About Your Abdominal Perineal Resection (APR) Surgery

This guide will help you get ready for your abdominal perineal resection (APR) 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 Surgery

Date of surgery: ____________________________________________

Surgery location: 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

Expected discharge date: _________________________________

It’s best to plan your ride home from the hospital ahead of time. This will help you keep from waiting for your ride after you’re discharged from (leave) the hospital. For more information, read the section “Leaving the Hospital.”

Your Healthcare Team

Doctor: ____________________________________________

Nurse: ____________________________________________

Phone 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: ________________________________________
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About Your Surgery

Your Digestive System

Understanding how your digestive system works can be helpful as you get ready for and recover from your surgery. Your digestive system is made up of organs that break down food, absorb nutrients, and remove waste from your body. They include your mouth, esophagus (food pipe), stomach, small intestine, colon (large intestine), rectum, and anus (see Figure 1).

After your food has been chewed and swallowed, it moves into your esophagus. This is a long, muscular tube that serves as a passageway for food as it travels from your mouth into your stomach. Once the food enters your stomach, it mixes with stomach acids. These acids start to digest (break down) the food.

When the food leaves your stomach, it moves into your small intestine. There, it continues to be digested, and many nutrients are absorbed. Anything that isn’t absorbed is called waste.

The waste then moves into your colon, where some water is reabsorbed (taken back) into your body. The remaining waste enters the end of your colon, known as the rectum. Your rectum serves as a holding area for the waste until it leaves your body through your anus.

Abdominal Perineal Resection (APR)

APR is a surgery that’s done to treat anal or rectal cancer (see Figure 1). To remove the cancer, your surgeon will remove all of the following:

- The lower part of your colon
- Your rectum
- Your anus
An APR can be done using different techniques. Your surgeon will talk with you about which options are right for you. Depending on what type of surgery you have, your surgeon will make 1 or more incisions (surgical cuts) in your abdomen (belly).

- When 1 long incision is made on your abdomen, this is called open surgery.
- When several small incisions are made on your abdomen, this is called minimally invasive surgery. Small surgical tools and a video camera are inserted into the incisions to remove the cancer. Some surgeons use a robotic device to assist with the surgery.

Your surgeon will also make 1 incision in your perineal area. This is the area between your vagina and anus or scrotum and anus.

When your surgeon removes your rectum and anus, a large empty space will be left in between your buttocks. The space will be closed by sutures (stitches). While the space is healing, there will be restrictions on how you sit, lie down, and do some of your usual activities. Your doctor or nurse will discuss these restrictions with you. When the area has healed, it won’t be noticeable to other people and you'll be able to go about your daily activities.

**Colostomy**

Because your rectum and anus will be removed, you'll need a new place for your stool (poop) to leave your body. During your surgery, the lower end of your colon will be brought outside your body through the skin on your abdomen. This is called a colostomy.

You’ll see the lining of your colon on the outside of your abdomen. This is called a stoma. Your stoma will be pink or red and look shiny and moist. Colostomy stomas are usually placed on the lower left side of the abdomen, about 2 inches away from the belly button (see Figure 2).

![Figure 2. Colostomy stoma](image)

After your surgery, your stool will leave your body from your stoma. You'll wear a colostomy pouch over your stoma. This pouch will collect your gas and stool. A wound, ostomy, continence (WOC) nurse will teach you how to change your pouch and care for your stoma. No one will know you have a colostomy unless you tell them.
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.

About Enhanced Recovery After Surgery (ERAS)

ERAS is a program to help you get better faster after your surgery. As part of the ERAS program, it’s important to do certain things before and after your surgery.

Before your surgery, make sure you’re ready by doing the following things:

- **Read this guide.** It will help you know what to expect before, during, and after your surgery. If you have questions, write them down. You can ask your healthcare provider at your next appointment, or you can call their office.

- **Exercise and follow a healthy diet.** This will help get your body ready for your surgery.

After your surgery, help yourself recover more quickly by doing the following things:

- **Read your recovery pathway.** This is a written educational resource that your healthcare provider will give you. It has goals for your recovery and will help you know what to do and expect on each day during your recovery.

- **Start moving around as soon as you can.** The sooner you’re able to get out of bed and walk, the quicker you’ll be able to get back to your normal activities.

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).

Meet With a Wound, Ostomy, Continence (WOC) Nurse

You’ll meet with a WOC nurse before your surgery. A WOC nurse is a registered nurse who specializes in wound and ostomy care. They’ll teach you and your family how to care for your new colostomy and help you become more independent. A WOC nurse will also show you a colostomy pouch so you can become familiar with it.

A WOC nurse will help your surgeon choose the best placement for your stoma before your surgery. But your surgeon will decide on the final location during your surgery. A WOC nurse will also work with you, your family, and your other healthcare providers after your surgery to help with your recovery.

Be sure to ask the WOC nurse any questions you or your family have about your colostomy.

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 nurse 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.

Exercise

Try to do aerobic exercise (exercise that makes your heart beat faster) every day. Examples include walking at least 1 mile (1.6 kilometers), swimming, or biking. If it's cold outside, use stairs in your home or go to a mall or shopping center. Exercising will help your body get into its best condition for your surgery and make your recovery faster and easier.

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.

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

Buy Bowel Preparation Supplies
You’ll need to do a bowel preparation before your surgery. Your healthcare provider will give you a prescription for antibiotics to take as part of your bowel preparation. You’ll also need to buy the following supplies:

- 1 (238-gram) bottle of polyethylene glycol (MiraLAX®). You can get this from your local pharmacy. You don’t need a prescription.
- 1 (64-ounce) bottle of a clear liquid. For examples of clear liquids, read the “Follow a Clear Liquid Diet” section.

**Buy Clear Liquids**

You’ll need to follow a clear liquid diet before your surgery. Now a good time to buy your supplies. For a list of clear liquids you can drink, read the section “Follow a Clear Liquid Diet.”

### 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.

Don’t shave or wax your abdominal area starting 2 days before your surgery. This will lower your risk of getting an infection.

### 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>
<tr>
<td></td>
<td>• Any products with pieces of dried food or seasoning</td>
</tr>
<tr>
<td><strong>Sweets</strong></td>
<td>• Gelatin (such as Jell-O®)</td>
</tr>
<tr>
<td></td>
<td>• Flavored ices</td>
</tr>
<tr>
<td></td>
<td>• Hard candies (such as Life Savers®)</td>
</tr>
<tr>
<td></td>
<td>• All others</td>
</tr>
<tr>
<td><strong>Drinks</strong></td>
<td>• Clear fruit juices (such as lemonade, apple, cranberry, and grape juices)</td>
</tr>
<tr>
<td></td>
<td>• Soda (such as ginger ale, 7-Up®, Sprite®, and seltzer)</td>
</tr>
<tr>
<td></td>
<td>• Sports drinks (such as Gatorade®)</td>
</tr>
<tr>
<td></td>
<td>• Black coffee</td>
</tr>
<tr>
<td></td>
<td>• Tea</td>
</tr>
<tr>
<td></td>
<td>• Water</td>
</tr>
<tr>
<td></td>
<td>• Juices with pulp</td>
</tr>
<tr>
<td></td>
<td>• Nectars</td>
</tr>
<tr>
<td></td>
<td>• Milk or cream</td>
</tr>
<tr>
<td></td>
<td>• Alcoholic drinks</td>
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</tbody>
</table>

### Start Your Bowel Preparation

Start your bowel preparation 1 day before your surgery.

**On the morning of the day before your surgery,** mix all 238 grams of MiraLAX with the 64 ounces of clear liquid until the MiraLAX powder dissolves. Once the MiraLAX is dissolved, you can put the mixture in the refrigerator, if you prefer.

**At 5:00 PM on the day before your surgery,** start drinking the MiraLAX mixture. The MiraLAX will cause frequent bowel movements, so make sure you're near a bathroom.

- Drink 1 (8-ounce) glass of the mixture every 15 minutes until the container is empty.
- When you finish the MiraLAX mixture, drink 4 to 6 glasses of clear liquids.
- Apply zinc oxide ointment or Desitin® to the skin around your anus after every bowel movement. This helps prevent irritation.

**At 7:00 PM on the day before your surgery,** take your antibiotics as instructed.

**At 10:00 PM on the day before your surgery,** take your antibiotics as instructed.

You can keep drinking clear liquids until midnight, but you don’t have to.

### 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. They’ll also remind you where to go.
Shower With a 4% Chlorhexidine Gluconate (CHG) Solution Antiseptic Skin Cleanser (Such as Hibiclens®)

4% chlorhexidine CHG 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. Your nurse will give you a bottle to use before your surgery.

The night before your surgery, shower using a 4% chlorhexidine gluconate 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

Finish the ClearFast preop® drink your healthcare provider gave you 2 hours before your scheduled arrival time. Do not drink anything else, including water.

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 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.

- _______________________________________________________________________________________
- _______________________________________________________________________________________
- _______________________________________________________________________________________ 

**What to Bring**

- A pair of loose-fitting pants (such as sweat pants).
- Brief-style underwear that’s 1 to 2 sizes larger than you normally wear.
- Sneakers that lace up. You may have some swelling in your feet. Lace-up sneakers can fit over this swelling.
- Your breathing device for sleep apnea (such as your CPAP device), 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.

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

When you get to the hospital, take the B elevator to the 6th floor and check in at the desk in the PSC waiting room.

You’ll be asked to say and spell your name and birth date 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 will have.
- 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 incisions will be closed with stitches (sutures), staples, Dermabond® (surgical glue), or Steri-Strips™ (surgical tape). You may also have a bandage over your incisions.

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 will learn how to safely recover from your surgery.

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

Notes
In the Post-Anesthesia Care Unit (PACU)

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

A nurse will be monitoring your body temperature, pulse, blood pressure, and oxygen levels. You may be getting oxygen through a thin tube that rests below your nose or a mask that covers your nose and mouth. You’ll also have compression boots on your lower legs.

Pain Medication

You’ll get medication to control your pain and keep you comfortable. There are different ways pain medication can be given:

- **Epidural catheter**: Some people get pain medication through an epidural catheter (thin, flexible tube in their spine).

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

- **IV medications**: Some people get pain medication into a vein through their IV line.

You’ll have 1 or more of these after your surgery. They’re all effective ways to control your pain. Your healthcare provider will talk with you before choosing the best one(s) for you.

Tubes and Drains

You’ll have 1 or more of the tubes and drains below. Your healthcare providers will talk with you about what to expect.

- You’ll have a Foley catheter in your urethra going into your bladder. This tube drains urine from your bladder so your healthcare team can keep track of how much urine you’re making.

- You’ll have 1 or 2 drains in your lower abdomen. These drain extra fluid from the area. They’re usually removed after a few days. If you’ll go home with a drain, your nurse will show you how to care for it.

Visitors

Your visitors can see you briefly in the PACU, usually within 90 minutes after your surgery is over. A member of the nursing staff will explain the guidelines to them.

Moving to Your Hospital Room

You’ll stay in the PACU until you’re awake and your pain is under control. Most people move to their hospital room after a few hours in the PACU, but some people stay in the PACU overnight for observation. After your stay in the PACU, a staff member will take you to your hospital room.

In Your Hospital Room

The length of time you’re in the hospital after your surgery depends on your recovery and the exact surgery you had. Most people stay in the hospital for 4 to 5 days. Your healthcare team will tell you what to expect.
When you’re taken to your hospital room, you’ll meet one of the nurses who will care for you while you’re in the hospital. While you’re in the hospital, your nurses will teach you how to care for yourself while you’re recovering from your surgery. You can help yourself recover more quickly by doing the following things:

- **Read your recovery pathway.** Your healthcare provider will give you a pathway with goals for your recovery, if you don’t already have one. It will help you know what to do and expect on each day during your recovery.

- **Start moving around as soon as you can.** The sooner you’re able to get out of bed and walk, the quicker you’ll be able to get back to your normal activities.

Read the resource *Call! Don’t Fall!* to learn about what you can do to stay safe and keep from falling while you’re in the hospital. It’s located in the “Educational Resources” section of this guide.

**Managing Your Pain**

You’ll have some pain after your surgery. At first, you’ll get your pain medication through an epidural catheter, nerve block, or IV line. Once you’re able to swallow liquids, you’ll get oral pain medication (pain medication you swallow).

Your healthcare providers will ask you about your pain often and give you medication as needed. If your pain isn’t relieved, tell one of your healthcare providers. It’s important to control your pain so you can cough, breathe deeply, use your incentive spirometer, and move around. Controlling your pain will help you recover better.

Many people find their pain is controlled with over-the-counter medications alone. If you need stronger pain medication in the hospital, one of your healthcare providers will give you a prescription before you leave. Talk with your healthcare providers about possible side effects and how to taper (slowly stop taking) your medication.

**Moving Around and Walking**

Moving around and walking will help lower your risk for blood clots and pneumonia (lung infection). It will also help you start passing gas and having bowel movements (pooping) again.

Read your recovery pathway to learn about your specific moving and walking goals. Your nurse, physical therapist, or occupational therapist will help you move around, if needed.

**Exercising Your Lungs**

It’s important to exercise your lungs so they expand fully. This helps prevent pneumonia.

- Your nurse will give you an incentive spirometer. Use it 10 times every hour you’re awake. For more information, read *How to Use Your Incentive Spirometer*, located in the “Educational Resources” section of this guide.

- Do coughing and deep breathing exercises. A member of your care team will teach you how to do them.
Eating and Drinking

For the first few days after your surgery, you won’t be able to eat solid foods. You’ll follow a clear liquid diet. After that, you’ll slowly go back to eating solid foods. Read your pathway and talk with your healthcare team for more information.

Your healthcare provider will give you dietary guidelines to follow after your surgery. A clinical dietitian nutritionist will visit you in your hospital room to go over these guidelines with you before you leave the hospital.

If you have questions about your diet, ask to see a clinical dietitian nutritionist.

Caring for Your Incisions

Your healthcare team will check your incisions daily. Keep your incisions clean and dry. You may notice small amounts of light pink fluid leaking from your perineal area. This is normal. You can wear Depends® or another type of shield to protect your clothing from stains.

For several weeks after your surgery, there will be restrictions on how you sit, lie down, and do some of your daily activities. You won’t be able to sit for long periods of time and you’ll need to sleep on your side. Your healthcare providers will go over these restrictions with you.

Caring for Your Colostomy Stoma

Your nurses, WOC nurse, or both will check your stoma every day. You’ll have a pouch in place to collect the stool that comes out of your stoma.

Your WOC nurse will visit you in your hospital room to teach you how to care for your colostomy. For more information, read Caring for Your Ileostomy or Colostomy, located in the “Educational Resources” section.

Leaving the Hospital

By the time you’re ready to leave the hospital, your incisions will have started to heal. Before you leave, look at your incisions with your caregiver and one of your healthcare providers. Knowing what they look like will help you notice any changes later.

On the day of your discharge, plan to leave the hospital between 8:00 AM and 10:00 AM. Before you leave, one of your healthcare providers will write your discharge order and prescriptions. You’ll also get written discharge instructions. One of your healthcare providers will review them with you before you leave.

If you have sutures or staples in your incision(s), they’ll probably be taken out the morning you leave the hospital. This is done in your hospital bed and isn’t painful. If you go home with staples or sutures, you’ll need to come back to the clinic to have them taken out.

If your ride isn’t at the hospital when you’re ready to be discharged, you may be able to wait in the Patient Transition Lounge. A member of your healthcare team will give you more information.
At Home

Read the resource *What You Can Do to Avoid Falling* to learn about what you can do to stay safe and keep from falling at home and during your appointments at MSK. It’s located in the “Educational Resources” section of this guide.

**Managing Your Pain**

People have pain or discomfort for different lengths of time. You may still have some pain when you go home and will probably be taking pain medication. Some people have soreness, tightness, or muscle aches around their incisions as they recover. This doesn’t mean that something is wrong. But, if it doesn’t get better, contact your healthcare provider.

Follow the guidelines below to help manage your pain at home.

- Take your medications as directed and as needed.
- Call your healthcare provider if the medication prescribed for you doesn’t ease your pain.
- Don’t drive or drink alcohol while you’re taking prescription pain medication. Some prescription pain medications can make you drowsy. Alcohol can make the drowsiness worse.
- As your incision heals, you’ll have less pain and need less pain medication. An over-the-counter pain reliever such as acetaminophen (Tylenol®) or ibuprofen (Advil®) will ease aches and discomfort.
  - Follow your healthcare provider’s instructions for stopping your prescription pain medication.
  - Don’t take more of any medication than the amount directed on the label or as instructed by your healthcare provider.
  - Read the labels on all the medications you’re taking, especially if you’re taking acetaminophen. Acetaminophen is an ingredient in many over-the-counter and prescription medications. But, taking too much can harm your liver. Don’t take more than 1 medication that contains acetaminophen without talking with a member of your healthcare team.
- Pain medication should help you resume your normal activities. Take enough medication to do your activities and exercises comfortably. It’s normal for your pain to increase a little as you start to be more active.
- Keep track of when you take your pain medication. It works best 30 to 45 minutes after you take it. Taking it when you first have pain is better than waiting for the pain to get worse.

Some prescription pain medications (such as opioids) may cause constipation (having fewer bowel movements than usual).

**Managing Constipation**

Talk with your healthcare provider about how to manage constipation. You can also follow the guidelines below.

- Go to the bathroom at the same time every day. Your body will get used to going at that time. But, if you feel like you need to go, don’t put it off.
• Try to use the bathroom 5 to 15 minutes after meals. After breakfast is a good time to go. The reflexes in your colon are strongest at this time.

• Exercise, if you can. Walking is an excellent form of exercise.

• Drink 8 to 10 (8-ounce) glasses (2 liters) of liquids daily, if you can. Drink water and other liquids, including juices (such as prune juice) and soups.

• Both over-the-counter and prescription medications are available to treat constipation. Talk with your healthcare provider about which one is best for you.

If you have questions about constipation, contact your healthcare provider.

**Caring for Your Incisions**

It's normal for the skin below your incisions to feel numb. This happens because some of your nerves were cut during your surgery, even if you had a nerve-sparing procedure. The numbness will go away over time.

Check your incisions every day for any signs of infection until your healthcare provider tells you they’re healed. Call your healthcare provider if you develop any of the following signs of an infection:

• Redness

• Swelling

• Increased pain

• Warmth at the incision site

• Foul-smelling or pus-like drainage from your incision

• A fever of 100.5 °F (38 °C) or higher

To keep from getting an infection, don’t let anyone touch your incisions. Clean your hands with soap and water or an alcohol-based hand sanitizer before you touch your incisions.

**Abdominal Incisions**

If you go home with staples or sutures in your incisions, your healthcare provider will take them out during one of your appointments after surgery. It’s okay to get them wet. If you go home with Steri-Strips or Dermabond on your incisions, they’ll loosen and peel off by themselves. If they haven’t come off after about 14 days, you can take them off.

**Perineal Incision**

The sutures in your perineal incision will either dissolve over time or need to be taken out. Your healthcare provider will tell you if they need to be taken out.

The time it takes the perineal area to heal is different from person to person. It usually takes about 3 months. Your discomfort will decrease over time.
Showering
Shower every day. Taking a warm shower is relaxing and can help ease muscle aches. You’ll also clean your incision when you shower.

Take your bandages off before you shower. When you shower, gently wash your incisions with a fragrance-free, liquid soap. Don’t scrub your incisions or use a washcloth on them. This could irritate them and keep them from healing.

When you're finished with your shower, gently pat your incisions with a clean towel. Let them air dry completely before getting dressed. If there’s no drainage, leave your incisions uncovered.

Don’t take tub baths or go swimming until your healthcare provider says it’s okay.

Eating and Drinking
Your healthcare provider will give you dietary guidelines to follow after your surgery. If you need to reach a clinical dietitian nutritionist after you go home, call 212-639-7312.

Physical Activity and Exercise
When you leave the hospital, your incisions may look like they’re healed on the outside, but they won’t be healed on the inside. For the first 6 weeks after your surgery:

- Don’t lift, push, or pull anything heavier than 10 pounds (about 4.5 kilograms).
- Don’t do any strenuous activities (such as jogging and tennis).
- Don’t play any contact sports (such as football).

Walking is a good way to increase your endurance. You can walk outside or indoors at your local mall or shopping center. You can also climb stairs, but try to limit how often you do this for the first week you’re home. Don’t go out by yourself until you’re sure of what you can do.

It’s normal to have less energy than usual after your surgery. Recovery time is different for everyone. Increase your activities each day as much as you can. Always balance activity periods with rest periods. But, if you can’t sleep at night, it may be a sign that you’re resting too much during the day.

Driving
Driving may cause discomfort while you’re healing because you use your abdominal muscles (abs) when you brake. Ask your healthcare provider when you can drive. Don’t drive while you’re taking pain medication that may make you drowsy. You can ride in a car as a passenger at any time after you leave the hospital.

Sexual Activity
Your healthcare provider will tell you when you can start having sexual activity.

The nerves that control sexual function are in your pelvis. You may worry they’ll be damaged after your surgery. Surgeons at MSK have special training to lower this risk. Only a small number of people have changes in sexual function after their surgery. If you have any concerns about sexual function, talk with your healthcare provider.
Changes in Urinary Function

The nerves that control urination are also in your pelvis. There’s a small chance you may have changes in urinary function after your surgery. Your surgeon will do everything they can to protect these nerves. But, a small number of people lose urinary control for a short time after surgery.

If this happens to you, you may need to use a catheter for a longer time after your surgery. Permanent loss of urinary control is uncommon. Your surgeon will talk with you about this risk. You can also speak to your other healthcare providers.

Going Back to Work

Talk with your healthcare provider about your job and when it may be safe for you to start working again. If your job involves lots of movement or heavy lifting, you may need to stay out a little longer than if you sit at a desk.

Getting Your Test Results

After your surgery, the tumor and the tissue around it will be sent to a pathologist. Your test results will be ready about 5 business days after your surgery. Your surgeon will talk with you about the results of the tests and whether they recommend any additional treatments.

Follow-up Appointments

Your first appointment after your surgery will be 1 to 3 weeks after you leave the hospital. Call your surgeon’s office after you’re discharged from the hospital to schedule it.

It’s important to go to all your follow-up appointments after your surgery. You can call your healthcare provider if you have questions between these appointments.

Managing Your 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 can’t 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 healthcare providers can reassure, support, and guide you. It’s always a good idea to let us know how you, your family, and your friends are feeling emotionally. Many resources are available to you and your family. Whether you’re in the hospital or at home, we’re here to help you and your family and friends handle the emotional aspects of your illness.

Using MyMSK

MyMSK (my.mskcc.org) is your MSK patient portal account. You can use MyMSK to send and receive messages from your healthcare team, view your test results, see your appointment dates and times, and more. You can also invite your caregiver to create their own account so they can see information about your care.

If you don’t have a MyMSK account, you can visit my.mskcc.org, call 646-227-2593, or call your healthcare provider’s office for an enrollment ID to sign up. You can also watch our video How to Enroll in the Patient Portal: MyMSK (www.mskcc.org/pe/enroll_mymsk). For help, contact the MyMSK Help Desk by emailing mymsk@mskcc.org or calling 800-248-0593.
When to Contact Your Healthcare Provider

Contact your healthcare provider if you have:

- A fever of 100.5 °F (38 °C) or higher
- Pain in your abdomen, nausea, and vomiting
- Any of the following signs of infection in your incision:
  - Redness
  - Swelling
  - Increased pain
  - Warmth at the incision site
  - Foul-smelling or pus-like drainage
- Difficulty urinating (peeing)
- Pain at your incision that isn’t eased by pain medication
- Any questions or concerns

Monday through Friday from 9:00 AM to 5:00 PM, contact your healthcare provider.

After 5:00 PM, during the weekend, and on holidays, call 212-639-2000 and ask to speak to the person on call for your healthcare provider.
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.

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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.medicineassistancetool.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.

The Ostomy Association
www.ostomy.org

Wound Ostomy Continence Organization
www.wocn.org
Go to this website to find a CWOCN in your area. The website also has information on resources, suppliers of ostomy products, and support groups.
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.

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Call! Don’t Fall!

This information describes what you can do to keep from falling and stay safe while you’re in the hospital. Being in the hospital can make you weak. Follow these guidelines to avoid falling.

- Call for help every time you need to get out of bed or up from a chair.
- Don’t go to the bathroom alone.
- Don’t bend over. If you drop something, call for help.
- Don’t lean on furniture that has wheels, such as your bedside table, over-bed table, or IV pole.
- Wear safe, supportive shoes. Examples include shoes with laces and slippers with nonskid soles. Don’t wear shoes or slippers with an open back.
- Call for help right away if you see any spills on the floor.
- Use the grab bars in the bathroom and railings in the hallways.
- If you have glasses or hearing aid(s), wear them when you’re awake.
- Let us know what you will need near you. Help us make sure we have:
  - Placed your call button where you can reach it
  - Placed items you may need (such as your phone, books, or glasses) where you can reach them
  - Turned on a night light before it gets dark
  - Raised the top bedrail to keep you safe
  - Removed any clutter from around your bedside and chairside
Caring for Your Ileostomy or Colostomy

This information will help you care for your ileostomy or colostomy.

An ostomy is an opening created during surgery. A piece of your intestine is brought to the outside of your abdomen (belly) so that bowel movements (stool) and gas can exit your body. The part of your intestine that’s on the outside of your body is called a stoma. Your stoma will look red and moist, similar to the inside of your mouth. Your stoma will be swollen right after surgery, but the size will decrease in 6 to 8 weeks. You won’t feel any pain or pressure within your stoma. You also won’t feel any sensations of heat or cold.

Some ostomies are permanent, while others are temporary. Your surgeon will tell you if your ostomy is permanent or temporary.

Having an ostomy is a big change for most people. We have written this resource with the help of people who have an ostomy. We hope it will help prevent problems and give you tips that can make your daily life easier. Your wound, ostomy, continence (WOC) nurse will go over this information with you.

Types of Ostomies

An ostomy can be made out of the small intestine or colon (large intestine). When a piece of the small intestine is used to create an ostomy, it’s called an ileostomy. When a piece of the colon is used to create an ostomy, it’s called a colostomy.

The consistency of your bowel movements from your ostomy will depend on the part of your intestine that’s used to create the ostomy. Your bowel movements may be liquid, soft, or solid.

The most common types of ostomies are:
**Ileostomy**

- Created from the part of the small intestine called the ileum.
- Bowel movements are loose or watery.
- Stoma is usually located on the right lower side of the abdomen.

**Ascending colostomy**

- Created out of the ascending colon.
- Bowel movements are loose or watery.
- Stoma is usually located on the right side of the abdomen.

**Descending colostomy**

- Created out of the descending colon.
- Bowel movements are usually soft.
- Stoma is usually located on the left side of the abdomen.

**Sigmoid colostomy**

- Created out of the last part of the colon.
- Bowel movements can be soft or firm.
- Stoma is usually located on the left side of the abdomen.

**Loop ostomy**

- Can be made out of any part of the small intestine or colon.
- There are 2 openings in the stoma instead of 1. Many times, only 1 opening can be seen. This type of ostomy is often temporary.

In some surgeries, a second opening is created on the abdomen called a mucous fistula. It secretes left over bowel movements or a mucus-like fluid and leads to the rectum. If you have a mucous fistula, your WOC nurse will teach you how to care for it while you’re in the hospital. Usually, a small pouch or dressing is placed over the mucous fistula. It will need to be cleaned with water and emptied. Once there is no drainage, the mucus fistula can be covered with a pad.
Learning to Care for Your Ostomy

Your WOC nurse and nursing staff will teach you how to care for your stoma and ostomy while you’re in the hospital. When you’re discharged from the hospital, you’ll be given the basic supplies you need to care for your ostomy. During your post-operative appointment, a WOC nurse will re-evaluate your ostomy supplies and will show you how to order them. There’s a list of medical suppliers at the end of this resource.

Your WOC nurse and nursing staff will also arrange for a visiting nurse to come to your home after you’re discharged from the hospital. They will teach you how to care for your stoma and adjust to being home. If you have any questions or problems once you’re home, call your WOC nurse or social worker.

Pouching systems

After your surgery, you will wear an odor-proof pouching system over your ostomy. The pouching system is made up of a skin barrier (wafer) and a collection pouch. There are many different sizes and styles of pouching systems. Most pouching systems are either a 1-piece system in which the pouch is attached to the skin barrier, or a 2-piece system in which the pouch can be taken off of the skin barrier. With both types, the pouch attaches to your abdomen by the skin barrier and is fitted over and around your stoma to collect your bowel movements and gas. The skin barrier protects the skin around your stoma from getting irritated by bowel movement leakage.

Your WOC nurse will help you find the best pouching system for your stoma. As the size of your stoma changes, you may need to change your pouching system.

Some people find it helpful to buy a fitted waterproof mattress cover, bed pads, or cloth under-pads to place over the mattress and bed sheets. This protects the bed in case the pouch accidentally leaks during the night.

Emptying your pouch

Empty your pouch when it’s almost halfway full. The pouch shouldn’t become overly full. Your WOC nurse will teach you how to empty your pouch.
If you squeeze every bit of air out your pouch, the sides are likely to stick together and make it more difficult to collect bowel movements. There are lubricants to help keep this from happening. This is more of an issue if your bowel movements are thicker. If your bowel movements are thinner, you can use a thickening product in the pouch to help thicken them. Your WOC nurse will help you determine which product you should use.

Changing your pouching system
Your WOC nurse will teach you how to change your pouching system. Generally, you should change your pouching system every 3 to 5 days. If you have leakage, change it immediately. This is to protect the skin around your stoma from getting irritated from bowel movement leakage. If you have any leakage or irritation that has lasted for a few days, call your WOC nurse.

Lifestyle Issues

Body image and depression
After people learn that they have cancer, they often view their bodies in a different way. Surgery, chemotherapy, and radiation therapy can change the way a body looks and works. This may be especially true when someone has a new ostomy. Some people feel disgust. This is normal given the shame in many cultures of talking about bowel movements. Other people feel sadness at the loss or change in their bodies. They view their ostomy with negative thoughts and feelings. However, others view their ostomy more positively and see it as an answer to difficult symptoms, such as bowel incontinence (trouble controlling your bowel movements), or as the path to survival. You may have both positive and negative feelings. As you adjust to living with an ostomy and get used to how it looks and works, you’ll feel better about your body. It may help you cope better if you:

- Look at your stoma to help you get comfortable with it.
- Remind yourself about the positive aspects of your ostomy.
- Talk with other people with ostomies. You may learn good coping techniques and this may help you regain a sense of normalcy.
- Get counseling to help you improve your body image, feelings, and quality of life. At Memorial Sloan Kettering (MSK), counseling is available from social
workers and at the Counseling Center. You can reach the Social Work Department at 212-639-7020 and the Counseling Center at 646-888-0200.

**Nutrition**

Your doctor will give you dietary guidelines to follow after your surgery. You’ll also meet with a dietitian while you’re in the hospital to review these guidelines.

Below are some recommended guidelines if you have an ileostomy:

- **Stay hydrated**
  - Drink 8 to 10 (8-ounce) glasses of liquids a day.
  - Limit your intake of caffeine and alcohol. They can dehydrate you.
  - Limit foods high in fiber and high in simple sugars (such as glucose, sucrose, fructose), as they can dehydrate you.

- **Keep in mind that the foods that upset your stomach before your surgery will have the same effect after your surgery. If you feel bloating and pain after eating a certain food, remove it from your diet. Try eating it again in a few weeks. If you’re still having pain and bloating after eating this food, avoid it.**

- **Some people with ostomies choose to limit gas by regulating their diet. The following can increase gas:**
  - Foods such as cabbage and broccoli
  - Carbonated beverages
  - Drinking through a straw
  - Chewing gum

- **If you have tried limiting gas and still have a problem, talk with your WOC nurse. They may suggest using pouches with charcoal filters. The filter can help prevent the buildup of gas and avoid inflation of the pouch. Some people also find it useful to use pouches with filters for airplane travel.**
  - Don’t prick your pouch to release built-up gas because this will destroy the pouch’s odor proof system.
  - Don’t scrub your pouch with water. This will deactivate the filter.

- **If you’re constipated (having fewer bowel movements than what’s normal for***
you):

- Drink more liquids.
- Eat foods that are high in fiber, such as fruits, vegetables, and bran.
- Walk around.

**If you have an ileostomy, don’t take any kind of laxative.** It can cause severe dehydration and other problems.

**Medication**

If you have an ileostomy, your body may not be able to completely absorb some medications. This happens because your bowel is shortened and some medications are absorbed slowly. This happens most often with:

- Pills with enteric coating (a special coating that prevents pills from being absorbed until they reach the small intestine)
- Sustained-release or extended release medications (designed to release a medication in the body slowly over an extended period of time)

Ask your doctor if you’re taking these types of medications. If you see a tablet in your pouch that isn’t absorbed, call your doctor.

Don’t crush pills unless your doctor or pharmacist says you can do so. Taking crushed pills can cause problems with digestion.

**Exercise**

Talk with your doctor about what exercise is right for you. For most people, walking and light stretching are good exercises to do while recovering from surgery. You should avoid lifting or pushing anything heavier than 10 pounds for 2 to 3 months after your surgery. This includes housework such as vacuuming or mowing the lawn. If this will be a problem for you, talk with your doctor.

Don’t do sit-ups, pushups, or any strenuous exercise for 2 to 3 months after your surgery. This will help prevent a hernia (bulging of an organ or tissue) or weakening of a muscle near your stoma. It will also help prevent a stomal hernia (bulging out of your stoma).
Odor control

Pouching systems are designed to be odor proof. Unless you’re leaking bowel movements underneath the wafer, there should be no odor while the pouching system is attached. However, if odor is a problem for you, there are deodorants that you can put into the pouch to help. Some examples are drops, charcoal tablets, or lubricating gel. You may need to experiment to find one that works best for you. There are also deodorants you can take orally (by mouth) to decrease your bowel movement’s odor. Check with your doctor or nurse before using any of these.

Many pouches have a built-in charcoal filter. This vents the gas and filters it at the same time to prevent odor. There are also filters that can be bought separately and attached to the pouch, or you can apply a small plastic vent on each pouch. This vent allows gas to be released without opening the pouch.

Some people find it useful to empty the pouch at bedtime. This is done because gas could continue to build overnight and fill the pouch.

Sexual activity

Talk with your doctor about when it’s safe to resume sexual activity. Generally, this is after your incision is healed, about 2 months after your surgery. As long as excessive pressure isn’t placed on your stoma, there should be no harm done to it. Do not use your stoma as a sexual orifice.

For many people, returning to a normal sex life will come naturally. This happens as your concerns decrease and your feelings about your body become more positive. Try to stay intimate with your partner as much as possible. Use kind words, meaningful touch, and hugs.

Check to see if your pouching system fits well and if there’s any odor. Some people prefer to cover their pouching system with a cloth band or wrap, shirt, or lingerie during sexual activity. You can buy ready-made covers from many ostomy supply companies. Some companies also make a pouch with a cotton cover attached to it.

You may also plan your sexual activity for times when you’re less likely to be actively draining or after irrigation. For more information about irrigation, see the section titled “Frequently Asked Questions About Ostomy Care”.
Talk with your doctor or nurse if surgery or radiation therapy caused changes that make it hard to have sex. Examples are erectile dysfunction (difficulty getting or keeping an erection) in men or vaginal dryness, pain, or tightness in women. If these problems don’t get better, you can talk with a sexual health specialist. MSK has a Sexual Health Program to help people address the impact of their disease and treatment on sexuality.

The United Ostomy Associations of America, Inc. (www.ostomy.org or 800-826-0826) has information on sex for both men and women with ostomies.

Other good sources of information are the following resources published by the American Cancer Society. You can get these resources by calling 800-ACS-2345 (800-227-2345) or by going to the links below.


**Showering, bathing, and swimming**

You can shower with your pouching system on or off. However, if you have an ileostomy, you may want to keep the pouch on during the shower due to possible drainage of bowel movements while showering. You can also use waterproof tape around the edges of the wafer. Depending on your skin and the type of pouch, you can place a piece of plastic over the whole pouching system to keep it from getting wet, but this isn’t always necessary.

When you take a bath or swim, keep your pouching system on. Most people can wear the same swimsuit they wore before their surgery. However, it may not be possible to wear hip-high swimsuits for men or hip-high, two-piece swimsuits for women.

**Work**

You can go back to work as soon as you feel ready and your doctor approves. Unless you tell them, people won’t know that you have an ostomy. It’s highly
unlikely that the pouching system will be visible. You will probably be able to wear most of the same clothes you wore before your surgery.

**Travel**

Bring extra pouching systems with you wherever you go, even if it’s only a short trip or a doctor’s appointment. If you’re going to be away from home for several hours, think about where you’re going and mentally prepare yourself. Some people feel anxiety the first few times they travel. If you feel anxious, you may be able to lower your stress by thinking ahead. First, think about where the bathroom is located and what you may need. Second, get the supplies you plan to take with you. Place 2 of every item in a travel bag. This way, if you have an emergency or are away from home longer than you expect, you will be prepared. Remember to bring:

- Pouches
- Wafers
- Clamps (if you have a pouching system with a clamp closure)
- Paper towels

When you’re traveling by air:

- Pack your ostomy supplies in at least 2 places, such as in your carry-on and checked luggage.
- Take extra supplies in case you’re stranded where supplies may not be available.
- You may want to bring a letter from your doctor stating your need for ostomy supplies, as well as a private area be used in case of an extended search by TSA agents.
- If you’re traveling to a foreign country, it’s a good idea to have ostomy information written in that language. One of the 70 member associations of the International Ostomy Association may be able to help with this translation, as well as with locating supplies while visiting their country. For more information, visit [www.ostomyinternational.org](http://www.ostomyinternational.org).
- You may want to carry photocopies of the catalogue pages displaying and explaining your equipment for TSA agents.
The United Ostomy Association of America web site, (www.uoaa.org) has information and helpful ‘travel tips’ that can be printed and used.

**Call Your Doctor or Nurse if You:**

- Vomit
- Have a colostomy and haven’t had a bowel movement for 3 days
- Have an ileostomy and haven’t had a bowel movement for 3 to 6 hours
- Develop abdominal pain or symptoms of dehydration (this is more common for those with an ileostomy), including:
  - Increased thirst
  - Dry mouth
  - Loss of appetite
  - Weakness
  - Decreased urine output
  - Dark amber colored urine
  - Muscle, abdominal, or leg cramps
  - Feeling faint
  - More bowel movements than usual or changes in consistency
  - Increased frequency of emptying pouch

**Frequently Asked Questions About Ostomy Care**

**What is irrigation and will I be able to do it?**

Irrigation is a type of enema that eliminates the need for wearing a pouching system over the stoma. This means you wouldn’t have any bowel movements between the irrigations. Irrigation is done every day or every other day. People who have a sigmoid colostomy may be able to irrigate. Most people who have had an abdominal perineal resection have a sigmoid colostomy. **People with an ileostomy should never irrigate because it can cause dehydration.**
You also cannot irrigate:

- If you have a stomal hernia (bulge around the stoma).
- While you’re getting chemotherapy.
- While you’re getting radiation therapy.

Ask your doctor or WOC nurse for more information about irrigation.

**What color should my stoma be?**

Your stoma should be a deep pink or red color at all times. While it’s working to move bowel movements out of your body, you may notice a slight change in its color. This should only be for a few seconds to a minute. If your stoma looks dark red, grey, brown, or black, call your doctor immediately.

**Is it normal for my stoma to bleed when I touch it or change my pouching system?**

Your stoma has many blood vessels, so it may bleed easily with touch or irritation. It’s common to have a small amount of blood on the tissue when cleaning your stoma. The bleeding should stop on its own within a few minutes. If you’re on a blood thinner or aspirin, you may bleed more easily and for a longer period of time. If you bleed a lot or if the bleeding doesn’t stop after 5 to 10 minutes, apply pressure to the area and call your doctor. If you notice blood in your bowel movements or coming from the inside of your stoma, call your doctor immediately.

**The area around my stoma seems to bulge. Is this normal?**

If you have a change in the curve around your stoma, tell your doctor or WOC nurse. You may have a stomal hernia. This happens because the abdominal wall muscle is weak and causes a bulge to form in the area around the stoma. Your doctor or WOC nurse will examine you to see if you have a stomal hernia.

People with a stomal hernia don’t usually have any symptoms. Surgery isn’t needed unless you have a complication, including a blockage or twisting of the herniated bowel.

If you have any of the following symptoms, call your doctor or nurse:
• Nausea
• Vomiting
• Pain
• Abdominal bloating, and lack of gas and bowel movements in your pouch

If you have a stomal hernia, your WOC nurse can measure you for a custom-made hernia support belt. These belts don’t cure the hernia, but they can prevent it from getting worse by giving it support. A girdle or biking shorts with a hole cut out for your pouch may also work well as an alternative to the custom-fitted hernia belt.

How do I wear a belt over my stoma?
Try to wear the belt above or below your stoma. If the belt is worn directly over your stoma, it can cause:

• Irritation
• Bleeding
• An overgrowth of tissue

While you’re wearing the belt, position your pouch downward or to the side. You can also fold it, depending on your preference.

What do I do if I have leakage of bowel movements under my wafer?
If you’re having leakage, tell your WOC nurse. You may need a different pouching system that fits better to avoid this problem.

Is there anything I should do to prepare for tests, such as scans with contrast dye?
Always take an extra set of supplies when going to the doctor for tests because you may have to remove your pouching system.

If you live 1 hour or longer away from the hospital, be ready to change or empty your bag during the trip home. The contrast dye may empty into your pouch in 1 or 2 hours, but it can take longer.
Do I need to wear gloves when I change my pouching system?

This is a personal choice. There is no risk of infection from changing your pouching system. However, some people prefer to wear gloves because some bowel movements could come in contact with your fingers.

If I have an ileostomy, is it normal to still pass bowel movements or mucous from my rectum?

Depending on the type of surgery you had, you may pass left over bowel movements or mucous from your rectum. This should decrease over time, but it may be useful to wear a pad and apply a zinc ointment (such as Desitin®) around your anus to prevent irritation.

What should I do if I am admitted to the hospital?

If you’re admitted to the hospital, you may want to bring 1 or 2 extra sets of supplies with you, just in case they stock a different product or they have run out of the product you use.

Video Resources

Please visit [www.mskcc.org/pe/change_ostomy](http://www.mskcc.org/pe/change_ostomy) to watch this video.

This video will teach you how to change your ostomy appliance.

Please visit [www.mskcc.org/pe/empty_pouch](http://www.mskcc.org/pe/empty_pouch) to watch this video.

This video will teach you how to empty your velcro end closure pouch.

Please visit [www.mskcc.org/pe/skin_stoma](http://www.mskcc.org/pe/skin_stoma) to watch this video.

This video will teach you how to care for irritated skin around your stoma.
Support Groups

You may find it helpful to join our ostomy group for colorectal patients. This is a live, online support group in which people can share their experiences and provide practical and emotional support for one another. Discussions are guided by a social worker and nurse. The group is open to everyone, including non-MSK patients. The group is held every other month on the 3rd Thursday of the month from 4:00 PM to 5:00 PM. To learn more about the program or to register for the program contact virtualprograms@mskcc.org.

On the United Ostomy Associations of America (UOAA) website, you can search for UOAA-affiliated online and in-person support groups for people with ostomies. To find a group, go to www.ostomy.org/supportgroups.html.

Local hospitals may also offer ostomy support groups.

Ordering Supplies

Speak with your WOC nurse about ordering supplies. They are familiar with the latest products on the market. You can also call companies to ask for samples of their products.

Mail order medical supply companies

Listed below are some mail order medical supply companies. Some accept Medicare and other types of insurance. Call the company directly to ask if they take your insurance. If they don’t, call your insurance company to get a list of suppliers that do. These companies will mail the supplies to you every month. You don’t usually need a prescription to order the supplies. The company will work with your doctor’s office and your insurance company. These companies offer a wide variety of products. Call and ask for their catalogue or view it online.

Byram Healthcare
877-902-9726
www.byramhealthcare.com

CCS Medical
800-260-8193
www.ccsmed.com
You can also buy ostomy supplies at local pharmacies and medical supply stores. However, the prices may be higher due to a low volume of supplies or because they may not take your insurance.

**Ostomy product manufacturers**

Listed below are companies that make ostomy products such as skin barriers, pouches, and other ostomy accessories (such as pastes, powder, and rings). Many of these companies also have a WOC nurse on staff to answer questions. Feel free to call and ask for samples of products.

**Coloplast Corporation**
800-533-0464  
www.coloplast.us

**ConvaTec Professional Services**
800-422-8811  
www.convatec.com

**Cymed**
800-582-0707  
www.cymed-ostomy.com

**Hollister, Inc.**
888-740-8999  
www.hollister.com
MSK Support Services

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 Department
212-639-7020
Social workers help patients and their families 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.

Sexual Health Program
For women: 646-888-5076
For men: 646-422-4359
MSK’s Sexual Health Program helps patients address the sexual impact of their disease and treatment. You can meet with a specialist before, during, or after your treatment.

Resources

Books
100 Questions & Answers about Colorectal Cancer
Authors: David Bub, Susannah L. Rose, and W. Douglas Wong
Boston, MA: Jones and Bartlett Publishers; 2003

_The Ostomy Book: Living Comfortably with Colostomies, Ileostomies, and Urostomies_
Authors: Barbara Dorr Mullen and Kerry Anne McGinn
Boulder, CO: Bull Publishing; 2008

_The Complete Financial, Legal, and Practical Guide for Living With Cancer, HIV, and Other Life-Challenging Conditions_
Author: David Landay

_Position Options for Living with Your Ostomy: Self-Help and Treatment_
Authors: Craig A. White and Robert W. Beart Jr.
Alameda, CA: Hunter House; 2002

_The Human Side of Cancer: Living With Hope, Coping With Uncertainty_
Authors: Jimmie Holland and Sheldon Lewis

**Organizations**

_Cancercare_
800-813-HOPE (800-813-4673)
www.cancercare.org
National nonprofit organization that provides free help to people with all cancers. Services include counseling, education, information, and financial assistance.

_Caregiver Action Network_
caregiveraction.org
Provides support to caregivers of those who are ill, elderly, or disabled. Works to provide caregivers with support, empowerment, education, and advocacy.

_Colon Cancer Alliance (CCA)_
877-422-2030 (toll-free helpline)
www.ccalliance.org
National nonprofit patient advocacy organization dedicated to screening, access, awareness, advocacy, and research related to colon cancer.
Crohn’s and Colitis Foundation of America
800-932-2423
ww.ccfa.org
Works to find a cure for and prevent Crohn’s disease and ulcerative colitis. Aims to improve the quality of life for people living with these diseases through research, education, and support.

C3Life.com
www.c3life.com
Website dedicated to helping people with ostomies live their lives to the fullest. Online community includes a discussion forum, recipes, blogs, hints, and tips.

Gilda’s Club New York City
195 West Houston St.
New York, NY 10014
212-647-9700
www.gildasclubnyc.org
Provides meeting places for people living with cancer and their family and friends. Gives people a place where they can meet others to build support systems. Offers free support and networking groups, lectures, workshops, and social events.

International Ostomy Association (IOA)
www.ostomyinternational.org
Works to improve the quality of life for people who have ostomies or related surgeries.

National Ovarian Cancer Coalition (NOCC)
888-682-7426
www.ovarian.org
Works to increase awareness of ovarian cancer and to improve the survival rate and quality of life for women with ovarian cancer.

NCI’s Cancer Information Service
800-4 CANCER (800-422-6237)
www.cancer.gov/aboutnci/cis
A federally funded cancer education program that provide accurate, up-to-date, and reliable information on cancer that is easy to understand.
Ovarian Cancer National Alliance (OCNA)
866-399-6262 (toll free)
www.ovariancancer.org
Works to put ovarian cancer on the agenda of policy makers and women’s health leaders.

United Ostomy Associations of America, Inc. (UOAA)
800-826-0826
www.ostomy.org
A volunteer-based health organization that supports people who have had or will have intestinal or urinary diversions. This includes providing education, information, support, and advocacy.

Women’s Cancer Network
312-578-1439
www.wcn.org
Works to inform women around the world about gynecologic cancers. Provides a personalized risk assessment tool to assess risk for gynecologic and breast cancers.

Wound, Ostomy, Continence Nurses Society
888-224-WOCN (888-224-9626)
www.wocn.org
Members are experts in the care of people with wounds, ostomies, and continence disorders.
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>
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<tbody>
<tr>
<td>Aggrenox®</td>
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<tr>
<td>Cama® Arthritis Pain Reliever</td>
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<tr>
<td>Heartline®</td>
</tr>
<tr>
<td>Robaxisal® Tablets</td>
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<tr>
<td>Alka Seltzer®</td>
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<tr>
<td>COPE®</td>
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<tr>
<td>Headrin®</td>
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<tr>
<td>Roxiprin®</td>
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<tr>
<td>Anacin®</td>
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<tr>
<td>Dasin®</td>
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<tr>
<td>Isollyl®</td>
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<tr>
<td>Saleto®</td>
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<tr>
<td>Arthritis Pain Formula</td>
</tr>
<tr>
<td>Easprin®</td>
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<tr>
<td>Lanorinal®</td>
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<tr>
<td>Salocol®</td>
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<tr>
<td>Arthritis Foundation Pain Reliever®</td>
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<tr>
<td>Ecotrin® (most formulations)</td>
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<tr>
<td>Lortab® ASA Tablets</td>
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<tr>
<td>Sodol®</td>
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<tr>
<td>ASA Enseals®</td>
</tr>
<tr>
<td>Empirin® Aspirin (most formulations)</td>
</tr>
<tr>
<td>Magnaprin®</td>
</tr>
<tr>
<td>Soma® Compound Tablets</td>
</tr>
<tr>
<td>ASA Suppositories®</td>
</tr>
<tr>
<td>Epromate®</td>
</tr>
<tr>
<td>Marnal®</td>
</tr>
<tr>
<td>Soma® Compound with Codeine Tablets</td>
</tr>
<tr>
<td>Ascriptin® and Ascriptin A/D®</td>
</tr>
<tr>
<td>Equagesic Tablets</td>
</tr>
<tr>
<td>Micrainin®</td>
</tr>
<tr>
<td>St. Joseph® Adult Chewable Aspirin</td>
</tr>
<tr>
<td>Aspergum®</td>
</tr>
<tr>
<td>Equazine®</td>
</tr>
<tr>
<td>Momentum®</td>
</tr>
<tr>
<td>Supac®</td>
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<tr>
<td>Asprimox®</td>
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<tr>
<td>Excedrin® Extra-Strength Analgesic (most formulations)</td>
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<tr>
<td>Norgesic Forte®</td>
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<tr>
<td>Synalgos®-DC Capsules</td>
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<tr>
<td>Tablets and Caplets</td>
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<tr>
<td>Axotal®</td>
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<tr>
<td>Azdone®</td>
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<tr>
<td>Bayer® (most formulations)</td>
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<tr>
<td>BC® Powder and Cold formulations</td>
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<tr>
<td>Bufferin® (most formulations)</td>
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<tr>
<td>Buffets II®</td>
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<td>Buffex®</td>
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## Common NSAID Medications That Don’t Contain Aspirin

<table>
<thead>
<tr>
<th>Common NSAID Medications That Don’t Contain Aspirin</th>
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<tbody>
<tr>
<td>Advil®</td>
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<tr>
<td>Advil Migraine®</td>
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<tr>
<td>Aleve®</td>
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<tr>
<td>Anaprox DS®</td>
</tr>
<tr>
<td>Ansaid®</td>
</tr>
<tr>
<td>Arthrotec®</td>
</tr>
<tr>
<td>Bayer® Select Pain Relief Formula Caplets</td>
</tr>
<tr>
<td>Celebrex®</td>
</tr>
<tr>
<td>Celecoxib</td>
</tr>
<tr>
<td>Children’s Motrin®</td>
</tr>
<tr>
<td>Clinoril®</td>
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<tr>
<td>Daypro®</td>
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<tr>
<td>Diclofenac</td>
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</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.

<table>
<thead>
<tr>
<th>Medications Containing Acetaminophen</th>
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<tbody>
<tr>
<td>Acephen®</td>
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<tr>
<td>Aceta® with Codeine</td>
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<tr>
<td>Acetaminophen with Codeine</td>
</tr>
<tr>
<td>Aspirin-Free Anacin®</td>
</tr>
<tr>
<td>Arthritis Pain Formula® Aspirin-Free</td>
</tr>
<tr>
<td>Datril®</td>
</tr>
<tr>
<td>Di-Gesic®</td>
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<tr>
<td>Endocet®</td>
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**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>
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<tbody>
<tr>
<td>APAP</td>
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<tr>
<td>Acetamin</td>
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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](image)

**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:

Please visit [www.mskcc.org/pe/incentive_spirometer_video](http://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.
   - 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.
How to Use Your MyMSK Goals to Discharge Checklist

When your surgery is over, you’ll focus on getting well enough to leave the hospital. To help you track how you’re doing, we will send a Goals to Discharge Checklist to your MyMSK account. You can use this electronic checklist to see the goals you need to meet before leaving the hospital and update your progress throughout the day. Your updates also send alerts to your surgical team about your progress.

How do I use it?

- You must be signed up for MyMSK, MSK’s patient portal. You can access MyMSK at my.mskcc.org. If you’re not sure if you signed up for MyMSK or you don’t remember how to use it, please ask a member of your healthcare team or call 646-227-2593 for help.

- The morning after your surgery you will receive an email informing you that you have a new assessment to be completed. Click the link in the email or go to MyMSK and log in (see Figure 1).

- Select the MSK Engage section (see Figure 2).

- Select the Assessment labeled “Goals to Discharge” (see Figure 3).

You can update your Goals to Discharge checklist as often as you need to.
What happens to the information I enter?

- Your responses will be sent to your surgical care team. They will review your responses to make sure your recovery is going as expected.

What if I have questions?

- If you have any questions about your Goals to Discharge checklist before your surgery, please contact Program Manager, Michael Hannon at 646-888-7464.

- If you have any questions about your surgery, or questions after you’ve had your surgery, contact a member of your surgical care team.

For more resources, visit www.mskcc.org/pe to search our virtual library.
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.
Liquid Intake and Ostomy Output Log

This log will help you keep track of how much you drink (your liquid intake), how much output you have from your ostomy (your ostomy output), and your urine (pee) color.

Keep track of how much you drink and how much output comes from your ostomy throughout the day. Write these values in the log at the end of this resource.

- Check the label of bottled drinks to find the number of milliliters (mL).
- Use the measuring pitcher or cup you got when you left the hospital to measure your ostomy output.
- For both intake and output, use milliliters (mL), not ounces (oz).

Also keep track of the color of your urine. This helps us know if you’re drinking enough. Write your urine color (such as “straw-colored” or “tea-colored”) in the “Ostomy Output” section of the log.

At the end of the day, add up your total liquid intake and total ostomy output. Call your healthcare provider if:

- Your total ostomy output is more than your total liquid intake for the day.
- Your ostomy output is more than 1000 mL.
Liquid Intake and Ostomy Output Log

Bring this log to all your appointments.

Date: ____________________

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Total for the day: ____________________

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