will keep you updated on the progress of surgery. He or she will:

- Give you information about the patient.
- Prepare you for your meeting with the surgeon.
- Prepare you for visiting the patient in the Post Anesthesia Care Unit (PACU).

To contact the nurse liaison:

- From inside the hospital, use a hospital courtesy phone. Dial 2000 and ask for beeper 9000. Please be patient; this can take up to 2 minutes.
- From outside of the hospital, call 212-639-2000. Ask for beeper 9000.
- You can also ask the information desk staff to contact the nurse liaison for you.

After the Surgery

Meeting with the surgeon

When the patient's surgery is completed, we will call you and ask you to return to the concierge desk to tell you where to go to meet with the surgeon.

After you have met with the surgeon, return to the concierge desk and tell them that you have finished your consultation.

Visiting the patient in the PACU

After surgery, the patient will be taken to the PACU. It can take up to 90 minutes before the patient is ready to have visitors. You can use this time to take a walk or just relax in the waiting area until the patient is ready to see you.

When the patient is able to have visitors, a staff member will take you to the PACU. Please remember that only a limited number of visitors can go into the PACU. This is to keep the area quiet and avoid overcrowding. The patients in the PACU need time for rest and nursing care after surgery.

While visiting in the PACU

- Silence your cell phone.

- Apply an alcohol-based hand sanitizer (such as Purell®) before entering. There are hand sanitizer stations located throughout the hospital.
- Speak quietly.
- Respect other patients' privacy by staying at the bedside of your friend or family member.
- Do not bring food or flowers into the PACU.
- If any PACU patient needs special nursing attention, we may ask you to leave or to delay your visit.

After your visit, the nurse will escort you back from the PACU. He or she will update you on the patient's condition. He or she will also explain the plan of care for the patient, such as whether the patient is staying overnight and when he or she will be moved to an inpatient room. If the patient is going home the same day, a responsible adult must take him or her home.

We will give you a card with the PACU phone number. Please appoint one person to call for updates.

If you have any questions or concerns, talk with a member of your healthcare team. You can reach them Monday through Friday from 9:00 am to 5:00 pm at _____. After 5:00 pm, during the weekend, and on holidays, please call_____. If there's no number listed, or you're not sure, call (212) 639-2000.

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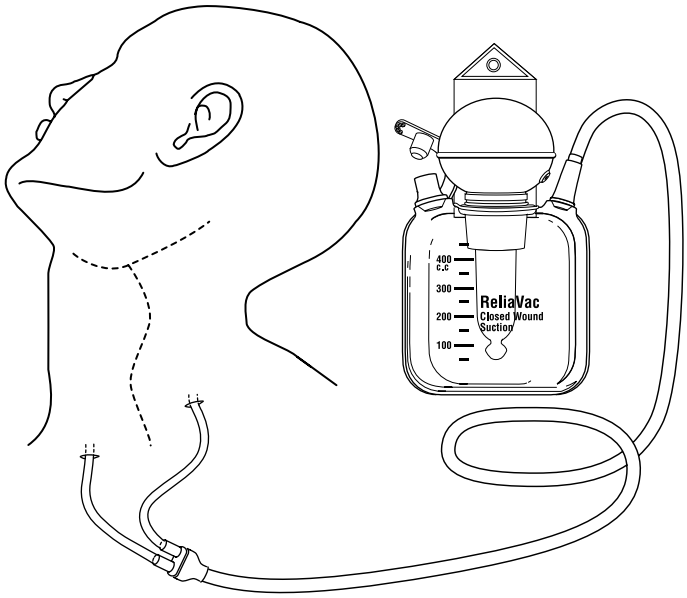
The information in this section will tell you what to expect after your surgery, both during your hospital stay and after you leave the hospital. You will learn how to safely recover from your surgery. Write down any questions you have and be sure to ask your doctor or nurse.

What to Expect

After your surgery, you will be taken to the Post Anesthesia Recovery Unit (PACU). Your visitors can visit you in the PACU after your surgery. You will be moved from the PACU to your hospital room the morning after your surgery.

While you are in the PACU, a nurse will be monitoring your pulse, blood pressure, and breathing. You will also be wearing boots that squeeze and release your legs to help your circulation during and after surgery.

You will have a drain called a ReliaVac®, which will be placed in your neck during your surgery. It helps prevent fluid from collecting under your skin (see figure). The drain does not hurt. It will be emptied regularly. When the drainage is less than 15 mL or ½ ounce, the drain will be removed. You will be discharged on the day the drain is removed.



Common Questions

How long will I be in the hospital?

Your doctor or nurse will give you an estimate of how long you will be in the hospital. On average, patients stay for 3 to 5 days.

Will I have pain?

You will have some pain after your surgery. Your doctor and nurse will ask you about your pain often and give you medication as needed. If your pain is not relieved, please tell your doctor or nurse.

You will first get pain medication through your IV. You will be given pain medication by mouth once you are eating a regular diet. You will be given a prescription for pain medication before you leave the hospital.

Will I have pain when I am home?

The length of time each patient has pain or discomfort varies. Follow the guidelines below to manage your pain.

- Call your doctor if the pain medication prescribed for you doesn't relieve your pain.
- Do not drive or drink alcohol while you are taking prescription pain medication.
- Pain medication should help you as you resume your normal activities. Take enough medication to make sure you can gradually increase your activities. Pain medication is most effective 30 to 45 minutes after taking it.
- Keep track of when you take your pain medication. It will not be as effective if you allow your pain to increase. Taking it when your pain first begins is more effective than waiting for the pain to get worse.

As your incision heals, you will have less pain and need less pain medication. A mild pain reliever such as acetaminophen (Tylenol) or ibuprofen (Advil) will relieve aches and discomfort.

How can I prevent constipation?

Pain medication may cause constipation, but there are steps you can take to prevent it, including exercising if you can. Walking is an excellent form of exercise. Drink plenty of water.

If these methods do not help, talk with your doctor or nurse. He or she may recommend over-the-counter or prescription medication.

When can I eat?

For the first meal after your surgery, you will be given clear liquids. If you can tolerate that (or if you're not experiencing nausea), your diet will then progress to solid food.

When will my staples or stitches be removed?

If you stay in the hospital for longer than 1 week, some or all of your staples or stitches will be removed before you leave.

If you stay in the hospital for less than 1 week, your staples or stitches will be removed during your first follow-up visit with your doctor after your surgery.

If you had radiation therapy to the neck before your surgery, your staples or stitches will stay in place for 2 to 3 weeks.

How do I care for my incision?

It is very important that you keep your incision clean and remove any crust that develops on it. Crust can collect bacteria and lead to infection. Your doctor or nurse will teach you how to care for your incision before you are discharged. Once you are home, you must care for your incision daily as described below.

1. Gather the following supplies:
   - Cotton swabs (e.g., Q-Tips®)
   - Normal saline
   - Bacitracin ointment
2. Wash your hands thoroughly with soap and water or use an alcohol-based hand sanitizer such as Purell®.
3. Take a cotton swab and pour the normal saline over it.
4. Gently clean along the incision line around the staples or stitches. The swabbing will help loosen any crust that may have developed along the wound.
5. Throw the swab away.
6. Repeat the steps above with a fresh swab as many times as it takes to clean the incision line. Remember that you can only dip the swab once. You must use a clean swab each time you dip it into the saline.
7. Apply a small amount of bacitracin ointment to the incision line with a clean cotton swab.

Call your doctor or nurse immediately if you develop any of the following signs of infection:

- A temperature of 100.4° F (38° C) or higher
- Increased discomfort, redness, or both around your incision line
- Skin around the incision line that is hot to the touch
- Drainage or accumulation of fluid from the incision site

When can I shower?

You can shower 24 hours after your drain is removed from your neck. When showering, do not apply direct water pressure to your incision. Rather, allow the soap and water to run over your incision. Gently pat your incision dry with a clean towel.

What do I need to do to recover from my surgery?

After your stitches or staples are removed, your doctor or nurse may instruct you to do certain exercises every day. This will depend on how well you can turn your neck and move your arm(s) after surgery. The exercises will help you regain full range of motion and strength to the affected area(s). It is important that you do them every day. Your doctor or nurse will show you how to do the exercises and will give you written instructions.

When can I resume my normal activities?

Your doctor and nurse will tell you when you can resume your normal activities during your first follow-up visit after your surgery. Until then, avoid all activity that could put strain on your incision, including:

- Driving
- Lifting items heavier than 10 pounds
- Vigorous exercise
- Sexual activity

When can I resume sexual activity?

Ask you doctor or nurse when you can resume sexual activity.

What type of follow-up care will I receive after I leave the hospital?

You will have your first follow-up visit with your doctor about 1 week after you are discharged from the hospital. Until then, be sure to follow all instructions given to you when you were discharged.

If you have any questions or concerns, you can contact your doctor's office at any time after you have been discharged from the hospital.

When will I get my test results?

The lymph nodes will be examined for cancer after they are removed. The test results are usually ready in 5 to 7 business days. Based on the results, you may need further treatment. Your doctor will discuss the results with you during your first follow-up appointment after your surgery.

How can I cope with my feelings?

After surgery for a serious illness, you may have new and upsetting feelings. Many patients say they felt sad, worried, nervous, irritable, or angry at one time or another. You may find that you cannot control some of these feelings. If this happens, it's a good idea to seek emotional support.

The first step in coping is to talk about how you feel. Family and friends can help. Your nurse, doctor, and social worker can reassure, support, and guide you. It is always a good idea to let these professionals know how you, your family, and your friends are feeling emotionally. Many resources are available to patients and their families. Whether you are in the hospital or at home, we are here to help you and your family and friends handle the emotional aspects of your illness.

What if I have other questions?

If you have any questions or concerns, please talk with your doctor or nurse. You can reach them Monday through Friday from 9:00 AM to 5:00 PM at the numbers listed below.

Doctor: _____ Telephone: _____

Nurse: _____ Telephone: _____

After 5:00 PM, during the weekend, and on holidays, please call 212-639-2000 and ask for the doctor on call for your doctor.

Call your doctor or immediately if you have:

- A temperature of 100.4° F (38° C) or higher
- Increased discomfort, redness, or both around your incision line
- Skin around the incision line that is hot to the touch
- Drainage or accumulation of fluid from the incision site
- Shortness of breath
- New or increased swelling around your incision

How to Use Your Incentive Spirometer

This information will help you learn how to use your incentive spirometer.

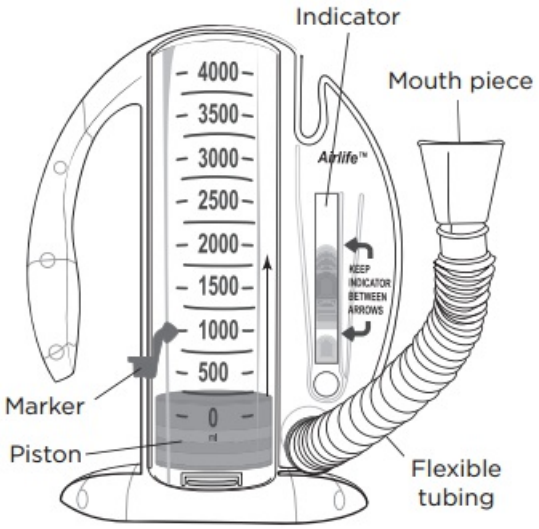
An incentive spirometer will help you expand your lungs by encouraging you to breathe more deeply and fully. Using your incentive spirometer after your surgery, along with deep breathing and coughing exercises, will help keep your lungs active throughout the recovery process and prevent complications such as pneumonia.

A video demonstrating how to use your incentive spirometer can be found on the Memorial Sloan Kettering (MSK) website at:

www.mskcc.org/videos/how-use-your-incentive-spirometer

The first time you use it, you will need to take the flexible tubing with the mouthpiece out of the bag. Expand the tubing and connect it to the outlet on the right side of the base (see figure). The mouthpiece will be attached to the other end of the tubing.

To use your incentive spirometer:



1. Sit upright in a chair or in bed. Hold the incentive spirometer upright at eye level.
2. Exhale (breathe out) once slowly. Put the mouthpiece in your mouth and close your lips tightly around it.
3. Take a slow, deep breath in through your mouth. As you take a slow, deep breath, you will see the piston rise inside the large column. While the piston rises, the indicator on the right should move upwards. It should stay in between the 2 arrows (see figure). If the indicator does not stay between the arrows, you are breathing either too fast or too slowly.
4. Try to get the piston as high as you can, while keeping the indicator between the arrows.
5. When you get it as high as you can, try to keep it at that level for 2 to 5 seconds or longer, if possible.
6. Exhale slowly, allowing the piston to fall all the way back to the bottom. Rest for a few seconds.
7. Take 10 breaths with your incentive spirometer every hour while you are awake, or as instructed by your clinician. Try to get the piston to the same level with each breath.
8. After each set of breaths, cough 3 times. This will help loosen or clear any secretions in your lungs.

Special Points

- If you feel dizzy at any time, stop and rest. Try again at a later time.
- If you had surgery on your chest or abdomen, hug or hold a pillow to help splint your incision. This will help decrease pain at your incision.
- Breathe through your mouth. If you breathe through your nose the incentive spirometer will not work properly. You can plug your nose if you have trouble.
- Keep the incentive spirometer clean by covering the mouthpiece when it is not in use.

If you have any questions or concerns, talk with a member of your healthcare team. You can reach them Monday through Friday from 9:00 am to 5:00 pm at _____. After 5:00 pm, during the weekend, and on holidays, please call_____. If there's no number listed, or you're not sure, call (212) 639-2000.

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Notes

This section includes a list of MSK support services, as well as the resources that were referred to throughout this guide. These resources will help you prepare for your surgery and recover safely. Write down any questions you have and be sure to ask your doctor or nurse.

MSK Resources

Admitting
212-639-5014
Call to discuss private room or luxury suite options. If you want to change your room choice after your presurgical testing visit, call 212-639-7873 or 212-639-7874.

Anesthesia
212-639-6840
Call with questions about anesthesia.

Blood Donor Room
212-639-7643
Call for more information if you are interested in donating blood or platelets.

Bobst International Center
888-675-7722
MSK welcomes patients from around the world. If you are an international patient, call for help.

Chaplaincy Service
212-639-5982
At MSK, our chaplains are available to listen, help support family members, pray, contact community clergy or faith groups, or simply be a comforting companion and a spiritual presence. Anyone can request spiritual support, regardless of formal religious affiliation. The interfaith chapel is located near the main lobby of Memorial Hospital, and is open 24 hours a day. If you have an emergency, please call the hospital operator and ask for the chaplain on call.

Counseling Center
646-888-0200
Many people find counseling helpful. We provide counseling for individuals, couples, families, and groups, as well as medications to help if you feel anxious or depressed.

Integrative Medicine Service
646-888-0800
Integrative Medicine Service offers patients many services to complement traditional medical care, including music therapy, mind/body therapies, dance and movement therapy, yoga, and touch therapy.

Look Good Feel Better Program
800-227-2345
Learn techniques to help you feel better about your appearance by taking a workshop or visiting the program online at www.lookgoodfeelbetter.org.

Patient-to-Patient Support Program
212-639-5007
You may find it comforting to speak with a cancer survivor or caregiver who has been through a similar treatment. Through our Patient-to-Patient Support Program, we are able to offer you a chance to speak with former patients and caregivers.

Patient Financial Services
212-639-8242
Call with any questions about preauthorization from your insurance company. This is also called preapproval. Patient Financial Services can also help you with your billing or other insurance questions.

Patient Representative Office
212-639-7202
Call if you have any questions about the Health Care Proxy form or if you have any concerns about your care.

Perioperative Clinical Nurse Specialist
212-639-5935
Call if you have any questions about MSK releasing any information while you are having surgery.

Private Nursing Options
212-639-6892
Patients may request private nurses or companions. Call for more information.

Resources for Life After Cancer (RLAC) Program
646-888-8106
At MSK, care doesn't end after active treatment. The RLAC Program is for patients and their families who have finished treatment. This program has many services, including seminars, workshops, support groups, counseling on life after treatment, and help with insurance and employment issues.

Social Work
646-888-5271 or 646-888-5203
Social workers help patients, family, and friends deal with issues that are common for cancer patients. They provide individual counseling and support groups throughout the course of treatment, and can help you communicate with children and other family members. Our social workers can also refer you to community agencies and programs, as well as financial resources if you're eligible.

Tobacco Treatment Program
212-610-0507
If you want to quit smoking, MSK has specialists who can help. Call for more information.

For additional online information, visit LIBGUIDES on MSK's library website at: http://library. mskcc.org. You can also contact the library reference staff at 212-639-7439 for help

External Resources

The following are resources outside of MSK that you may find helpful:

Access-A-Ride
www.mta.info/nyct/paratran/guide.htm
877-337-2017
In New York City, the MTA offers a shared ride, door-to-door service for people with disabilities who are unable to take the public bus or subway.

Air Charity Network
www.aircharitynetwork.org
877-621-7177
Provides travel to treatment centers.

American Cancer Society (ACS)
www.cancer.org
800-227-2345
Offers a variety of information and services, including Hope Lodge, a free place for patients and caregivers to stay during cancer treatment.

Cancer and Careers
www.cancerandcareers.org
A comprehensive resource for education, tools, and events for employees with cancer.

Cancer*Care*
www.cancercare.com
800-813-4673
275 Seventh Avenue (between West 25th & West 26th Streets) New York, NY 10001
Provides counseling, support groups, educational workshops, publications, and financial assistance.

Cancer Support Community
http://cancersupportcommunity.org
Provides support and education to people affected by cancer.

Caregiver Action Network
www.caregiveraction.org
800-896-3650
Provides education and support for those who care for loved ones with a chronic illness or disability.

Chronic Disease Fund
www.cdfund.org
877-968-7233
Offers financial assistance to pay for copayments during treatment. Patients must have medical insurance, meet the income criteria, and be prescribed medication that is part of the CDF formulary.

Corporate Angel Network
www.corpangelnetwork.org
866-328-1313
Free travel to treatment across the country using empty seats on corporate jets.

fertileHOPE
www.fertilehope.org
855-220-7777
Provides reproductive information and support to cancer patients and survivors whose medical treatments have risks associated with infertility.

Gilda's Club
www.gildasclubnyc.org
212-647-9700
A place where men, women, and children living with cancer find social and emotional support through networking, workshops, lectures, and social activities.

Healthwell Foundation
www.healthwellfoundation.org
800-675-8416
Provides financial assistance to cover copayments, health care premiums, and deductibles for certain medications and therapies.

Hospital Hosts
www.hospitalhosts.com
National resource to help reduce costs related to medical travel needs such as air, car, and lodging near hospitals.

Joe's House
www.joeshouse.org
877-563-7468
Provides a list of places to stay near treatment centers for people with cancer and their families.

LGBT Cancer Project
http://lgbtcancer.com
Provides support and advocacy for the LGBT community, including a online support groups and a database of LGBT friendly clinical trials.

National Cancer Institute
www.cancer.gov

National Cancer Legal Services Network
www.nclsn.org
Free cancer legal advocacy program.

National LGBT Cancer Network
www.cancer-network.org
Provides education, training, and advocacy for LGBT cancer survivors and those at risk.

Needy Meds
www.needymeds.com
Lists Patient Assistance Programs for brand and generic name medications.

NYRx
www.nyrxplan.com
Provides prescription benefits to eligible employees and retirees of public sector employers in New York State.

Partnership for Prescription Assistance
www.pparx.org
888-477-2669
Helps qualifying patients without prescription drug coverage get free or low-cost medications.

Patient Access Network Foundation
www.panfoundation.org
866-316-7263
Provides assistance with copayments for patients with insurance.

Patient Advocate Foundation
www.patientadvocate.org
800-532-5274
Provides access to care, financial assistance, insurance assistance, job retention assistance, and access to the national underinsured resource directory.

RxHope
www.rxhope.com
877-267-0517
Provides assistance to help people obtain medications that they have trouble affording.

Support for People with Oral and Head and Neck Cancer (SPOHNC)
www.spohnc.org
800-377-0928
Provides information and support for people with oral and head and neck cancer.