



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.

Use this guide as a source of information in the days leading up to your surgery. Bring it 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

Surgery date: _____

Surgery location: Presurgical Center (PSC) on the 6th floor
1275 York Avenue (between East 67th and East 68th Streets)
New York, NY 10065
Take the B elevator to the 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."



To view this guide online, visit www.mskcc.org/pe/APR_surgery

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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 (see Figure 1). They include your:

- Mouth
- Esophagus (food pipe)
- Stomach
- Small intestine
- Colon (large intestine)
- Rectum
- Anus

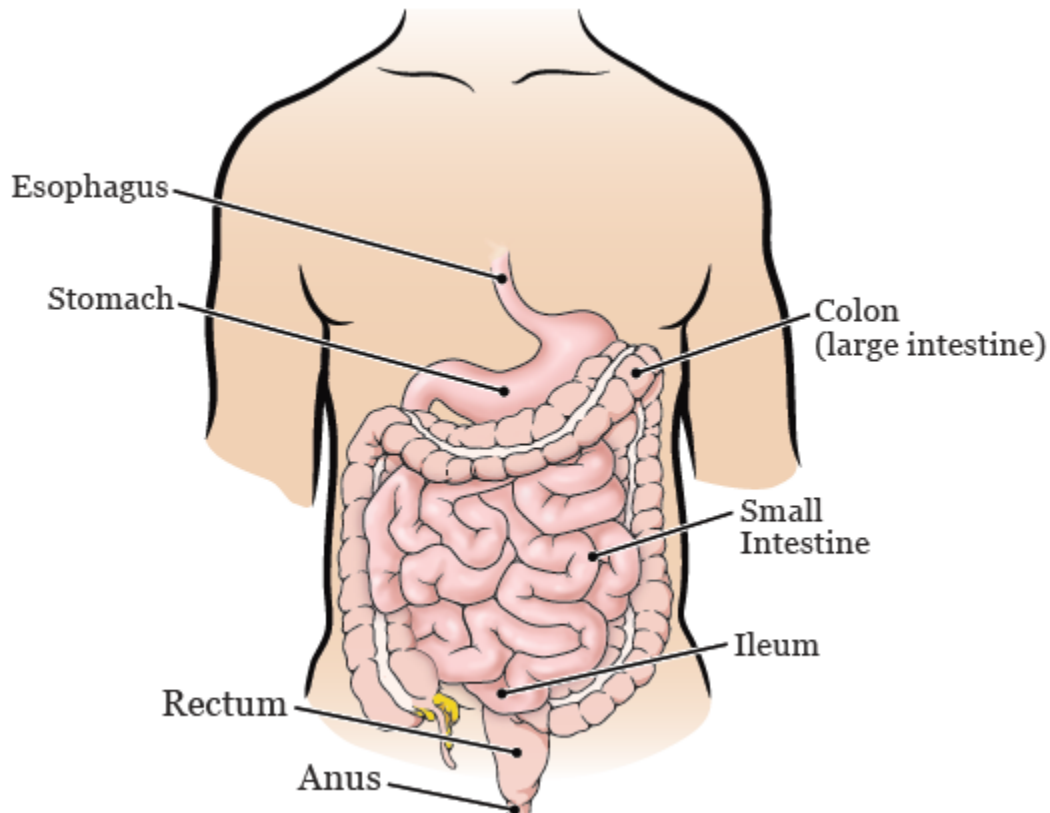


Figure 1. Your digestive system

After you chew and swallow your food, it moves into your esophagus. Your esophagus is a long, muscular tube that carries food 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 to your colon, where some water is reabsorbed (taken back) into your body. The remaining waste enters the end of your colon, which is called your 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. 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 put 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. Your perineal area 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 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 talk with you about these restrictions. When the area has healed, other people won't notice anything different about you. 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).

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.

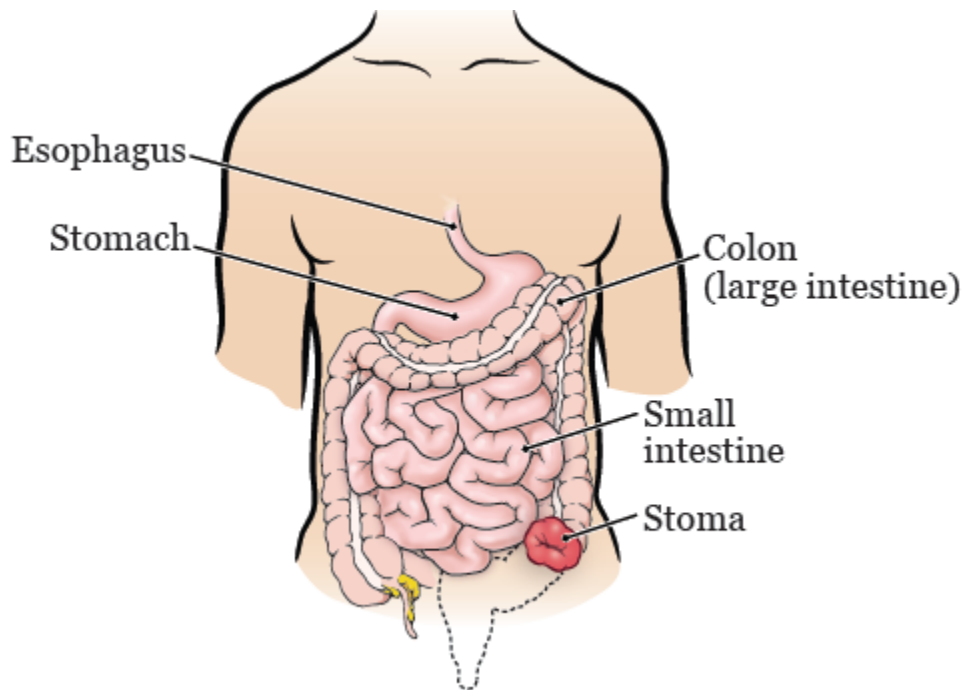


Figure 2. Colostomy stoma

Before Your Surgery

The information in this section will help you get ready for your surgery. Read 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.

As you read through this section, you can use the space below to write down any questions you want to ask your healthcare provider.

Notes _____

Getting ready for your surgery

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

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.

- | | |
|---|--|
| <input type="checkbox"/> I take a blood thinner, such as: <ul style="list-style-type: none">○ Aspirin○ Heparin○ Warfarin (Jantoven[®], Coumadin[®])○ Clopidogrel (Plavix[®])○ Enoxaparin (Lovenox[®])○ Dabigatran (Pradaxa[®])○ Apixaban (Eliquis[®])○ Rivaroxaban (Xarelto[®]) | <input type="checkbox"/> I take dietary supplements, such as herbs, vitamins, minerals, or natural or home remedies. |
| <input type="checkbox"/> I take prescription medications (medications my healthcare provider prescribes), including patches and creams. | <input type="checkbox"/> I have a pacemaker, automatic implantable cardioverter-defibrillator (AICD), or other heart device. |
| <input type="checkbox"/> I take over-the-counter medications (medications I buy without a prescription), including patches and creams. | <input type="checkbox"/> I have sleep apnea. |
| | <input type="checkbox"/> I've had a problem with anesthesia (medication to make me sleep during surgery) in the past. |
| | <input type="checkbox"/> I'm allergic to certain medication(s) or materials, including latex. |
| | <input type="checkbox"/> I'm not willing to receive a blood transfusion. |
| | <input type="checkbox"/> I drink alcohol. |
| | <input type="checkbox"/> I smoke or use an electronic smoking device (such as a vape pen, e-cigarette, or Juul [®]). |
| | <input type="checkbox"/> I use recreational drugs. |

There are others, so be sure your healthcare provider knows all the medications you're taking.

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 your medical information will be kept confidential.

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.

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 doctor's office for an enrollment ID to sign up. You can also watch our video *How to Enroll in MyMSK: Memorial Sloan Kettering's Patient Portal* (www.mskcc.org/pe/enroll_mymsk). For help, contact the MyMSK Help Desk by emailing mymsk@mskcc.org or calling 800-248-0593.

About your MyMSK Goals to Discharge Checklist

When your surgery is over, you'll focus on getting well enough to leave the hospital. We'll send a Goals to Discharge Checklist to your MyMSK account to help you track how you're doing. 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.

For more information, read the resource *How to Use Your MyMSK Goals to Discharge Checklist*. You can find it online at www.mskcc.org/pe/goals_discharge_checklist or ask your healthcare provider for a copy.

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 will be printed on the appointment reminder from your surgeon's office. You can eat and take your usual medications the day of your appointment.

During your PST 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 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, Contenance (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.

Identify your caregiver

Your caregiver plays an important role in your care. Before your surgery, you and your caregiver will learn about your surgery from your healthcare providers. After your surgery, your caregiver will take you home when you're discharged from the hospital. They'll also help you care for yourself at home.



For caregivers

Resources and support are available to help manage the responsibilities that come with caring for a person going through cancer treatment. For support resources and information, visit www.mskcc.org/caregivers or read *A Guide for Caregivers*. You can find it online at www.mskcc.org/pe/guide_caregivers or ask your healthcare provider for a copy.

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've already completed one or have any other advance directives, bring them to your next appointment.

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

Talk with your healthcare provider if you'd like to complete a health care proxy. You can also read the resources *Advance Care Planning* and *How to Be a Health Care Agent* for information about health care proxies, other advance directives, and being a health care agent. You can find them online at www.mskcc.org/pe/advance_care_planning and www.mskcc.org/pe/health_care_agent or ask your healthcare provider for a copy.

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 the resource *Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E*. You can find it 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 the resource *Herbal Remedies and Cancer Treatment*. You can find it in the "Educational Resources" section of this guide.

Buy bowel preparation supplies

You'll need to do a bowel preparation (clear the stool from your body) 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.
- Extra clear liquids to drink while you're following 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 the resource *Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E*. You can find it 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.

Make sure to check your blood sugar level often while you’re following a clear liquid diet. If you have any questions, talk with your healthcare provider.

Clear liquid diet

| | Drink | Do Not Drink |
|---------------|---|---|
| Soups | <ul style="list-style-type: none">• Clear broth, bouillon, or consommé | <ul style="list-style-type: none">• Any products with pieces of dried food or seasoning |
| Sweets | <ul style="list-style-type: none">• Gelatin (such as Jell-O®)• Flavored ices• Hard candies (such as Life Savers®) | <ul style="list-style-type: none">• All others |
| Drinks | <ul style="list-style-type: none">• Clear fruit juices (such as lemonade, apple, cranberry, and grape juices)• Soda (such as ginger ale, 7-Up®, Sprite®, and seltzer)• Sports drinks (such as Gatorade®)• Black coffee• Tea• Water | <ul style="list-style-type: none">• Juices with pulp• Nectars• Milk or cream• Alcoholic drinks |

Start your bowel preparation

Start your bowel preparation 1 day before your surgery.

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

At 5:00 PM on the day before your surgery, start drinking the MiraLAX mixture. It 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 it's gone.
- 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% CHG solution is a skin cleanser that kills germs for 24 hours after you use it. Showering with it before your surgery will help lower your risk of infection after surgery. Your nurse will give you a bottle to use before your surgery.

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

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

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 CF(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 antiseptic skin cleanser (such as Hibiclens)

Shower with a 4% CHG solution antiseptic skin cleanser before you leave for the hospital. Use it the same way you did the night before.

Don't put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne after your shower.

Things to remember

- Wear something comfortable and loose-fitting.
- If you wear contact lenses, wear your glasses instead. Wearing contact lenses during surgery can damage your eyes.
- Don't wear any metal objects. Remove all jewelry, including body piercings. The equipment used during your surgery can cause burns if it touches metal.
- Leave valuable items 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 sweatpants).
- 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 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 about a quarter of a block in from York Avenue, on the right-hand (north) side of the street. There's a tunnel you can walk through that connects the garage to the hospital.

There are also other garages 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. 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.

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

Get ready for your surgery

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 and place compression boots 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.

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 sutures (stitches), staples, Dermabond® (surgical glue), or Steri-Strips™ (thin pieces of surgical tape). They may also be covered with a bandage.

Your breathing tube is usually taken out while you're still in the operating room.

After Your Surgery

The information in this section will tell you what to expect after your surgery, both during your hospital stay and after you leave the hospital. You'll learn how to safely recover from your surgery.

As you read through this section, you can use the space below to write down any questions you want 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 PACU. A nurse will be keeping track of 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.

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. 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. Soon after you arrive in your room, your nurse will help you out of bed and into your chair.

While you're in the hospital, your healthcare providers 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.

You can use your MyMSK Goals to Discharge Checklist to track your progress during your recovery. For more information, read the resource *How to Use Your MyMSK Goals to Discharge Checklist*. One of your healthcare providers will give you a copy. You can also find it online at www.mskcc.org/pe/goals_discharge_checklist

Read the resource *Call! Don't Fall!* to learn what you can do to stay safe and keep from falling while you're in the hospital. You can ask your healthcare provider for a copy or find it online at www.mskcc.org/pe/call_dont_fall

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 stool (poop) in your ostomy pouch.

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 the resource *How to Use Your Incentive Spirometer*. You can ask your healthcare provider for a copy or find it online at www.mskcc.org/pe/incentive_spirometer
- Do coughing and deep breathing exercises. A member of your care team will teach you how.

Eating and drinking

Most people can start eating solid foods again on the day after their surgery. Your healthcare provider will tell you if you need to wait longer. 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.

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*. You can find it in the "Educational Resources" section of this guide.

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 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 11:00 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 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 what you can do to stay safe and keep from falling at home and during your appointments at MSK. You can find it online at www.mskcc.org/pe/avoid_falling or ask your healthcare provider for a copy.

Filling out your Recovery Tracker

We want to know how you're feeling after you leave the hospital. To help us continue caring for you, we'll send a group of questions to your MyMSK account every day for 10 days after you leave the hospital. These questions are known as your Recovery Tracker.

Fill out your Recovery Tracker every day before midnight (12:00 AM). It only takes 2 to 3 minutes to complete. Your answers to these questions will help us understand how you're feeling and what you need.

Based on your answers, we may reach out to you or ask you to call your surgeon's office to give us more information. You can always contact your surgeon's office if you have any questions. For more information, read *About Your Recovery Tracker*. You can find it online at www.mskcc.org/pe/recovery_tracker or ask your healthcare provider for a copy.

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. 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. 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 prevent and manage constipation. You can also follow the guidelines below.

- 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.
 - Choose liquids such as water, juices (such as prune juice), soups, and ice cream shakes.
 - Avoid liquids with caffeine (such as coffee and soda). Caffeine can pull fluid out of your body.
- 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

Follow the instructions in the resource *Dietary Guidelines for People with a Colostomy*. One of your healthcare providers will give you a copy. You can also find it online at www.mskcc.org/pe/diet_colostomy. 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. 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. Even so, 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 7 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 to schedule it after you're discharged.

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. Your healthcare provider can refer you to MSK's Counseling Center. You can also reach them by calling 646-888-0200.

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.

When to call your healthcare provider



Call your healthcare provider if:

- You have a fever of 100.5 °F (38 °C) or higher.
- You have pain in your abdomen, nausea, and vomiting.
- There's no stool in your pouch for 3 days.
- You have 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
- You have trouble urinating (peeing).
- You have pain at your incision that isn't eased by pain medication.
- You have any questions or concerns.

Contact information

Monday through Friday from 9:00 AM to 5:00 PM, call your healthcare provider's office.

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.

Support Services

This section has a list of support services that may help you get ready for your surgery and recover safely.

As you read through this section, you can use the space below to write down any questions you want to ask your healthcare provider.

Notes _____

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 for more information 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

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

Counseling Center

646-888-0200

Many people find that counseling helps them. 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 provides 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

Integrative Medicine Service offers many services to complement (go along with) 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 similar to 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 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 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

There are many other support services available to help you before, during, and after your cancer treatment. Some offer support groups and information, while others can help with transportation, lodging, and treatment costs.

For a list of these support services, visit www.mskcc.org/pe/external_support_services or talk with an MSK social worker by calling 212-639-7020.

Notes _____



PATIENT & CAREGIVER EDUCATION

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 and tape.

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.

Sexuality for the Man With Cancer: www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/fertility-and-sexual-side-effects/sexuality-for-men-with-cancer.html

Sexuality for the Woman With Cancer: www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/fertility-and-sexual-side-effects/sexuality-for-women-with-cancer.html

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.
- 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 to watch this video.

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



Please visit 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 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

Edgepark Medical Supplies

888-394-5375

www.edgepark.com

Landauer Metropolitan

800-631-3031

www.landmetro.com

(Accepts Medicaid in New York State)

McKesson Medical-Surgical

800-453-5180

www.mckesson.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

Marlen Manufacturing & Development Company

216-292-7060

www.marlenmfg.com

Nu-Hope Laboratories, Inc.

800-899-5017

www.nu-hope.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

New York, NY: St. Martin's Press; 1998

Positive 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

New York, NY: Harper Collins Publishers; 2000

Organizations

CancerCare

800-813-HOPE (800-813-4673)

www.cancer.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](http://www.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.

If you have any questions, contact a member of your healthcare team directly. If you're a patient at MSK and you need to reach a provider after 5:00 PM, during the weekend, or on a holiday, call 212-639-2000.

For more resources, visit www.msccc.org/pe to search our virtual library.

Caring for Your Ileostomy or Colostomy - Last updated on February 22, 2017

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PATIENT & CAREGIVER EDUCATION

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 Cancer Treatment

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.

Before your surgery

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.

Before your radiology procedure

Follow these instructions if you're having a radiology procedure (including Interventional Radiology, Interventional Mammography, Breast Imaging, and General Radiology). **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 stop taking it 5 days before your procedure. Follow your healthcare provider's instructions. **Don't stop taking aspirin unless your healthcare provider tells you to.**
- If you take an NSAID or a medication that contains an NSAID, you may need to stop taking it 24 hours (1 day) before your procedure. Follow your healthcare provider's instructions.

Before and during your chemotherapy

Chemotherapy can lower your platelet count, which can increase your risk of bleeding. Whether you're just starting chemotherapy or have been getting it, talk with your healthcare provider before taking aspirin, other NSAIDs, or vitamin E.

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.

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

Common NSAID Medications That Don't Contain Aspirin

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

Products Containing Vitamin E

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

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

About Acetaminophen

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

| Medications Containing Acetaminophen | | | |
|---|----------------|-----------------------------|--------------|
| Acephen® | Esgic® | Percocet® | Vanquish® |
| Aceta® with Codeine | Excedrin P.M.® | Primlev® | Vicodin® |
| Acetaminophen with Codeine | Fiorcet® | Repan® | Wygesic® |
| Aspirin-Free Anacin® | Lorcet® | Roxicet® | Xartemis XR® |
| Arthritis Pain Formula® Aspirin-Free | Lortab® | Talacen® | Xodol® |
| Datril® | Naldegesic® | Tempra® | Zydone® |
| Di-Gesic® | Norco® | Tylenol® | |
| Endocet® | Panadol® | Tylenol® with Codeine No. 3 | |

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.

| Common Abbreviations for Acetaminophen | | |
|---|--------|-------------|
| APAP | AC | Acetaminop |
| Acetamin | Acetam | Acetaminoph |

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.

If you have any questions, contact a member of your healthcare team directly. If you're a patient at MSK and you need to reach a provider after 5:00 PM, during the weekend, or on a holiday, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E - Last updated on September 21, 2020

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PATIENT & CAREGIVER EDUCATION

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.aboutherb.com.

If you have any questions, contact a member of your healthcare team directly. If you're a patient at MSK and you need to reach a provider after 5:00 PM, during the weekend, or on a holiday, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

Herbal Remedies and Cancer Treatment - Last updated on June 24, 2019

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