About Your Abdominal Incisional Hernia Surgery

This guide will help you get ready for your abdominal incisional hernia surgery at Memorial Sloan Kettering (MSK). It will also help you understand what to expect during your recovery.

Read through this guide at least once before your surgery and 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. You and your healthcare team will refer to it throughout your care.

Your Healthcare Team

Doctor: ____________________________________________

Nurse: ____________________________________________

Phone number: _____________________________________

Fax number: _______________________________________

Your Caregiver

It’s important to choose a person to be your caregiver. They’ll learn about your surgery with you and help you care for yourself while you're recovering after surgery. Write down your caregiver's name below.

Caregiver: ________________________________________

To view this guide online, visit www.mskcc.org/pe/abdominal_incisional_hernia
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About Your Surgery

About Abdominal Wall Hernias

Your abdominal wall, which is made up of muscles, protect the organs in your abdomen (belly).

A hernia happens when an organ or fatty tissue squeezes through a weak spot in the abdominal muscles or connective tissue (see Figure 1).

One type of hernia is an incisional hernia. An incisional hernia can develop around the incision (surgical cut) in the scar tissue from an earlier surgery (see Figure 2). This can happen in any surgery that was done in your abdominal area from the breastbone down to the groin.

If you have an incisional hernia, you may notice a swelling or a bulge under your skin where you had your previous surgery. You may also have discomfort in your abdomen when lifting or bending.

About Your Hernia Surgery

You'll need surgery to fix your hernia. There are different types of hernia surgeries, including an open surgery or a laparoscopic surgery. Your surgeon will speak with you about what type of hernia surgery is best for you.

Laparoscopic Surgery

In a laparoscopic surgery, your surgeon will make a few small incisions in your abdomen. Your abdomen will be inflated with air so that your surgeon can see your organs. Your surgeon will insert a thin, lighted scope called a laparoscope through the incision. They will insert tools to repair the hernia through the other incisions.
**Open Surgery**

In an open surgery, your surgeon will make an incision large enough to remove scar tissue and fat from your abdominal wall near the hernia. They may also apply a mesh patch to hold the weakened area in your abdominal wall. The mesh patch will be attached to your abdominal wall, covering the hole or weakened area beneath it. Over time, this patch will be absorbed by your inner abdominal wall.

Your surgery will take about 3 hours.
The information in this section will help you get ready for your surgery. Read through this section when your surgery is scheduled and refer to it as your surgery date gets closer. It has important information about what you need to do before your surgery.

Write down your questions and be sure to ask your healthcare provider.
Getting Ready for Your Surgery

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

About Drinking Alcohol

The amount of alcohol you drink can affect you during and after your surgery. It’s important to talk with your healthcare providers about how much alcohol you drink. This will help us plan your care.

- If you stop drinking alcohol suddenly, it can cause seizures, delirium, and death. If we know you’re at risk for these complications, we can prescribe medications to help keep them from happening.

- If you drink alcohol regularly, you may be at risk for other complications during and after your surgery. These include bleeding, infections, heart problems, and a longer hospital stay.

Here are things you can do before your surgery to keep from having problems:

- Be honest with your healthcare providers about how much alcohol you drink.
- Try to stop drinking alcohol once your surgery is planned. If you develop a headache, nausea (feeling like you’re going to throw up), increased anxiety, or can’t sleep after you stop drinking, tell your healthcare provider right away. These are early signs of alcohol withdrawal and can be treated.
- Tell your healthcare provider if you can’t stop drinking.
- Ask your healthcare provider questions about drinking and surgery. As always, all of your medical 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®), enoxaparin (Lovenox®), dabigatran (Pradaxa®), apixaban (Eliquis®), and rivaroxaban (Xarelto®). There are others, so be sure your healthcare provider knows all the medications you’re taking.

- I take prescription medications (medications prescribed by a healthcare provider), including patches and creams.

- I take over-the-counter medications (medications I buy without a prescription), including patches and creams.

- I take dietary supplements, such as 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 (medication to make you sleep during surgery) in the past.

- I’m allergic to certain medication(s) or materials, including latex.

- I’m not willing to receive a blood transfusion.

- I drink alcohol.

- I smoke.

- I use recreational drugs.
About Smoking

If you smoke, you can have breathing problems when you have surgery. Stopping even for a few days before surgery can help. If you smoke, your healthcare provider will refer you to our Tobacco Treatment Program. You can also reach the program by calling 212-610-0507.

About Sleep Apnea

Sleep apnea is a common breathing disorder that causes you to stop breathing for short periods of time while sleeping. The most common type is obstructive sleep apnea (OSA). With OSA, your airway becomes completely blocked during sleep. OSA can cause serious problems during and after surgery.

Please tell us if you have sleep apnea or if you think you might have it. If you use a breathing device (such as a CPAP device) for sleep apnea, bring it with you the day of your surgery.

Within 30 Days of Your Surgery

Presurgical Testing (PST)

Before your surgery, you’ll 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 appointment, you’ll meet with a nurse practitioner (NP) who works closely with anesthesiology staff (specialized healthcare providers who will give you anesthesia during your surgery). Your NP will review your medical and surgical history with you. You may have tests, such as an electrocardiogram (EKG) to check your heart rhythm, a chest x-ray, blood tests, and any other tests needed to plan your care. Your NP may also recommend that you see other healthcare providers.

Your NP will talk with you about which medications you should take the morning of your surgery.

It’s very helpful to bring the following things to your PST appointment:

- A list of all the medications you’re taking, including prescription and over-the-counter medications, patches, and creams.
- Results of any tests done outside of MSK, such as a cardiac stress test, echocardiogram, or carotid doppler study.
- The name(s) and telephone number(s) of your healthcare provider(s).

Identify Your Caregiver

Your caregiver plays an important role in your care. You and your caregiver will learn about your surgery from your healthcare providers. After your surgery, your caregiver should be with you when you’re given your discharge instructions so they’re able to help you care for yourself at home. Your caregiver will also need to take you home after you’re discharged from (leave) the hospital.
Complete a Health Care Proxy Form

If you haven’t already completed a Health Care Proxy form, we recommend you complete one now. If you have completed one already, or if you have any other advance directives, bring them to your next appointment.

A health care proxy is a legal document that identifies the person who will speak for you if you can’t communicate for yourself. The person you identify is called your health care agent.

Talk with your healthcare provider if you’re interested in completing a health care proxy. You can also read the resources *Advance Care Planning* (www.mskcc.org/pe/advance_care_planning) and *How to Be a Health Care Agent* (www.mskcc.org/pe/health_care_agent) for information about health care proxies, other advance directives, and being a health care agent.

Do Breathing and Coughing Exercises

Practice taking deep breaths and coughing before your surgery. Your healthcare provider will give you an incentive spirometer to help expand your lungs. For more information, read *How to Use Your Incentive Spirometer,* located in the “Educational Resources” section of this guide. If you have any questions, ask your healthcare provider.

Follow a Healthy Diet

Follow a well-balanced, healthy diet before your surgery. If you need help with your diet, talk with your healthcare provider about meeting with a clinical dietitian nutritionist.

Buy a 4% Chlorhexidine Gluconate (CHG) Solution Antiseptic Skin Cleanser (Such as Hibiclens®)

4% CHG solution is a skin cleanser that kills germs for 24 hours after you use it. Showering with it before your surgery will help lower your risk of infection after surgery. You can buy a 4% CHG solution antiseptic skin cleanser at your local pharmacy without a prescription.

7 Days Before Your Surgery

Follow Your Healthcare Provider’s Instructions for Taking Aspirin

If you take aspirin or a medication that contains aspirin, you may need to change your dose or stop taking it 7 days before your surgery. Aspirin can cause bleeding.
Follow your healthcare provider’s instructions. **Don’t stop taking aspirin unless they tell you to.** For more information, read *Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E*, located in the “Educational Resources” section of this guide.

**Stop Taking Vitamin E, Multivitamins, Herbal Remedies, and Other Dietary Supplements**

Stop taking vitamin E, multivitamins, herbal remedies, and other dietary supplements 7 days before your surgery. These things can cause bleeding. For more information, read *Herbal Remedies and Cancer Treatment*, located in the “Educational Resources” section of this guide.

**Watch a Virtual Tour**

This video will give you an idea of what to expect when you come to Memorial Hospital (MSK’s main hospital) on the day of your surgery.

> www.mskcc.org/pe/day_your_surgery

**2 Days Before Your Surgery**

**Stop Taking Nonsteroidal Anti-inflammatory Drugs (NSAIDs)**

Stop taking NSAIDs, such as ibuprofen (Advil®, Motrin®) and naproxen (Aleve®), 2 days before your surgery. These medications can cause bleeding. For more information, read *Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E*, located in the “Educational Resources” section of this guide.

**1 Day Before Your Surgery**

**Follow a Clear Liquid Diet**

You’ll need to follow a clear liquid diet the day before your surgery. A clear liquid diet includes only liquids you can see through. Examples are listed in the “Clear Liquid Diet” table.

While you’re following this diet:

- Don’t eat any solid foods.
- Try to drink at least 1 (8-ounce) glass of clear liquid every hour while you’re awake.
- Drink different types of clear liquids. Don’t just drink water, coffee, and tea.
- Don’t drink sugar-free liquids unless you have diabetes and a member of your healthcare team tells you to.

**For People With Diabetes**

If you have diabetes, ask the healthcare provider who manages your diabetes what you should do while you’re following a clear liquid diet.

- If you take insulin or another medication for diabetes, ask if you need to change the dose.
- Ask if you should drink sugar-free clear liquids.

While you’re following a clear liquid diet, make sure to check your blood sugar level often. If you have any questions, talk with your healthcare provider.
## Clear Liquid Diet

<table>
<thead>
<tr>
<th>Drink</th>
<th>Do Not Drink</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Soups</strong></td>
<td>• Clear broth, bouillon, or consommé</td>
</tr>
</tbody>
</table>
| **Sweets** | • Gelatin (such as Jell-O®)  
• Flavored ices  
• Hard candies (such as Life Savers®) | • All others |
| **Drinks** | • Clear fruit juices (such as lemonade, apple, cranberry, and grape juices)  
• Soda (such as ginger ale, 7-Up®, Sprite®, and seltzer)  
• Sports drinks (such as Gatorade®)  
• Black coffee  
• Tea  
• Water | • Juices with pulp  
• Nectars  
• Milk or cream  
• Alcoholic drinks |

## Start Bowel Preparation, if Needed

If your surgeon or nurse told you that you will need to do a bowel preparation, you’ll need to start it 1 day before your surgery. During your bowel preparation:

- Don’t eat any solid foods.
- Make sure to drink plenty of liquids other than water, decaffeinated black coffee, and decaffeinated tea. Try to drink at least 1 (8-ounce) glass every hour while you’re awake.

At 2:00 PM on the day before your surgery, drink the magnesium citrate.

## Note the Time of Your Surgery

A staff member from the Admitting Office will call you after 2:00 PM the day before your surgery. If your surgery is scheduled for a Monday, they’ll call you on the Friday before. If you don’t get a call by 7:00 PM, call 212-639-5014.

The staff member will tell you what time to arrive at the hospital for your surgery. Use the area to the right to write down your surgery date and scheduled arrival time.

The staff member will also remind you where to go. This will be one of the following locations:

- **☐ Presurgical Center (PSC) on the 2nd floor**
  1275 York Avenue (between East 67th and East 68th Streets)
  New York, NY 10065
  M Elevator to 2nd floor

- **☐ Presurgical Center (PSC) on the 6th floor**
  1275 York Avenue (between East 67th and East 68th Streets)
  New York, NY 10065
  B elevator to 6th floor
Shower With a 4% CHG Solution Antiseptic Skin Cleanser (Such as Hibiclens)

The night before your surgery, shower using a 4% CHG solution antiseptic skin cleanser.

1. Use your normal shampoo to wash your hair. Rinse your head well.
2. Use your normal soap to wash your face and genital area. Rinse your body well with warm water.
3. Open the 4% CHG solution bottle. Pour some into your hand or a clean washcloth.
4. Move away from the shower stream. Rub the 4% CHG solution gently over your body from your neck to your feet. Don’t put it on your face or genital area.
5. Move back into the shower stream to rinse off the 4% CHG solution. Use warm water.
6. Dry yourself off with a clean towel after your shower.
7. Don’t put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne after your shower.

Sleep

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

Instructions for Eating Before Your Surgery

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

The Morning of Your Surgery

Instructions for Drinking Before Your Surgery

You can drink a total of 12 ounces of water between midnight and 2 hours before your scheduled arrival time. Do not drink anything else.

Do not drink anything starting 2 hours before your scheduled arrival time. This includes water.
Take Your Medications as Instructed
If your healthcare provider told 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, this may be all, some, or none of your usual morning medications.

Shower With a 4% CHG Solution Antiseptic Skin Cleanser (Such as Hibiclens)
Shower with a 4% CHG solution antiseptic skin cleanser before you leave for the hospital. Use it the same way you did the night before.
Don’t put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne after your shower.

Things to Remember
• Wear something comfortable and loose-fitting.
• If you wear contact lenses, wear your glasses instead. Wearing contact lenses during surgery can damage your eyes.
• Don’t wear any metal objects. Remove all jewelry, including body piercings. The equipment used during your surgery can cause burns if it touches metal.
• Don’t put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne.
• Leave valuable items (such as credit cards, jewelry, and your checkbook) at home.
• If you’re menstruating (have your monthly period), use a sanitary pad, not a tampon. You’ll get disposable underwear, as well as a pad if needed.
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What to Bring
□ Your breathing device for sleep apnea (such as your CPAP device), if you have one.
□ Your rescue inhaler (such as albuterol for asthma), if you have one.
□ Your incentive spirometer, if you have one.
□ Your Health Care Proxy form and other advance directives, if you completed them.
□ Your cell phone and charger.
□ Only the money you may want for small purchases (such as a newspaper).
□ A case for your personal items (such as eyeglasses, hearing aid(s), dentures, prosthetic device(s), wig, and religious articles), if you have one.
A list of the medications you take at home.

This guide. Your healthcare team will use it to teach you how to care for yourself after surgery.

Where to Park

MSK’s parking garage is located on East 66th Street between York and First Avenues. If you have questions about prices, call 212-639-2338.

To reach the garage, turn onto 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’s a tunnel that you can walk through that connects the garage to the hospital.

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.

Once You’re in the Hospital

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

Get Dressed for Surgery

When it’s time to change for surgery, you’ll get a hospital gown, robe, and nonskid socks to wear.

Meet With a Nurse

You’ll meet with a nurse before surgery. Tell them the dose of any medications you took after midnight (including prescription and over-the-counter medications, patches, and creams) and the time you took them.

Your nurse may place an intravenous (IV) line in one of your veins, usually in your arm or hand. If your nurse doesn’t place the IV, your anesthesiologist will do it in the operating room.

Meet With an Anesthesiologist

You’ll also meet with an anesthesiologist before surgery. They will:

- Review your medical history with you.
- Ask you if you’ve had any problems with anesthesia in the past, including nausea or pain.
- Talk with you about your comfort and safety during your surgery.
• Talk with you about the kind of anesthesia you’ll get.
• Answer your questions about your anesthesia.

Get Ready for Your Surgery

Once your nurse has seen you, 1 or 2 visitors can keep you company as you wait for your surgery to start. When it’s time for your surgery, you’ll need to remove your hearing aids, dentures, prosthetic device(s), wig, and religious articles, if you have them.

You’ll either walk into the operating room or 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 blood flow in your legs.

Once you’re comfortable, your anesthesiologist will give you anesthesia through your IV line and you’ll fall asleep. You’ll also get fluids through your IV line during and after your surgery.

For Caregivers

When it’s time for your loved one’s surgery, you’ll go to the waiting area. A staff member will call you with updates during the surgery. They’ll also call you when the surgery is over.

For more information about what to expect, read the resource Information for Family and Friends for the Day of Surgery, located in the “Educational Resources” section of this guide.

During Your Surgery

After you’re fully asleep, a breathing tube will be placed through your mouth and into your windpipe to help you breathe. A urinary (Foley) catheter will also be placed to drain urine (pee) from your bladder.

Once your surgery is finished, your incision will be closed with staples or sutures (stitches). You’ll also have Steri-Strips™ (thin pieces of surgical tape) over your incisions. Your incisions may be covered with a bandage. Your breathing tube is usually taken out while you’re still in the operating room.
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’ll learn how to safely recover from your surgery.

Write down your questions and be sure to ask your healthcare provider.
What to Expect

When you wake up after your surgery, you’ll be in the Post Anesthesia Care Unit (PACU).

You will receive oxygen through a thin tube called a nasal cannula that rests below your nose. A nurse will be monitoring your body temperature, pulse, blood pressure, and oxygen levels.

You will have a Foley catheter in your bladder to monitor the amount of urine you’re making. For most people, it’s removed 2 days after surgery. You will also have compression boots on your lower legs to help your circulation. They will be taken off when you’re able to walk.

You may also have a Jackson Pratt® (JP) drain. The drain is used to collect extra fluid to decrease your risk for infection and help your body heal. Most of the time, the drains are removed after a few days. If you go home with a drain, your nurse will show you how to care for it.

You will be given medications to control your pain and keep you comfortable. There are different ways that these medications can be given.

- **Epidural catheter:** Some people may get pain medication through an epidural catheter in their spine. It may be a patient-controlled analgesia (PCA) device. PCA uses a computerized pump to deliver pain medication into your IV. For more information, read *Patient-Controlled Analgesia (PCA)*, located in the “Educational Resources” section.

- **Nerve block:** Some people may get a nerve block before or during surgery. In a nerve block, your doctor injects medication into some of your nerves to reduce pain after surgery.

- **Intravenous (IV) medications:** Some people may get pain medication straight into a vein through their IV line.

- **Oral medications:** Some people may get oral pain medications (medication that’s swallowed, such as pills).

You may have 1 or more of these after your surgery. They’re all effective methods to control your pain, and your doctor will talk with you before choosing the best one(s) for you.

Your visitors can see you briefly in the PACU, usually within 90 minutes after you arrive there. A member of the nursing staff will explain the guidelines to them. After your stay in the PACU, you will be taken to your hospital room in the inpatient unit. There, your nurse will tell you how to recover from your surgery. Below are examples of ways you can help yourself recover safely.

- It’s important to walk around after surgery. Walking every 2 hours is a good goal. This will help prevent blood clots in your legs.

- Use your incentive spirometer. This will help your lungs expand, which prevents pneumonia. For more information, read *How to Use Your Incentive Spirometer*, located in the “Educational Resources” section of this guide.
Commonly Asked Questions

**Will I have pain after my surgery?**
You will have some pain from your incision(s) after your surgery. Your doctor and nurse will ask you about your pain often. You will be given medication to manage your pain as needed. If your pain is not relieved, tell your doctor or nurse. It’s important to control your pain so you can cough, breathe deeply, use your incentive spirometer, and get out of bed and walk.

**Will I be able to eat?**
You may be able to have ice chips the day after your surgery. After that, you can start having sips of clear liquids. You will gradually advance to a regular diet as you recover.

**How long will I be in the hospital?**
Most people are in the hospital for 2 days after a laparoscopic surgery and 5 days after an open surgery but this will depend on the exact surgery that is done.

**Will I have pain when I am home?**
The length of time each person has pain or discomfort varies. You may still have some pain when you go home and will probably be taking pain medication. Follow the guidelines below:

- Take your medications as directed and as needed.
- Call your doctor if the medication prescribed for you doesn’t relieve your pain.
- Don’t drive or drink alcohol while you’re taking prescription pain medication.
- 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. However, large quantities of acetaminophen may be harmful to your liver. Don’t take more acetaminophen than the amount directed on the bottle or as instructed by your doctor or nurse.
- Pain medication should help you as you resume your normal activities. Take enough medication to do your exercises comfortably. Pain medication is most effective 30 to 45 minutes after taking it. Keep track of when you take your pain medication. Taking it when your pain first begins is more effective than waiting for the pain to get worse.

Pain medication may cause constipation (having fewer bowel movements than what is normal for you).

**How can I prevent constipation?**

- Go to the bathroom at the same time every day. Your body will get used to going at that time.
- If you feel the urge to go, do not put it off. Try to use the bathroom 5 to 15 minutes after meals.
- After breakfast is a good time to move your bowels. The reflexes in your colon are strongest at this time.
- Exercise if you can. Walking is an excellent form of exercise.
• Drink 8 (8-ounce) glasses (2 liters) of liquids daily, if you can. Drink water, juices, soups, ice cream shakes, and other drinks that don’t have caffeine. Beverages with caffeine, such as coffee and soda, pull fluid out of the body.

• Slowly increase the fiber in your diet to 25 to 35 grams per day. Fruits, vegetables, whole grains, and cereals contain fiber. If you have an ostomy or have had recent bowel surgery, check with your doctor or nurse before making any changes in your diet.

• Both over-the-counter and prescription medications are available to treat constipation. Start with 1 of the following over-the-counter medications first:
  − Polyethylene glycol (MiraLAX®) 17 grams daily.
  − Senna (Senokot®) 2 tablets at bedtime. This is a stimulant laxative, which can cause cramping.

If you haven’t had a bowel movement in 2 days, call your doctor or nurse.

**How do I care for my incision?**

The location of your incision will depend on the type of surgery you had. It’s normal for the skin below your incision to feel numb, because some of the nerves were cut. The numbness will go away over time.

• By the time you’re ready to leave the hospital, your surgical incision will have begun to heal.

• You and your caregiver should look at your incision with your nurse before you leave the hospital so you know what it looks like.

• If there is anything draining from your incision, you should write down the amount and color. Call your doctor’s office and speak with the nurse about any drainage from your incision.

Your nurse will discuss the signs of infection with you.

If you go home with bandages over your incision, change them at least once a day and more often if they become wet with drainage. When there is no longer any drainage coming from your incision, it can be left uncovered.

If you go home with Steri-Strips on your incision, they will loosen and fall off by themselves. If they haven’t fallen off within 10 days, you may remove them.

If you go home with glue over your sutures, it will also loosen and peel off, similarly to the Steri-Strips.

**Is it normal to feel tired?**

Yes, feeling tired (fatigue) is common after surgery, and may last for 6 to 8 weeks. This will improve slowly over time. Try to increase your activity level every day to help manage your fatigue. Get up, get dressed, and walk. You may need a nap during the day, but try to stay out of bed as much as possible so you will sleep at night.

**How will my diet change after surgery?**

After your surgery, you may have a lack of appetite and feel full quickly after eating. These are expected and should improve over time. Try to eat small amounts of your favorite foods throughout the day. It is important to get enough calories and protein to prevent weight loss and promote healing.
Can I shower?

Yes, you can shower when you get home. Taking a warm shower is relaxing and can help decrease muscle aches. Use soap when you shower and gently wash your incision. Pat the areas dry with a towel after showering, and leave your incision uncovered (unless there is drainage). Call your doctor if you see any redness or drainage from your incision.

Do not take tub baths until you discuss it with your doctor at the first appointment after your surgery.

When is it safe for me to drive?

You can't drive while you're taking pain medications. Talk with your doctor about when you can resume driving.

What exercises can I do?

Exercise will help you gain strength and feel better. Walking is an excellent form of exercise. Gradually increase the distance you walk. Ask your doctor or nurse before starting more strenuous exercises.

When can I lift heavy objects?

Check with your doctor before you do any heavy lifting. Normally, you should not lift anything heavier than 10 pounds (4.5 kilograms) for at least 6 weeks. Ask your doctor how long you should avoid heavy lifting.

When is my first appointment after my surgery?

Your first appointment after surgery is usually 1 to 2 weeks after you leave the hospital. Your nurse will give you instructions on how to make this appointment, including the phone number to call.

How can I cope with my feelings?

After surgery for a serious illness, you may have new and upsetting feelings. Many people say they felt weepy, sad, worried, nervous, irritable, and 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’s 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’re in the hospital or at home, the nurses, doctors, and social workers 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.

After 5:00 PM, during the weekend, and on holidays, call 212-639-2000 and ask for the doctor on call for your doctor.
When to Contact Your Healthcare Provider

Contact your healthcare provider if you have:

- A fever of 100.4° F (38° C) or higher
- Redness or drainage from your incision
- Any sudden increase in pain or new pain
- Nausea and vomiting
- Diarrhea (loose or watery bowel movements)
- Constipation
- Any problems or questions about your JP drain
- Any new or unexplained symptom
- Any questions or concerns
This section contains a list of support services that may help you get ready for your surgery and recover safely.

Write down your questions and be sure to ask your healthcare provider.
MSK Support Services

**Admitting Office**  
212-639-7606  
Call if you have questions about your hospital admission, including requesting a private room.

**Anesthesia**  
212-639-6840  
Call if you have questions about anesthesia.

**Blood Donor Room**  
212-639-7643  
Call if you're interested in donating blood or platelets.

**Bobst International Center**  
888-675-7722  
MSK welcomes patients from around the world. If you're an international patient, call for help arranging your care.

**Chaplaincy Service**  
212-639-5982  
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 Memorial Hospital's main lobby and is open 24 hours a day. If you have an emergency, call 212-639-2000 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. To make an appointment, ask your healthcare provider for a referral or call the number above.

**Food Pantry Program**  
646-888-8055  
The food pantry program gives food to people in need during their cancer treatment. For more information, talk with your healthcare provider or call the number above.

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

**MSK Library**  
library.mskcc.org  
212-639-7439  
You can visit our library website or speak with the library reference staff to find more information about your specific cancer type. You can also visit LibGuides on MSK’s library website at libguides.mskcc.org.
Patient and Caregiver Education
www.mskcc.org/pe
Visit the Patient and Caregiver Education website to search our virtual library. There, you can find written educational resources, videos, and online programs.

Patient and Caregiver Peer Support Program
212-639-5007
You may find it comforting to speak with someone who has been through a treatment like yours. You can talk with a former MSK patient or caregiver through our Patient and Caregiver Peer Support Program. These conversations are confidential. They may take place in person or over the phone.

Patient Billing
646-227-3378
Call if you have questions about preauthorization with your insurance company. This is also called preapproval.

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

Perioperative Nurse Liaison
212-639-5935
Call if you have questions about MSK releasing any information while you’re having surgery.

Private Duty Nursing Office
212-639-6892
You 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.

Sexual Health Programs
Cancer and cancer treatments can have an impact on your sexual health. MSK’s Sexual Health Programs can help you take action and address sexual health issues before, during, or after your treatment.

- Our Female Sexual Medicine and Women’s Health Program helps women who are dealing with cancer-related sexual health challenges, including premature menopause and fertility issues. For more information, or to make an appointment, call 646-888-5076.
- Our Male Sexual and Reproductive Medicine Program helps men who are dealing with cancer-related sexual health challenges, including erectile dysfunction. For more information, or to make an appointment, call 646-888-6024.

Social Work
212-639-7020
Social workers help patients, family, and friends deal with issues that are common for people with cancer. 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 help 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.

Virtual Programs
www.mskcc.org/vp
MSK's Virtual Programs offer online education and support for patients and caregivers, even when you can’t come to MSK in person. Through live, interactive sessions, you can learn about your diagnosis, what to expect during treatment, and how to prepare for the various stages of your cancer care. Sessions are confidential, free, and led by expert clinical staff. If you’re interested in joining a Virtual Program, visit our website at www.mskcc.org/vp for more information.

For more online information, visit the “Cancer Types” section of www.mskcc.org.

External Support Services

Access-A-Ride
new.mta.info/accessibility/paratransit
877-337-2017
In New York City, the MTA offers a shared ride, door-to-door service for people with disabilities who aren’t able 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-ACS-2345 (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
646-929-8032
A resource for education, tools, and events for employees with cancer.

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

Cancer Support Community
www.cancersupportcommunity.org
888-793-9355
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.

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

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.

Good Days
www.mygooddays.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 Good Days formulary.

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

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
www.lgbtcancer.org
212-673-4920
Provides support and advocacy for the LGBT community, including online support groups and a database of LGBT-friendly clinical trials.

LegalHealth
www.legalhealth.org
212-613-5000
Provides free legal help to New Yorkers experiencing serious or chronic health problems and financial hardship.

LIVESTRONG Fertility
www.livestrong.org/fertility
855-744-7777
Provides reproductive information and support to cancer patients and survivors whose medical treatments have risks associated with infertility.
Look Good Feel Better Program
www.lookgoodfeelbetter.org
800-395-LOOK (800-395-5665)
This program offers workshops to learn things you can do to help you feel better about your appearance. For more information or to sign up for a workshop, call the number above or visit the program’s website.

Medicine Assistance Tool
www.medicineassistance-tool.org
A search engine with information about programs that can help people with financial need get access to medications.

National Cancer Institute
www.cancer.gov
800-4-CANCER (800-422-6237)

National LGBT Cancer Network
www.cancer-network.org
212-675-2633
Provides education, training, and advocacy for LGBT cancer survivors and those at risk.

Needy Meds
www.needymeds.org
800-503-6897
Lists Patient Assistance Programs for brand and generic name medications.

Patient Access Network Foundation
www.panfoundation.org
866-316-7263
Helps people with insurance pay their out-of-pocket medical costs.

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
Helps people get medications they have trouble affording.
This section contains the educational resources that were referred to throughout this guide. These resources will help you get ready for your surgery and recover safely after surgery.

Write down your questions and be sure to ask your healthcare provider.
Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E

This information will help you identify medications that contain aspirin, other NSAIDs, or vitamin E. It’s important to stop taking these medications before many cancer treatments. They affect your platelets (blood cells that clot to prevent bleeding) and can increase your risk of bleeding during treatment.

Other dietary supplements (such as other vitamins and herbal remedies) can also affect your cancer treatment. For more information, read the resource Herbal Remedies and Cancer Treatment (www.mskcc.org/pe/herbal_remedies).

Instructions Before Your Surgery

If you take aspirin, other NSAIDs, or vitamin E, tell your healthcare provider. They’ll tell you if you need to stop taking it. You’ll also find instructions in the information about your treatment. Read the “Examples of Medications” section to see if your medications contain aspirin, other NSAIDs, or vitamin E.

Follow these instructions if you’re having surgery or a surgical procedure. If your healthcare provider gives you other instructions, follow those instead.

- If you take aspirin or a medication that contains aspirin, you may need to change your dose or stop taking it 7 days before your surgery. Follow your healthcare provider’s instructions. Don’t stop taking aspirin unless your healthcare provider tells you to.
• If you take vitamin E or a supplement that contains vitamin E, stop taking it 7 days before your surgery or as directed by your healthcare provider.

• If you take an NSAID or a medication that contains an NSAID, stop taking it 48 hours (2 days) before your surgery or as directed by your healthcare provider.

Examples of Medications

Medications are often called by their brand name. This can make it hard to know their ingredients. The lists below can help you identify medications that contain aspirin, other NSAIDs, or vitamin E.

These lists include the most common products, but there are others. **Make sure your healthcare provider always knows all the prescription and over-the-counter (not prescription) medications you’re taking, including patches and creams.**

<table>
<thead>
<tr>
<th>Common Medications Containing Aspirin</th>
</tr>
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<tbody>
<tr>
<td>Aggrenox®</td>
</tr>
<tr>
<td>Alka Seltzer®</td>
</tr>
<tr>
<td>Anacin®</td>
</tr>
<tr>
<td>Arthritis Pain Formula</td>
</tr>
<tr>
<td>Arthritis Foundation Pain Reliever®</td>
</tr>
<tr>
<td>ASA Enseals®</td>
</tr>
<tr>
<td>ASA Suppositories®</td>
</tr>
<tr>
<td>Ascriptin® and Ascriptin A/D®</td>
</tr>
<tr>
<td>Aspergum®</td>
</tr>
<tr>
<td>Asprimox®</td>
</tr>
<tr>
<td>Tablets and Caplets</td>
</tr>
<tr>
<td>---------------------</td>
</tr>
<tr>
<td>Axotal®</td>
</tr>
<tr>
<td>Azdone®</td>
</tr>
<tr>
<td>Bayer® (most formulations)</td>
</tr>
<tr>
<td>BC® Powder and Cold formulations</td>
</tr>
<tr>
<td>Bufferin® (most formulations)</td>
</tr>
<tr>
<td>Buffets II®</td>
</tr>
<tr>
<td>Buffex®</td>
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</tbody>
</table>

### Common NSAID Medications That Don’t Contain Aspirin

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Advil®</td>
<td>Duexis®</td>
<td>Mefenamic Acid</td>
<td>PediaCare Fever®</td>
</tr>
<tr>
<td>Advil Migraine®</td>
<td>Etodolac®</td>
<td>Meloxicam</td>
<td>Piroxicam</td>
</tr>
<tr>
<td>Aleve®</td>
<td>Feldene®</td>
<td>Menadol®</td>
<td>Ponstel®</td>
</tr>
<tr>
<td>Anaprox DS®</td>
<td>Fenoprofen</td>
<td>Midol®</td>
<td>Relafen®</td>
</tr>
<tr>
<td>Ansaid®</td>
<td>Flurbiprofen</td>
<td>Mobic®</td>
<td>Saleto 200®</td>
</tr>
<tr>
<td>Arthrotec®</td>
<td>Genpril®</td>
<td>Motrin®</td>
<td>Sulindac</td>
</tr>
<tr>
<td>Bayer® Select Pain Relief Formula Caplets</td>
<td>Ibuprofen</td>
<td>Nabumetone</td>
<td>Toradol®</td>
</tr>
<tr>
<td>Celebrex®</td>
<td>Indomethacin</td>
<td>Nalfon®</td>
<td>Treximet®</td>
</tr>
<tr>
<td>Celecoxib</td>
<td>Indocin®</td>
<td>Naproxen</td>
<td>Vicoprofen®</td>
</tr>
<tr>
<td>Children’s Motrin®</td>
<td>Ketoprofen</td>
<td>Naprosyn®</td>
<td>Vimovo®</td>
</tr>
<tr>
<td>Clinoril®</td>
<td>Ketorolac</td>
<td>Nuprin®</td>
<td>Voltaren®</td>
</tr>
<tr>
<td>Daypro®</td>
<td>Lodine®</td>
<td>Orudis®</td>
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<tr>
<td>Diclofenac</td>
<td>Meclofenamate</td>
<td>Oxaprozin</td>
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</tbody>
</table>
### Products Containing Vitamin E

<table>
<thead>
<tr>
<th>Product</th>
<th>Brand</th>
<th>IU</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amino-Opt-E</td>
<td>Aquavit</td>
<td>E-400 IU</td>
<td>E complex-600</td>
</tr>
<tr>
<td>Aquasol E</td>
<td>D’alpha E</td>
<td>E-1000 IU Softgels</td>
<td>Vita-Plus E</td>
</tr>
</tbody>
</table>

Most multivitamins contain vitamin E. If you take a multivitamin, check the label.

## About Acetaminophen

Acetaminophen (Tylenol®) is generally safe to take during your cancer treatment. It doesn’t affect platelets, so it won’t increase your chance of bleeding. But, talk with your healthcare provider before taking acetaminophen if you’re getting chemotherapy.

### Medications Containing Acetaminophen

<table>
<thead>
<tr>
<th>Product</th>
<th>Brand</th>
<th>Brand</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acephen®</td>
<td>Esgic®</td>
<td>Percocet®</td>
<td>Vanquish®</td>
</tr>
<tr>
<td>Aceta® with Codeine</td>
<td>Excedrin P.M.®</td>
<td>Primlev®</td>
<td>Vicodin®</td>
</tr>
<tr>
<td>Acetaminophen with Codeine</td>
<td>Fiorcet®</td>
<td>Repan®</td>
<td>Wygesic®</td>
</tr>
<tr>
<td>Aspirin-Free Anacin®</td>
<td>Lorcet®</td>
<td>Roxicet®</td>
<td>Xartemis XR®</td>
</tr>
<tr>
<td>Arthritis Pain Formula®</td>
<td>Lortab®</td>
<td>Talacen®</td>
<td>Xodol®</td>
</tr>
<tr>
<td>Aspirin-Free</td>
<td>Naldegesic®</td>
<td>Tempra®</td>
<td>Zydone®</td>
</tr>
<tr>
<td>Black®</td>
<td>Norco®</td>
<td>Tylenol®</td>
<td></td>
</tr>
<tr>
<td>Endocet®</td>
<td>Panadol®</td>
<td>Tylenol® with Codeine No. 3</td>
<td></td>
</tr>
</tbody>
</table>

### Read the labels on all your medications

Acetaminophen is safe when used as directed. But, there’s a limit to how much you can take in a day. It’s possible to take too much without knowing because it’s in many different prescription and over-the-counter medications. It’s often an ingredient in pain relievers, fever reducers, sleep aids, and cough, cold, and allergy
medications.

The full name acetaminophen isn’t always written out. Look for the common abbreviations listed below, especially on prescription pain relievers.

<table>
<thead>
<tr>
<th>Common Abbreviations for Acetaminophen</th>
</tr>
</thead>
<tbody>
<tr>
<td>APAP</td>
</tr>
<tr>
<td>Acetamin</td>
</tr>
</tbody>
</table>

Always read and follow the label on the product you’re taking. Don’t take more than 1 medication that contains acetaminophen at a time without talking with a member of your healthcare team.
Herbal Remedies and Cancer Treatment

This information explains herbal remedies and how they can affect your cancer treatment.

One week before you have surgery or start chemotherapy or radiation therapy, you must stop taking any herbal or botanical (plant-based) home remedies or other dietary supplements. This is because they can:

- Interact with your other medications.
- Increase or lower your blood pressure.
- Thin your blood and increase your risk of bleeding.
- Make radiation therapy less effective.
- Increase the effects of sedation or anesthesia (medications to make you sleepy).

You can continue to use herbs in your food and drinks, such as using spices in cooking and drinking tea. However, you must stop taking herbal supplements before your treatment. Herbal supplements are stronger than the herbs you would use in cooking.

Common Herbal Supplements and Their Effects

These are some commonly used herbs and their side effects on cancer treatments.

Echinacea
• Can cause an allergic reaction, such as a rash or trouble breathing.
• Can lower the effects of medications used to weaken the immune system.

**Garlic**

• Can lower your blood pressure, fat, and cholesterol levels.
• Can increase your risk of bleeding.

**Gingko (also known as *Gingko biloba*)**

• Can increase your risk of bleeding.

**Ginseng**

• Can lower the effects of sedation or anesthesia.
• Can increase your risk of bleeding.
• Can lower your blood glucose (sugar) level.

**Turmeric**

• Can make chemotherapy less effective.

**St. John’s Wort**

• Can interact with medications given during surgery.
• Can make your skin more sensitive to radiation or laser treatment.

**Valerian**

• Can increase the effects of sedation or anesthesia.

**Herbal formulas**

• Herbal formulas contain different herbs. We don’t know their side effects. You must also stop taking these products 1 week before treatment. Do not start taking herbal formulas again until your doctor tells you it’s safe.
This information doesn’t cover all herbal remedies or possible side effects. Talk with your healthcare provider if you have any questions or concerns.

For more information about herbs and botanicals, visit the Memorial Sloan Kettering (MSK) Integrative Medicine Service website at www.aboutherbs.com.
How to Use Your Incentive Spirometer

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

About Your Incentive Spirometer

An incentive spirometer is a device that will expand your lungs by helping you to breathe more deeply and fully. The parts of your incentive spirometer are labeled in Figure 1.

![Incentive Spirometer Diagram]

Figure 1. Incentive Spirometer
Use your incentive spirometer after your surgery and do your deep breathing and coughing exercises. This will help keep your lungs active throughout your recovery and prevent complications such as pneumonia.

If you have an active respiratory infection (such as pneumonia, bronchitis, or COVID-19) do not use the device when other people are around.

**How To Use Your Incentive Spirometer**

Here is a video demonstrating how to use your incentive spirometer:

![Play Video](www.mskcc.org/pe/incentive_spirometer_video) to watch this video.

**Setting up your incentive spirometer**

The first time you use your incentive spirometer, you will need to take the flexible tubing with the mouthpiece out of the bag. Stretch out the tubing and connect it to the outlet on the right side of the base (see Figure 1). The mouthpiece will be attached to the other end of the tubing.

**Using your incentive spirometer**

When you’re using your incentive spirometer, make sure to breathe through your mouth. If you breathe through your nose, the incentive spirometer won’t work properly. You can hold your nose if you have trouble.

If you feel dizzy at any time, stop and rest. Try again at a later time.

To use your incentive spirometer, follow the steps below.

1. Sit upright in a chair or in bed. Hold the incentive spirometer at eye level.
   - If you had surgery on your chest or abdomen (belly), hug or hold a pillow to help splint or brace your incision (surgical cut) while you’re using the incentive spirometer. This will help decrease pain at your incision.

2. Put the mouthpiece in your mouth and close your lips tightly around it. Slowly
breathe out (exhale) completely.

3. Breathe in (inhale) slowly through your mouth as deeply as you can. As you take the 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 1).

4. Try to get the piston as high as you can, while keeping the indicator between the arrows.
   o If the indicator doesn’t stay between the arrows, you’re breathing either too fast or too slow.

5. When you get it as high as you can, hold your breath for 10 seconds, or as long as possible. While you’re holding your breath, the piston will slowly fall to the base of the spirometer.

6. Once the piston reaches the bottom of the spirometer, breathe out slowly through your mouth. Rest for a few seconds.

7. Repeat 10 times. Try to get the piston to the same level with each breath.

8. After each set of 10 breaths, try to cough, holding a pillow over your incision, as needed. Coughing will help loosen or clear any mucus in your lungs.

9. Put the marker at the level the piston reached on your incentive spirometer. This will be your goal next time.

Repeat these steps every hour that you’re awake.

Cover the mouthpiece of the incentive spirometer when you aren’t using it.
Information for Family and Friends for the Day of Surgery

This information explains what to expect on the day of your friend or family member’s surgery at Memorial Hospital, Memorial Sloan Kettering (MSK)’s main hospital.

Before the Surgery

After they get to the hospital, we’ll ask the patient to provide contact information for the person who will meet 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, we’ll also ask them to provide contact information for the person who will be taking them home.

Once the patient checks in, they’ll go to the Presurgical Center (PSC) to be examined before their surgery. Sometimes they may need to wait before they’re admitted to the PSC.

In the PSC, a nurse will do a full exam of the patient. When the operating room (OR) is ready, a member of the surgical team will come take the patient into the OR. They’ll get the patient ready for surgery. This can take 15 to 90 minutes. Then, the surgery will start.

To keep patients and staff safe and healthy during the COVID-19 pandemic, we may change our visitor policy more often than usual. Visit www.mskcc.org/visit for the most up-to-date information. Please remember the following:

- Don’t bring food or drinks into the hospital. Patients can’t eat or drink before their surgery or procedure.
• If the patient brought any valuables, such as a cellphone, iPod, or iPad, keep them safe for them during surgery.

• Sometimes surgeries can be delayed. We make every effort to tell you when this happens.

**During the Surgery**

**Surgery updates**
A nurse liaison will keep you updated on the progress of the patient’s surgery. They will:

• Give you information about the patient.
• Get you ready for your meeting with the surgeon.
• Arrange for you to visit the patient in the Post-Anesthesia Care Unit (PACU).

To contact the nurse liaison:

• From inside the hospital, you can use a hospital courtesy phone. These are located on the walls all around the hospital. Dial 2000 and ask for beeper 9000. Please be patient because this can take up to 2 minutes.
• Ask the information desk staff to contact the nurse liaison for you.

**After Surgery**

**Meeting with the surgeon**
When the patient’s surgery is over, we’ll call you and ask you to go back to the information desk. They’ll tell you where to go to meet with the surgeon.

After meeting with the surgeon, go back to the information desk and let them know you’ve finished your meeting.

**Visiting the patient in the PACU**
After surgery, the patient will be taken to the PACU. When patients first get to the
PACU, they’re usually sleepy and want to rest. We ask that you wait 90 minutes before calling the PACU to check on the patient. This gives them time to wake up and get comfortable.

If your family member is an inpatient (staying in the hospital), you’ll be allowed a one-time 30-minute visit. This can be coordinated when you speak with the nurse to find the best time for you and the patient.

- Please wear a mask.
- Make sure your cellphone is on silent before entering.
- Use an alcohol-based hand sanitizer (such as Purell®) or wash your hands before entering. There are hand sanitizer stations located throughout the hospital.
- Don’t bring food or flowers into the PACU.
  - We can store flowers in the flower room (located on the entrance floor of Memorial Hospital) until patients are allowed to have them. Flowers are usually allowed when the patient moves to their inpatient room.

While visiting the patient in the PACU:

- Speak quietly.
- Respect other patients’ privacy by staying at the bedside of your friend or family member.
- If any PACU patient needs special nursing attention, we may ask you to leave or to delay your visit.

The nurse will update you with the plan of care for the patient, such as whether the patient is staying overnight and when they’ll be moved to an inpatient room.

- If the patient moves to an inpatient room, a staff member will let you know the room number and the phone number to the nursing station on that floor. They’ll also let you know the visiting hours for that floor.
- If the patient is going home the same day, a responsible care partner must take
them home.

We’ll give you a card with the PACU phone number. Please choose 1 person who we should call for updates.

Visit www.mskcc.org/visit for more information about MSK’s visitor policy.
Patient-Controlled Analgesia (PCA)

This information will help you understand what patient-controlled analgesia (PCA) is and how to use your PCA pump.

About PCA

PCA helps you control your pain by letting you give yourself pain medication. It uses a computerized pump to send pain medication into your vein (called an IV PCA) or into your epidural space (epidural PCA), which is near your spine (see Figure 1). Whether you have an IV PCA or an epidural PCA depends on what you and your doctor decide is right for you.

PCA isn’t right for everyone. Some people may not be able to use a PCA pump. Before you get a PCA pump, tell your doctor if you have weakness in your hands or think you may have trouble pushing the PCA button. You should also tell your doctor if you have sleep apnea. This may affect the way we prescribe your medication.

Using the PCA Pump

To give yourself pain medication, press the button attached to the pump when you
have pain (see Figure 1). The pump will send a safe dose of the medication that your doctor has prescribed.

Only you should push the PCA button. **Family and friends should never push the button.**

The pump can be programmed to give you medication in 2 ways:

- **As needed.** You get your pain medication only when you press the button. It won’t let you get more medication than prescribed. The pump is set to allow only a certain number of doses per hour.

- **Continuous.** You get your pain medication at a constant rate all the time. This can be combined with the “as needed” way. This lets you take extra doses safely if you’re having pain.

Tell your doctor if the PCA isn’t helping with your pain. You should also tell your doctor if your pain changes, gets worse, feels different than before, or if you feel pain in a new place. Your doctor may change the medication to one that may work better for you.

**Side Effects**

Pain medication you get through a PCA can have side effects. Tell your healthcare provider if you have any of these problems:

- Constipation (having fewer bowel movements than usual)
- Nausea (feeling like you’re going to throw up)
- Vomiting (throwing up)
- Dry mouth
- Itching
- Changes in your vision, such as seeing things that aren’t there
- Drowsiness, dizziness, or confusion
- Weakness, numbness, or tingling in your arms or legs
- Trouble urinating (peeing)
- Any other side effects or problems

Your doctor may adjust your dose or give you a different medication with fewer side effects.