About Your Bladder Surgery With an Ileal Conduit (Urostomy)

This guide will help you prepare for your bladder surgery at Memorial Sloan Kettering (MSK). It will also help you understand what to expect during your recovery.

Read through this guide at least once before your surgery and use it as a reference in the days leading up to your surgery. Bring this guide with you every time you come to MSK, including the day of your surgery. You and your healthcare team will refer to it throughout your care.

Your Healthcare Team

Doctor: ____________________________________________________________
Nurse: _____________________________________________________________
Phone number: _____________________________________________________
Fax number: _______________________________________________________  

Call your doctor's office if you have any questions or concerns.
- Monday through Friday from 9:00 AM to 5:00 PM, call your doctor. You can write their number on the line above.
- After 5:00 PM, during the weekend, and on holidays, call 212-639-2000 and ask to speak to the doctor on call for your doctor.

MSK’s Urgent Care Center (UCC)

If you’re having an urgent medical problem, your doctor may tell you to come to the UCC. The UCC is located on the first floor of Memorial Hospital. The UCC address is:

425 East 67th Street (between York and First Avenues)
New York, NY 10065

Always call your doctor’s office before coming to the UCC.

Your Caregiver

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

Caregiver: _________________________________________________________
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About Your Surgery

Your urinary system is made up of organs that make urine and get it out of your body (see Figure 1).

- Your kidneys clean the toxins out of your blood and make urine.
- Your ureters are tubes that carry urine from your kidneys to your bladder.
- Your bladder stores urine until you feel the need to urinate.
- Your urethra is a tube that carries the urine in your bladder out of your body when you urinate.
  - In women, the urethra is very short. It’s located above the vagina.
  - In men, the tube is longer. It passes through the prostate gland and penis.

Removing Your Bladder

Surgery to remove your entire bladder is called a radical cystectomy.

During your surgery, your doctor will remove your bladder and some of the lymph nodes near your bladder. Then, they will rebuild your urinary system.

About Lymph Nodes

Lymph nodes are small, bean-shaped glands that are located throughout your body. They’re part of your lymphatic system, which is part of your body’s immune system. Lymph nodes are removed during your surgery because they may also contain cancer cells.

If you’ve had surgery or radiation therapy to your pelvis in the past, your doctor may remove fewer lymph nodes. This is done to avoid problems after your surgery.
In addition to your bladder and lymph nodes, your doctor may need to remove other organs near your bladder. This is done to make sure all of the cancer is removed.

In men, the following organs may be removed:
- Prostate
- Seminal vesicles
- Part of the vasa deferentia
- Urethra

In women, the following organs may be removed:
- Uterus
- Fallopian tubes
- Ovaries
- Part of the vagina

Creating Your Ileal Conduit

After your bladder is removed, your doctor will create a new passage where urine will leave your body. This is called a urostomy. The type of urostomy you will have is called an ileal conduit.

Your doctor will use a small piece of your intestine called the ileum to create the ileal conduit. One end of the ileum will be attached to your ureters. The other end will be attached to a small opening in your abdomen called a stoma (see Figure 2). Your doctor will create the stoma during your surgery.

After your surgery, your urine will flow from your kidneys, through your ureters and ileal conduit, and out of your stoma. You will wear a urostomy pouching system (appliance) over your stoma to catch and hold the urine.

This surgery usually takes about 3 to 6 hours. It may take longer if you have other medical conditions or have had past surgeries.
The information in this section will help you get ready for your surgery. Read through this section when your surgery is scheduled and refer to it as your surgery date gets closer. It has important information about what you need to do before your surgery.

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

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Preparing for Your Surgery

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

About Drinking Alcohol

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

• Stopping alcohol suddenly can cause seizures, delirium, and death. If we know you’re at risk for these complications, we can prescribe medications to help prevent them.

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

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

• Be honest with your healthcare provider about how much alcohol you drink.

• Try to stop drinking alcohol once your surgery is planned. If you develop a headache, nausea, increased anxiety, or 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 us any questions you have about drinking and surgery. As always, all of your medical information will be kept confidential.

About Smoking

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

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

• I take a blood thinner. Some examples are aspirin, heparin, warfarin (Coumadin®), clopidogrel (Plavix®), enoxaparin (Lovenox®), dabigatran (Pradaxa®), apixaban (Eliquis®), and rivaroxaban (Xarelto®). There are others, so be sure your doctor knows all the medications you’re taking.

• I take prescription medications (medications prescribed by a doctor), including patches and creams.

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

• I take dietary supplements, such as herbs, vitamins, minerals, and natural or home remedies.

• I have a pacemaker, automatic implantable cardioverter-defibrillator (AICD), or other heart device.

• I have sleep apnea.

• I have had a problem with anesthesia (medication to make you sleep during surgery) in the past.

• I am allergic to certain medication(s) or materials, including latex.

• I am not willing to receive a blood transfusion.

• I drink alcohol.

• I smoke.

• I use recreational drugs.
About Sleep Apnea

Sleep apnea is a common breathing disorder that causes a person to stop breathing for short periods of time while sleeping. The most common type is obstructive sleep apnea (OSA). With OSA, the airway becomes completely blocked during sleep. It 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 machine (such as a CPAP) for sleep apnea, bring it with you the day of your surgery.

About Enhanced Recovery After Surgery (ERAS)

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

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

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

- **Exercise and eat 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.** Your nurse will give you a pathway with goals for your recovery. It will help you know what to do and expect on each day during your recovery.

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

Within 30 Days of Your Surgery

Presurgical Testing (PST)

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

You can eat and take your usual medications the day of your PST appointment.

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

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

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

- A list of all the medications you’re taking, including prescription and over-the-counter medications, patches, and creams.

- Results of any tests done outside of MSK, such as a cardiac stress test, echocardiogram, or carotid doppler study.

- The name(s) and telephone number(s) of your doctor(s).
Identify Your Caregiver

Your caregiver plays an important role in your care.

- You and your caregiver will learn about your surgery from your doctor and nurse.
- Your caregiver should be with you when you learn how to care for yourself after surgery. This will make it easier for them to help you at home. They should try to be in the hospital with you between 11:00 AM and 4:00 PM every day.
- Your caregiver will need to take you home after your surgery.

Complete a Health Care Proxy Form

If you haven’t already completed a Health Care Proxy form, we recommend you complete one now. A health care proxy is a legal document that identifies the person who will speak for you if you’re unable to communicate for yourself. The person you identify is called your health care agent.

If you’re interested in completing a Health Care Proxy form, talk with your nurse. If you have completed one already, or if you have any other advance directive, bring it to your next appointment.

Meet with a Wound, Ostomy, and Continence (WOC) Nurse

A WOC nurse is a nurse who specializes in caring for stomas. Before your surgery, your WOC nurse will mark a site on your abdomen where your stoma may be placed. The site will be the best possible location, away from scars, creases, folds, and if possible, in an area that will make it easy for you to care for it.

Do Breathing and Coughing Exercises

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

Consider Our Sexual Health Programs

Bladder surgery will affect your sexual health. If you have any concerns about how it will affect you, think about making an appointment with one of our sexual health clinics.

Information for Men

Bladder surgery can cause changes in erectile function (your ability to get and keep an erection). Most men have erectile dysfunction (ED) after surgery. ED is when you have trouble getting or keeping an erection.

Your doctor will talk with you about what to expect about having erections again after surgery. There are many types of treatments for ED, including pills, injections (shots), or a prosthesis (implant). Your doctor can discuss these options with you.

Because your prostate will be removed during your surgery, you won’t be able to father children after your surgery. If you want to have children in the future, you may want to bank your sperm before surgery. Ask your nurse for information about sperm banking if you want to bank your sperm.

To see a specialist in the Male Sexual & Reproductive Medicine Program, call 646-888-6024.
**Information for Women**

If your reproductive organs are removed, you won’t be able to bear children after your surgery. If you want to have children in the future, you may want to think about family planning options (such as egg freezing) before your surgery. Your doctor can discuss these options with you.

You may also have changes in sexual function after your surgery. These may include a shorter vagina and menopause. Menopause is when you no longer have a menstrual period. Your doctor will talk with you about what to expect. They can also discuss your treatment options with you in more detail.

To see a specialist in the Female Sexual Medicine & Women’s Health Program, call 646-888-5076.

**Exercise**

Try to do aerobic exercise every day. Examples of aerobic exercise include walking at least 1 mile (1.6 kilometers), swimming, or biking. If it’s cold outside, use stairs in your home or go to a mall or shopping market. Exercising will help your body get into its best condition for your surgery and make your recovery faster and easier. For more information about exercising, read *General Exercise Program: Level 2*, located in the “Resources” section.

**Eat a Healthy Diet**

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

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

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

**Buy Liquids**

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

7 **Days Before Your Surgery**

**Follow Your Healthcare Provider’s Instructions for Taking Aspirin**

If you take aspirin or a medication that contains aspirin, you may need to change your dose or stop taking it 7 days before your surgery. Aspirin can cause bleeding.

Follow your healthcare provider’s instructions. **Don’t stop taking aspirin unless they tell you to.** For more information, read *Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E*, located in the “Educational Resources” section of this guide.
Stop Taking Vitamin E, Multivitamins, Herbal Remedies, and Other Dietary Supplements

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

Watch a Virtual Tour

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

www.mskcc.org/pe/day_your_surgery

2 Days Before Your Surgery

Stop Taking Certain Medications

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

Day Before Your Surgery

Follow a Liquid Diet

You will need to follow a liquid diet the day before your surgery. Examples of liquids you can drink are listed in the “Liquid Diet” table. Your doctor or nurse will tell you if you need to start your liquid diet earlier or do any other bowel preparation.

While you’re on this diet:

- Don’t eat any solid foods.
- Try to drink at least 1 (8-ounce) glass of liquid every hour while you’re awake.
- Drink plenty of liquids other than water, coffee, and tea. You can drink liquids of any color.
- Don’t drink sugar-free liquids unless you have diabetes.

For People With Diabetes

If you have diabetes, ask the doctor who manages your diabetes what you should do while you’re following a 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 liquids.

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

<table>
<thead>
<tr>
<th>Drink</th>
<th>Do Not Drink</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Soups</strong></td>
<td></td>
</tr>
<tr>
<td>• Broth, bouillon, or consommé</td>
<td>• Soups that have whole food pieces</td>
</tr>
<tr>
<td>• Smooth blenderized soups (such as cream of potato, carrot, and broccoli)</td>
<td></td>
</tr>
<tr>
<td><strong>Dairy</strong></td>
<td></td>
</tr>
<tr>
<td>• Pudding</td>
<td>• Dairy that has fruit, nuts, granola, or whole food pieces</td>
</tr>
<tr>
<td>• Smooth ice cream</td>
<td></td>
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<tr>
<td>• Smooth yogurt (such as vanilla, lemon, or coffee flavors)</td>
<td></td>
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<tr>
<td>• Milk, Lactaid® milk, soy milk, almond milk, and rice milk</td>
<td></td>
</tr>
<tr>
<td>• Milkshakes</td>
<td></td>
</tr>
<tr>
<td><strong>Grains</strong></td>
<td></td>
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<tr>
<td>• Hot cereals (such as farina, strained oatmeal, grits, and Wheatena®)</td>
<td>• Grains that have fruit, nuts, granola, or whole food pieces</td>
</tr>
<tr>
<td><strong>Nutritional Supplements</strong></td>
<td></td>
</tr>
<tr>
<td>• Liquid nutritional supplements (such as Ensure®, Boost®, and Carnation Breakfast Essentials® drinks)</td>
<td>• Supplements that have added fruit, nuts, granola, or whole food pieces</td>
</tr>
<tr>
<td>• Pudding nutritional supplements (such as Boost pudding and Ensure Original Pudding)</td>
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</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
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<tr>
<td>• Mild mustard, ketchup, mayonnaise, sugar, salt, or a dash of pepper blended into the foods and drinks above</td>
<td>• Bubble teas</td>
</tr>
<tr>
<td></td>
<td>• Alcoholic drinks</td>
</tr>
</tbody>
</table>

### Note the Time of Your Surgery

A clerk from the Admitting Office will call you after 2:00 PM the day before your surgery. If you’re scheduled for surgery on a Monday, you will be called on the Friday before. If you don’t receive a call by 7:00 PM, please call 212-639-5014.

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

The clerk will also tell you where to go. This will be the following location:

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

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

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

Sleep

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

Instructions for Eating Before Your Surgery

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

The Morning of Your Surgery

Instructions for Drinking Before Your Surgery

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

Do not drink anything starting 2 hours before your scheduled arrival time. This includes water.
**Take Your Medications**

If your doctor or NP 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 and the surgery you're having, this may be all, some, or none of your usual morning medications.

**Shower With a 4% CHG Solution Antiseptic Skin Cleanser (Such as Hibiclens)**

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

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

**Things to Remember**

- Wear something comfortable and loose-fitting.
- If you wear contact lenses, wear your glasses instead. Wearing contact lenses during surgery can damage your eyes.
- Don’t wear any metal objects. Remove all jewelry, including body piercings. The equipment used during your surgery can cause burns if it touches metal.
- Don’t put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne.
- Remove nail polish and nail wraps.
- Leave valuable items (such as credit cards, jewelry, and your checkbook) at home.
- Before you’re taken into the operating room, you will need to remove your hearing aids, dentures, prosthetic device(s), wig, and religious articles.

**What to Bring**

- A pair of loose-fitting pants (such as sweat pants).
- Sneakers that lace up. You may have some swelling in your feet. Lace-up sneakers can fit over this swelling.
- Your breathing machine for sleep apnea (such as your CPAP), if you have one.
- Your portable music player, if you choose. However, someone will need to hold it for you when you go into surgery.
- Your incentive spirometer, if you have one.
- Your Health Care Proxy form, if you have completed one.
Your cell phone and charger.

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 this guide to teach you how to care for yourself after your surgery.

Where to Park

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

To reach the garage, turn onto East 66th Street from York Avenue. The garage is located about a quarter of a block in from York Avenue, on the right-hand (north) side of the street. There is a pedestrian tunnel that you can walk through that connects the garage to the hospital.

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

Once You’re in the Hospital

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

Get Dressed for Surgery

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

Meet With Your Nurse

You will meet with your nurse before surgery. Tell them the dose of any medications (including patches and creams) you took after midnight and the time you took them.

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

Marking Your Surgical Site

In addition to being asked your name and birth date, you may also be asked the name of your doctor, what surgery you’re having, and which side is being operated on. Your doctor or another member of your surgical team will use a marker to initial the site on your body that will be operated on. This is for your safety. We do this to make sure that all members of the surgical staff are clear about the plan for your surgery.
Meet With Your Anesthesiologist

Your anesthesiologist will:

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

Your doctor or anesthesiologist may also talk with you about placing an epidural catheter (thin, flexible tube) in your spine (back). An epidural catheter is another way to give pain medication.

Prepare for Your Surgery

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

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

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

Notes

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.

Once your surgery is finished, your incision will be closed with staples, sutures (stitches), or Dermabond® (surgical glue). You will also a bandage over your incision. Your breathing tube is usually taken out while you’re still in the operating room.
Notes

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

Write down your questions and be sure to ask your healthcare provider.
In the Post-Anesthesia Care Unit (PACU)

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

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

**Tubes and Drains**

You will have several different types of drainage tubes in your body. Your doctor or nurse will talk with you about what to expect. They will also check off the boxes next to the tubes that you may have.

- **Jackson Pratt® (JP) drain**: This is a small egg-shaped container that’s connected to a tube in the lower part of your abdomen. It drains liquid from your pelvis.
- **Stents**: These are 2 small tubes that come out of your stoma. They drain urine from your kidneys.
- **Drainage catheter in your stoma**: This is a tube that comes out of your stoma. It drains urine from your ileal conduit.

**Pain Medication**

If you have an epidural catheter, you will get pain medication into your epidural space (the space in your spine just outside your spinal cord). You will be able to control your pain medication using a button called a patient-controlled analgesia (PCA) device. For more information, read *Patient-Controlled Analgesia (PCA)*, located in the “Resources” section.

If you don’t have an epidural catheter, you will get pain medication through your IV line.

**Visitors**

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

**Moving to Your Hospital Room**

You will probably stay in the PACU overnight. After your stay in the PACU, you will be taken to your hospital room.

**In Your Hospital Room**

The length of time you're in the hospital after your surgery depends on your recovery. Some people leave after 3 to 4 days, while other people stay longer. Your nurse will teach you how to recover after your surgery.

Read the resource *Call! Don’t Fall!* to learn about what you can do to stay safe and keep from falling while you're in the hospital. You can find it online at www.mskcc.org/pe/call_dont_fall, or you can ask your nurse.
Moving Around and Walking

Moving around and walking will help lower your risk for blood clots and pneumonia. It will also help stimulate your bowels so they start working again. Your nurse, physical therapist, occupational therapist will help you move around. They will also give you medication to relieve pain.

Try to follow the moving and walking goals below. These goals are also in your recovery pathway.

<table>
<thead>
<tr>
<th>The day of surgery</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1 day after surgery</strong></td>
<td></td>
</tr>
<tr>
<td>• Sit in your chair for 2 to 3 hours.</td>
<td></td>
</tr>
<tr>
<td>• Walk to the bathroom and brush your teeth.</td>
<td></td>
</tr>
<tr>
<td>• Walk 3 or more laps around the nursing unit.</td>
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</tbody>
</table>

| **2 days after surgery** |  |
| • Sit in your chair for 3 or more hours. |  |
| • Sit in your chair during your meals. |  |
| • Walk to the bathroom and brush your teeth. |  |
| • Walk 7 or more laps around the nursing unit. |  |

| **3 days after surgery** |  |
| • Sit in your chair for 4 or more hours. |  |
| • Sit in your chair during your meals. |  |
| • Walk to the bathroom and do all self-care activities (such as brushing your teeth and washing your face). |  |
| • Walk 10 or more laps around the nursing unit. |  |

| **4 days after surgery** |  |
| • Sit in your chair for 5 or more hours. |  |
| • Sit in your chair during your meals. |  |
| • Walk 14 or more laps around the nursing unit (1 mile). |  |

Managing Your Pain

You will have some pain after your surgery.

- If you have an epidural catheter, you will get pain medication into your epidural space. You will be able to control your medication using a PCA device.
- If you don’t have an epidural catheter, you will get pain medication in your IV line.
- Once you’re able to eat normal food, you will get oral pain medication (medication you swallow).

Your doctor and nurse will ask you about your pain often and give you medication as needed. If your pain isn’t relieved, tell your doctor or nurse. It’s important to control your pain so you can use your incentive spirometer and move around. Controlling your pain will help you recover better.

If you had a robotic surgery, you may have pain in your shoulder. This is called referred pain. It’s caused by the gas that was put into your abdomen during your surgery, and it’s normal. If you have pain in your shoulder, tell your nurse. They will bring you a hot pack to put on your shoulder to help with the pain.

You will be given a prescription for pain medication before you leave the hospital. Talk with your doctor or nurse about possible side effects and when you should start switching to over-the-counter pain medications.
Exercising Your Lungs

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

- Use your incentive spirometer 10 times every hour you’re awake. For more information, read *How to Use Your Incentive Spirometer*, located in the “Resources” section.
- Do coughing and deep breathing exercises. A member of your care team will teach you how to do these exercises.

When using your incentive spirometer or doing other breathing exercises, it may help to hold a pillow or blanket against your incision. This will keep your muscles from moving as much.

Eating

You may be able to start drinking liquids the day after your procedure. Depending on how your bowels are working, you will slowly start eating solid foods again over the next few days.

While you’re recovering, your appetite may be smaller than it was before your surgery. Eat several small meals throughout the day instead of 3 large meals. Eating this way will help your digestion and give you energy throughout the day.

Swelling and Discharge

Right after surgery, you may have some swelling in your genitals and groin. You may also have some discharge from your penis or vagina. This is normal. The swelling and discharge should go away over a few weeks.

Showering

You will be able to shower with help 3 days after your surgery.

Learning to Care for Your Ileal Conduit

While you’re in the hospital, your nurse will teach you how to care for your ileal conduit. They will also teach you how to care for any tubes or drains you will have at home. If your nurse gives you any written information, you can put it in this folder to review when you’re at home.

You will also have a case manager after your surgery. They will work with you to arrange for a home care nurse to visit you after you’re discharged from the hospital.

Getting Your Supplies

Before you leave the hospital, your nurse will give you enough supplies to care for yourself at home for about 3 weeks. They will also give you a list of companies you can contact to order more supplies.
At Home

A home care nurse will visit you when you’re home from the hospital. They will keep track of how you’re recovering. They will also help you practice caring for your ileal conduit. For more information, read *Frequently Asked Questions: Caring for Your Urostomy*, located in the “Resources” section.

The nurse that works with your doctor will call you 1 to 4 days after you’re discharged to see how you’re doing. They will also tell you when to schedule your first appointment after surgery.

Read the resource *What You Can Do to Avoid Falling* to learn about what you can do to stay safe and keep from falling at home and during your appointments at MSK. You can find it online at www.mskcc.org/pe/avoid_falling, or you can ask your nurse.

**Managing Your Pain**

The length of time each person has pain or discomfort varies. You may still have some pain when you go home and will probably be taking pain medication. Some people have soreness, tightness, or muscle aches around their incision for 6 months or longer. This doesn’t mean that something is wrong.

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

- Take your medications as directed and as needed.
- Call your doctor if the medication prescribed for you doesn’t relieve your pain.
- Don’t drive or drink alcohol while you’re taking prescription pain medication.
- As your incision heals, you will have less pain and need less pain medication. An over-the-counter pain reliever such as acetaminophen (Tylenol®) or ibuprofen (Advil®) will relieve aches and discomfort.
  - Follow your doctor or nurse’s instructions for stopping your prescription pain medication.
  - Don’t take more acetaminophen than the amount directed on the bottle or as instructed by your doctor or nurse. Taking too much acetaminophen can harm your liver.
- Pain medication should help you resume your normal activities. Take enough medication to do your exercises comfortably. However, it’s normal for your pain to increase slightly as you increase your level of activity.
- Keep track of when you take your pain medication. It works best 30 to 45 minutes after you take it. Taking it when your pain first begins is more effective than waiting for the pain to get worse.

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

**Managing Constipation**

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

- Go to the bathroom at the same time every day. Your body will get used to going at that time. However, if you feel the urge to go, don’t put it off.
- Try to use the bathroom 5 to 15 minutes after meals. After breakfast is a good time to move your bowels. The reflexes in your colon are strongest at this time.
• Exercise, if you can. Walking is an excellent form of exercise.

• Drink 8 to 10 (8-ounce) glasses (2 liters) of liquids daily, if you can. Drink water, juices (such as prune juice), soups, ice cream shakes, and other drinks that don't have caffeine. Drinks with caffeine, such as coffee and soda, pull fluid out of your body.

• Slowly increase the fiber in your diet to 25 to 35 grams per day. If you have an ostomy or have had recent bowel surgery, check with your doctor or nurse before making any changes in your diet. Foods high in fiber include:
  − Bran
  − Whole-grain cereals and breads
  − Unpeeled fruits and vegetables
  − Mixed green salads
  − Apricots, figs, and raisins

• Both over-the-counter and prescription medications are available to treat constipation. Try one of the following over-the-counter medications first. Follow the instructions on the label or from your healthcare provider.
  − Docusate sodium (Colace®): This is a stool softener that causes few side effects. Don’t take it with mineral oil.
  − Polyethylene glycol (MiraLAX®): This is a laxative that causes few side effects. Take it with 8 ounces (1 cup) of a liquid.
  − Senna (Senokot®): This is a stimulant laxative, which can cause cramping. It’s best to take it at bedtime.

For more information, read the resource Constipation. You can find it online at www.mskcc.org/pe/constipation, or you can ask your nurse.

Call your doctor or nurse if you’re not passing gas or if you haven’t had a bowel movement in 3 days.

**Diarrhea and Other Changes in Bowel Function**

When part of your colon is removed, the part that’s left adapts to the change. Your colon will start to adapt soon after your surgery. During this time, you may have gas, cramps, or changes in your bowel habits (such as diarrhea or frequent bowel movements). These changes may take weeks to months to go away.

If you're having problems with changes in your bowel function, talk with your doctor or nurse. You can also try the tips below.

**Tips for Managing Gas**

If you have gas or feel bloated, avoid foods that can cause gas. Examples include beans, broccoli, onions, cabbage, and cauliflower.

**Tips for Managing Diarrhea**

If you have diarrhea, it’s important to drink at least 8 to 10 (8-ounce) glasses of liquids every day. Drink water and drinks with salt, such as broth and Gatorade®. This will help you keep from becoming dehydrated and feeling weak.
Following the BRATY diet can also help control diarrhea. The BRATY diet is made up mostly of:

- Bananas (B)
- Rice (R)
- Applesauce (A)
- Toast (T)
- Yogurt (Y)

If you’re having diarrhea more than 4 to 5 times a day, or if it smells worse than normal, call your doctor’s office.

**Tips for Managing Soreness**

If you have soreness around your anus:

- Soak in warm water 2 to 3 times a day.
- Apply zinc oxide ointment (such as Desitin®) to the skin around your anus. This helps prevent irritation.
- Don’t use harsh toilet tissue. You can use a nonalcohol wipe (such as a baby wipe) instead.
- Take medication, if your doctor prescribes it.

**Caring for Your Incision**

Take a shower every day to clean your incision. Follow the instructions in the “Showering” section below.

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

Call your doctor’s office if:

- The skin around your incision is very red.
- The skin around your incision is getting more red.
- You see drainage that looks like pus (thick and milky).

If you go home with staples in your incision, they will be removed during your first appointment after surgery. It’s okay to get the staples wet.

**Showering**

Take a shower every day to clean your incision. If you have staples in your incision, it’s okay to get them wet.

Use soap, but don’t put it directly on your incision. Don’t rub the area around your incision. After you shower, pat the area dry with a clean towel. Leave your incision uncovered or cover it with a small bandage if your clothing may rub it (such as the waistline of your pants).

Don’t take a bath for the first 4 weeks after your surgery.
Eating and Drinking

You can eat all the foods you did before your surgery, unless your doctor gives you other instructions. Eating a balanced diet with lots of calories and protein will help you heal after surgery. Try to eat a good protein source (such as meat, fish, or eggs) at each meal. You should also try to eat fruits, vegetables, and whole grains.

For more tips on eating more calories and protein, read the resource *Eating Well During and After Your Cancer Treatment*. You can find it online at www.mskcc.org/pe/eating_cancer_treatment, or you can ask your nurse.

**It’s important to drink plenty of liquids.** Choose liquids without alcohol or caffeine. Try to drink 8 to 10 (8-ounce) glasses of liquids every day. You should drink enough so that the urine in your pouch is very light yellow or clear. If it becomes dark yellow or orange, you need to drink more.

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

Activities and Exercise

When you leave the hospital, your incision will look like it’s healed on the outside, but it won’t be healed on the inside.

- Don’t lift anything heavier than 10 pounds (about 4.5 kilograms) for at least 6 to 8 weeks after your surgery.
- Don’t do any demanding activities (such as jogging, tennis, or contact sports) for at least 3 months after your surgery.

Doing aerobic exercise, such as walking and stair climbing, will help you gain strength and feel better. Walk at least 2 to 3 times a day for 20 to 30 minutes. You can walk outside or indoors at your local mall or shopping center. For more information, read *General Exercise Program: Level 2*, located in the “Resources” section.

It’s normal to have less energy than usual after your surgery. Recovery time is different for each person. Increase your activities each day as much as you can. Always balance activity periods with rest periods. Rest is an important part of your recovery.

Driving

Ask your doctor when you can drive. Most people can start driving again within 6 weeks after surgery. 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.

To protect your stoma from your seatbelt, place a small pillow next to it. Your WOC nurse can give you more information.

Going Back to Work

Having an ileal conduit shouldn’t stop you from going back to work. Talk with your doctor or nurse about your job and when it may be safe for you to start working again. If your job involves movement or heavy lifting, you may need to stay out a little longer than if you sit at a desk.
Sexuality

Sexuality includes many aspects of caring and closeness. It isn’t only having sex. You and your partner can build other forms of sexual and emotional expression. Most important, remember that your surgery doesn’t change your feelings for each other. Sexual counseling to talk about these issues can help. Any member of your healthcare team can refer you to counseling.

The American Cancer Society (ACS) offers free booklets on cancer and sexual health called *Sex and the Man With Cancer* and *Sex and the Woman With Cancer*. You can get copies by calling 800-ACS-2345 (800-227-2345) or visiting the ACS website, www.cancer.org.

You can’t harm your stoma during sex as long as there isn’t constant pressure on it. Don’t put anything into the opening of your stoma.

**MSK’s Male Sexual & Reproductive Medicine Program**

After surgery, men will have erectile dysfunction (ED). There are treatments to help with this. We recommend that men see a specialist in the Male Sexual & Reproductive Medicine Program. You can make an appointment by calling 646-888-6024.

**MSK’s Female Sexual Medicine & Women’s Health Program**

After surgery, women won’t be able to bear children if their reproductive organs were taken out. Some women may also have changes in the structure of their vagina. We recommend that women see a specialist in the Female Sexual Medicine & Women’s Health Program. You can make an appointment by calling 646-888-5076.

**Managing Your Feelings**

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

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

Many people join one of MSK’s online or in-person bladder cancer support groups. For information about those groups and other resources, such as the Bladder Cancer Advocacy Network (BCAN), read the “Resources” section of this guide.
When to Contact Your Healthcare Provider

Contact your healthcare provider if you have:

- A temperature of 101° F (38.3° C) or higher
- Chills
- Any bleeding
- New leakage or drainage from your incision
- More leakage or drainage from your incision
- Pus-like drainage from your incision
- Redness at your incision
- Increased pain
- Nausea or vomiting
- Leg swelling or pain
- Shortness of breath
- Catheter or drainage tubes that are dislodged or not draining
- No bowel movements for more than 3 days
- No gas at all
- Decreased urine output
- Any problems you didn’t expect
- Any questions or concerns

Monday through Friday from 9:00 AM to 5:00 PM, contact 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.
This section contains a list of support services that may help you get ready for your surgery and recover safely.

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

Bladder Cancer Support Groups

Bladder Cancer Support Group
646-422-4628 or 646-888-8106
This is a live, in-person support and education group for people who have bladder cancer or who have been treated for bladder cancer. People share their personal experiences and provide practical and emotional support for one another. Discussions are led by a social worker, nurse, and WOC nurse.

This group meets the 2nd Thursday of each month from 12:00 to 1:30 PM. For more information, or to register, call the numbers above or email RLAC@mskcc.org.

Online Bladder Cancer Support Group
This is a live, online support and education group for people undergoing treatment for bladder cancer. People share their personal experiences and provide practical and emotional support for one another. Discussions are led by a social worker and a WOC nurse.

This group meets the 4th Thursday of each month from 4:00 to 5:00 PM. For more information, or to register, email virtualprograms@mskcc.org.

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

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

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

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

Chaplaincy Service
212-639-5982
Our chaplains are available to listen, help support family members, pray, contact community clergy or faith groups, or simply be a comforting companion and a spiritual presence. Anyone can request spiritual support, regardless of formal religious affiliation. The interfaith chapel is located near Memorial Hospital's main lobby and is open 24 hours a day. If you have an emergency, call 212-639-2000 and ask for the chaplain on call.

Counseling Center
646-888-0200
Many people find counseling helpful. We provide counseling for individuals, couples, families, and groups, as well as medications to help if you feel anxious or depressed. To make an appointment, ask your healthcare provider for a referral or call the number above.
Food Pantry Program
646-888-8055
The food pantry program gives food to people in need during their cancer treatment. For more information, talk with your healthcare provider or call the number above.

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

MSK Library
library.mskcc.org
212-639-7439
You can visit our library website or speak with the library reference staff to find more information about your specific cancer type. You can also visit LibGuides on MSK’s library website at libguides.mskcc.org.

Patient and Caregiver Education
www.mskcc.org/pe
Visit the Patient and Caregiver Education website to search our virtual library. There, you can find written educational resources, videos, and online programs.

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

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

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

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

Private Duty Nursing Office
212-639-6892
You may request private nurses or companions. Call for more information.

Resources for Life After Cancer (RLAC) Program
646-888-8106
At MSK, care doesn’t end after active treatment. The RLAC Program is for patients and their families who have finished treatment. This program has many services, including seminars, workshops, support groups, counseling on life after treatment, and help with insurance and employment issues.
Sexual Health Programs
Cancer and cancer treatments can have an impact on your sexual health. MSK’s Sexual Health Programs can help you take action and address sexual health issues before, during, or after your treatment.

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

Social Work
212-639-7020
Social workers help patients, family, and friends deal with issues that are common for people with cancer. They provide individual counseling and support groups throughout the course of treatment and can help you communicate with children and other family members. Our social workers can also help refer you to community agencies and programs, as well as financial resources if you’re eligible.

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

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

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

External Support Services

Access-A-Ride
new.mta.info/accessibility/paratransit
877-337-2017
In New York City, the MTA offers a shared ride, door-to-door service for people with disabilities who aren’t able to take the public bus or subway.

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

American Cancer Society (ACS)
www.cancer.org
800-ACS-2345 (800-227-2345)
Offers a variety of information and services, including Hope Lodge, a free place for patients and caregivers to stay during cancer treatment.
Cancer and Careers
www.cancerandcareers.org
646-929-8032
A resource for education, tools, and events for employees with cancer.

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

Cancer Support Community
www.cancersupportcommunity.org
888-793-9355
Provides support and education to people affected by cancer.

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

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

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

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

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

Joe’s House
www.joeshouse.org
877-563-7468
Provides a list of places to stay near treatment centers for people with cancer and their families.
LGBT Cancer Project
www.lgbtcancer.org
212-673-4920
Provides support and advocacy for the LGBT community, including online support groups and a database of LGBT-friendly clinical trials.

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

LIVESTRONG Fertility
www.livestrong.org/fertility
855-744-7777
Provides reproductive information and support to cancer patients and survivors whose medical treatments have risks associated with infertility.

Look Good Feel Better Program
www.lookgoodfeelbetter.org
800-395-LOOK (800-395-5665)
This program offers workshops to learn things you can do to help you feel better about your appearance. For more information or to sign up for a workshop, call the number above or visit the program’s website.

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

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

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

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

Patient Access Network Foundation
www.panfoundation.org
866-316-7263
Helps people with insurance pay their out-of-pocket medical costs.
Patient Advocate Foundation
www.patientadvocate.org
800-532-5274
Provides access to care, financial assistance, insurance assistance, job retention assistance, and access to the national underinsured resource directory.

RxHope
www.rxhope.com
877-267-0517
Helps people get medications they have trouble affording.
This section contains the educational resources that were referred to throughout this guide. These resources will help you get ready for your surgery and recover safely after surgery.

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

Notes
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Educational Resources
About Your Urostomy

A urostomy is an opening in your abdomen (belly) where urine leaves your body. After your bladder surgery with a urostomy (ileal conduit), your urine (pee) will flow from your kidneys, through your ureters and ileal conduit, and out of a small opening in your abdomen called a stoma (see Figure 1).

Your stoma should be a deep pink or red color all the time. If your stoma looks grey, brown, or black, contact your doctor right away.

You won’t be able to control the flow of urine from your stoma. You will wear a urostomy pouching system (appliance) over your stoma to catch and hold the urine.

There are a few different types of urostomy stomas. Your wound, ostomy, and continence (WOC) nurse will tell you which type you have and answer your questions.

About Your Urostomy Pouching System

A urostomy pouching system has 2 parts: a wafer (the part that sticks to your skin) and a pouch (the bag that holds your urine). With a 2-piece pouching system, the wafer and the pouch are separate pieces that can be taken apart. With a 1-piece system, the wafer and pouch are connected.

You will use different types of pouching systems in the hospital and at home. This is because your stoma will get smaller as it heals. It usually takes about 6 to 8 weeks for your stoma to get to its permanent size.
In the hospital

While you’re in the hospital, you will learn how to care for your urostomy stoma and pouching system. Most people use a 2-piece pouching system and an extender called a low-pressure adaptor while they’re in the hospital. The low-pressure adaptor goes between the wafer and pouch to create extra space. This makes it easier for your doctor and nurses to take the pouch off the wafer and put it back on without pushing hard on your abdomen. It will help you be more comfortable when your doctor checks your stoma.

At home

After you’re discharged from the hospital, you will use either a 2-piece or a 1-piece pouching system. A home care nurse will visit you to help you keep learning how to care for your stoma and pouching system.

You may use different pouching systems as your body heals and your stoma gets smaller. You will have appointments with an outpatient WOC nurse. They will look at your stoma with you, keep track of how your stoma is healing, and help you choose the pouching system and ostomy accessory products (products that you can use along with your pouching system) that are best for your body.

Follow-up appointments

Your first appointment with your outpatient WOC nurse will be 2 weeks after you’re discharged from the hospital. It’s also helpful to schedule follow-up appointments with your outpatient WOC nurse 2 to 3 months and 6 months after your surgery. You should also contact your WOC nurse if you have skin issues or questions about your pouching system.

You may lose some weight when you’re first recovering after surgery. Over the 3 to 6 months after surgery, you will probably gain back some of this weight. During this time, you may notice some small changes in the shape of your abdomen. These changes can cause your pouching system to fit differently and be uncomfortable. If this happens, contact your WOC nurse. They can recommend a pouching system that’s more flexible and moves with your body.

You may also want to choose a more flexible pouching system if your pouching system is uncomfortable when you bend, twist, or work out. Your WOC nurse will help you find a system that works best with your body and activities.

Always contact your doctor’s office to tell them about your questions or concerns and to make an appointment with your WOC nurse.

Positioning your pouching system

Position your pouch so it points down and can be tucked into your pants or underwear. You can also fold it, if you prefer. You can also try special underwear or concealment bands such as those from www.ostomysecrets.com or www.steathbelt.com.
Wearing a belt or suspenders
You can wear a belt or suspenders on your pants when you're wearing your pouching system. If you choose to wear a belt, wear it above or below your stoma. If the belt is directly on your stoma, it may cause irritation, bleeding, or an overgrowth of tissue.

Preparing an emergency kit
Prepare a small emergency kit with a pre-cut wafer, a pouch, and several gauze pads. Keep the emergency kit with you at all times so you can change your pouch if it leaks.

Keep your emergency kit out of direct sunlight or heat.

Ordering supplies

Ostomy supply companies
There are 2 main types of ostomy supply companies.

- **Ostomy supply distributors** are companies that sell ostomy products. They sell supplies made by many different manufacturers. You will order your urostomy supplies from an ostomy supply distributor.

- **Ostomy supply manufacturers** are companies that make ostomy products. You can call an ostomy supply manufacturer for information about their products or to ask for a sample of their products. You can’t buy products right from the manufacturer.

When to order supplies
Order more supplies when you have only 1 box of pouches or wafers left. You can order from one of the following ostomy supply distributors:

180 Medical
877-688-2729

Edgepark Medical Supplies
800-321-0591

Byram Healthcare
877-902-9726

McKesson
800-451-6510

Choose an ostomy supply distributor that accepts your health insurance. You can find out by calling the distributor.

Ostomy accessory products
There are many different ostomy accessory products. Examples of ostomy accessory products include:

- **Barrier ring**: This goes around the base of your stoma and helps the wafer fit better. It can help keep urine from leaking underneath the wafer.

- **Elastic barrier strips**: These go over the wafer and help keep it from coming off your skin. They also help to waterproof the wafer.

- **Ostomy belt**: This attaches to the wafer and wraps around your waist. It helps to secure the pouching system.

- **Stoma guard**: This goes over your stoma and pouching system to provide extra protection. It can be helpful if you play contact sports.
You probably won’t need to use all of these accessory products. Your WOC nurse will give you more information about the accessory products that may be most useful for you.

**Night drainage system**

A night drainage system is a pouch or bottle that connects to the bottom of your pouch. It holds more urine than your normal pouch.

It’s important to use a night drainage system when you sleep to keep your pouch from getting too full. If your pouch gets too full, it may leak, or urine may flow back into your stoma and cause an infection. Using a night drainage system can also help you avoid needing to get up at night to empty your pouch.

You will need to use an adaptor to connect the night drainage system to your pouch. The adaptor will be included in your box of pouches.

**Caring for your night drainage system**

Each morning, empty the urine from the night drainage bag or bottle into the toilet. After you empty the bag or bottle, wash the night drainage system. You can use warm water or a mixture of ¼ cup white vinegar and 1 cup water. You can also buy cleansers such as M9™ Crystallizer cleansing system. After you wash the night drainage system, let it air dry.

Replace your night drainage system every 2 to 4 weeks.

If you’re having problems with your night drainage system tubing coming loose, you can tape the connections between the night drainage system and your pouch. If you move around a lot while you sleep, use a leg stabilizer or Foley® catheter holder. You can order these accessories when you order your supplies.

**Leg drainage bag**

A leg drainage bag is a pouch that holds more urine than your normal pouch. You may want to use a leg drainage bag if you’re traveling or if you may not be able to get to a toilet to empty your pouch (such as when you’re golfing or in a traffic jam).

Leg drainage bags may not be covered by your insurance plan. You can call the ostomy supply distributor to find out if leg drainage bags are covered by your insurance.

**Caring for your leg drainage bag**

When the pouch is getting full, empty the urine from the leg drainage bag into the toilet. After you empty the bag, wash it. You can use warm water or a mixture of ¼ cup white vinegar and 1 cup water. You can also buy cleansers such as M9™ Crystallizer cleansing system. After you wash the drainage bag, let it air dry.

Replace your leg drainage bag every week, no matter how many times you use it.

**Finding out about new products**

You can find out about new products by asking your WOC nurse, calling ostomy supply manufacturers and asking for samples of their latest products, or searching for urostomy products online. If you contact an ostomy supply manufacturer or search online, make sure you’re looking at urostomy products, not fecal pouches.
You can also find out about new products by joining an online chat room or local support group for people with urostomies. Often, other people dealing with the same issues know of products that might meet your needs. Read the “Resources” section of this resource for a list of online support groups and websites to help you find local support groups. Make sure you talk with your WOC nurse before trying any new urostomy products.

Changing Your Urostomy Pouching System

You should change your pouching system about every 3 to 4 days. If urine is leaking from your pouching system, change it right away. It’s best to change your pouching system in the morning before you drink any liquids. There’s usually less urine coming out of your stoma in the morning.

The first few times you change your pouching system, you will be in your hospital bed. As you heal, you can start changing your pouching system wherever you’re most comfortable. Many people like to stand in the bathroom in front of the mirror. You can also remove your pouching system and clean around your stoma as part of your normal shower routine.

For more information about changing your pouching system, read the resource Changing Your Two-Piece Disposable Urostomy Appliance (www.mskcc.org/pe/2-piece_urostomy_appliance).

What to do if you see blood on your stoma

Your stoma has many blood vessels and may bleed easily. It’s normal to see a small amount of blood on the gauze or tissue when you’re cleaning the stoma. The bleeding should stop on its own within a few minutes. If you take a blood thinner or aspirin, you may bleed more easily and for a longer time. Apply pressure to your stoma to help stop the bleeding.

Call your doctor if the bleeding doesn’t stop after 10 to 15 minutes. You may need to go to MSK’s Urgent Care Center or your local emergency room. Your doctor will tell you what to do.

Call your doctor right away if there’s blood in your urine or coming from the inside of your stoma.

About wearing gloves

You can decide if you want to wear gloves when you change your pouching system. Just as you didn’t wear gloves when urinating (peeing) before your urostomy, you don’t need to wear them now. However, you may prefer to wear gloves when you change your pouch because some urine could get on your fingers.
Showering with Your Urostomy

It’s very important that you shower every day. This will help keep your skin clean.

Your pouching system is waterproof. Keep your pouching system on while you shower, except on the days you’re changing your pouching system. On the days you’re changing your pouching system, you can take your pouching system off and shower without it, if you choose. Urine will keep flowing from your stoma while you shower.

Shower the same way you did before your surgery. Don’t use perfumed or oil-based soaps around your stoma.

Problems Related to Your Urostomy

Contact your doctor’s office if you have any of the problems below. They will share your message with your WOC nurse, and your WOC nurse will reach out to you.

**Skin problems**

Tell your WOC nurse if you have any problems with the skin around your stoma (peristomal skin). The most common skin problems happen if urine gets under the wafer or if you have allergies to your ostomy products.

- If urine is leaking under your wafer, change the wafer right away. Don’t use tape to stop the leakage.
- If the leakage doesn’t stop after you change your wafer, contact your WOC nurse. You may need a different system that fits better to avoid leakage.

**Tissue build-up**

One common skin problem is a build-up of tissue on the skin around your stoma. The tissue may look greyish, purplish, wart-like, or have white spots (see Figure 2). It can cause pain around your stoma. The build-up is caused when your skin is exposed to urine all the time. If you have tissue build-up, call your doctor’s office to make an appointment with your WOC nurse.

![Figure 2. Tissue build-up around your stoma](image)
If you're having problems with tissue build-up around your stoma, you may need to:

- Cut or mold your wafer or get a different pre-cut wafer.
- Use a different type of wafer.
- Apply a barrier to your wafer (such as a Colly-Seel™ disc, Coloplast Brava® Protective Seal, or Coloplast Brava moldable ring).

You may also need to treat the skin right around your stoma each time you change your pouching system. To do this:

1. Mix ¼ cup of white vinegar with ¾ cup of water.
2. Soak a gauze pad in the mixture. Place the gauze pad on your skin for 20 minutes.
3. Rinse your skin with water.
4. Dry your skin well and apply a new wafer.

**Allergic reaction**

Another common skin problem is an allergic reaction. If you're allergic to one of the ostomy products you're using, you may have redness or welts on the skin around your stoma (see Figure 3). You may also have itching, burning, or discomfort. If you think you're having an allergic reaction, call your doctor's office. You may need to see a dermatologist (skin doctor).

![Figure 2. Tissue build-up around your stoma](image)

If you're having an allergic reaction, you will need to try a different brand of wafer and pouch.

**Rash**

If you develop a rash, tell your doctor or WOC nurse. They will give you suggestions for how to treat it.
Urinary tract infections (UTIs)

The signs and symptoms of a UTI are:

- Urine that smells worse than usual
- Cloudy urine
- Back pain
- Nausea (feeling like you’re going to throw up) and vomiting (throwing up)
- Loss of appetite
- Temperature of 100.4 °F (38 °C) or higher (fever)

If you think you have a UTI, call your doctor's office.

To keep from getting a UTI:

- Drink 6 to 8 (8-ounce) glasses of liquids every day. It’s best to drink water.
- Limit the amount of alcohol and caffeine you drink.
- Use a pouch that has an antireflux valve, and use a night drainage system. This keeps urine from sitting on your stoma and causing an infection.
- Empty your pouch when it’s ⅓ to ½ full.

You can also ask your doctor if you can take vitamin C (about 500 to 1,000 milligrams) and a sugar-free cranberry pill daily. These will make your urine more acidic and may help prevent UTIs, decrease your urine’s odor (smell), and keep your skin from being damaged.

Hernias

A hernia is when a loop of bowel (intestine) pokes through a weak area of muscle. This causes a bulge to form. Hernias often don’t cause any symptoms. If you see a bulge around your stoma, contact your doctor or WOC nurse.

Tips to avoid getting a hernia

Often, the abdominal muscle around your stoma is weak. To minimize the risk of developing a hernia, avoid constipation (straining to pass bowel movements), coughing a lot or very strongly, heavy lifting, or straining.

It takes up to a year for the inside of your body to heal after surgery, so pay attention to how your body feels. If you feel pain during any activities, stop doing them. Call your doctor’s office if the pain doesn’t go away.

Treating a hernia

If you have a hernia, your WOC nurse can suggest a hernia support belt. These belts are made to fit your body. You can also use a girdle or biking shorts to support the hernia. If you use these, you will need to cut out a hole for your urostomy pouch.
Using a hernia support belt, girdle, or biking shorts won’t cure the hernia or keep it from getting worse. But, they can make you feel more comfortable and pull in the bulge to help your clothes fit better.

Hernias usually aren’t treated unless they become blocked, twisted, or cause pain or other problems. Call your doctor right away if you have:

- Nausea
- Vomiting
- Pain in your abdomen
- Swelling in your abdomen

Traveling with Your Urostomy

Your travel decisions shouldn’t be based on the fact that you have a urostomy. Here are some tips to help you manage traveling with your pouching system:

- Bring extra supplies, just in case you have trouble getting them while you’re away.
- If you’re taking an airplane, train, or bus, carry your supplies with you. Don’t put them in your checked luggage. This will help you be prepared if you’re separated from your luggage.
- Avoid driving a car for 4 to 6 weeks after your surgery, unless your doctor tells you otherwise. You may wear a seat belt loosely or place a small pillow over your stoma and under your seat belt. You can also use an ostomy seat belt protector. Check with your distributor or ask your WOC nurse for more information.
- Discuss travel options with your WOC nurse. You may want to use a leg bag if you think you may have trouble getting to a toilet to empty your bag.
- If you’re traveling by airplane, you may want to get a travel card from the United Ostomy Associations of America (UOAA) by visiting www.ostomy.org/uploaded/files/travel_card/Travel_Communication_Card.pdf.

For more information, visit the UOAA webpage at www.ostomy.org or call 800-826-0826.

Preparing for Medical Tests

Always bring extra urostomy supplies with you. Many pharmacies and medical centers don’t have urostomy supplies, and you may need an extra set.

**Imaging scan with contrast**

If you’re having a scan with contrast, bring an extra set of urostomy supplies, as well as a leg bag or night drainage system. For the scan, you will need to drink more liquids than usual. This will help the contrast leave your body, but it will also increase the amount of urine your body makes. You may need to change your pouching system if you have a leak because you’re making more urine than usual.
If you live an hour or more away from the hospital, empty your bag before leaving. You may also need to empty it on the trip home or use a leg bag. You may also want to keep a portable urinal or other container in your car in case of an emergency.

**Chemotherapy**

If you're having chemotherapy, bring an extra set of urostomy supplies. Chemotherapy may cause your body to make more urine. It may also make your skin more sensitive or change the way the wafer sticks to your skin. You may need to change your wafer more often during chemotherapy to protect your skin and prevent leakage.

**Other procedures**

If you're having a procedure where the doctor or nurse needs to access your stoma, you may need to switch to a different type of pouching system. For example, you may need to switch from a 1-piece system to a 2-piece system. Your doctor or nurse will talk with you before the procedure.

If you have any problems, contact your WOC nurse.

**Resources**

**MSK Support Groups**

**Bladder Cancer Support Group**
646-422-4628 or 646-888-8106

This is a live, in-person support and education group for people who have bladder cancer or who have been treated for bladder cancer. People share their personal experiences and provide practical and emotional support for one another. Discussions are led by a social worker, nurse, and WOC nurse.

This group meets the 2nd Thursday of each month from 12:00 to 1:30 PM. For more information, or to register, call the numbers above or email RLAC@mskcc.org.

**Online Bladder Cancer Support Group**

This is a live, online support and education group for people undergoing treatment for bladder cancer. People share their personal experiences and provide practical and emotional support for one another. Discussions are led by a social worker and a WOC nurse.

This group meets the 4th Thursday of each month from 4:00 to 5:00 PM. For more information, or to register, email virtualprograms@mskcc.org.

**Resources for Finding WOC Nurses**

**Wound Ostomy and Continence Nurses Society**
www.wocn.org/patients
Visit this website to find a WOC nurse in your area.

You can also call your ostomy supply manufacturer or distributor to ask for information about WOC nurses in your area.

Please note that many WOC nurses can only see you if there's an outpatient clinic at their hospital or if you have a doctor at their hospital.
Resources for Finding Urostomy Support Groups

United Ostomy Associations of America (UOAA)
www.ostomy.org
Visit this website to find an ostomy support group, including both online support groups and groups in your area. You can also find tips for traveling with an ostomy and download the UOAA’s Travel Communication Card.

Bladder Cancer Advocacy Network (BCAN)
www.bacn.org
Visit this website for information about bladder cancer. To join an online support group sponsored by the BCAN, go to www.inspire.com/groups/bladder-cancer-advocacy-network.

Inspire
www.inspire.com
Visit this website to find online ostomy support groups.

Resources for Managing Skin Irritation Around Your Stoma

Peristomal Skin Assessment Guide
http://psag-consumer.wocn.org
Visit this website if the skin around your stoma is irritated. On the website, you will answer a series of questions to find out more about the type of skin irritation you have and what you can do to manage it. Remember to always contact your WOC nurse if you think the skin around your stoma is irritated.

Resources for Ostomy Supplies

Contact the ostomy supply manufacturer that makes the pouching system you’re using. Every ostomy supply manufacturer has an assistance program for their supplies. Some manufacturers also have WOC nurses that can help you.

Some ostomy supply distributors also have a WOC nurse who can help you. Call your distributor for more information.

Resources for Ostomy Concealment Garments

Ostomy concealment garments are clothes to make your pouching system less noticeable.

Ostomysecrets
www.ostomysecrets.com
Visit this website to buy ostomy garments.

Stealth Belt
www.stealthbelt.com
Visit this website to buy ostomy garments.

C&M Ostomy Supplies
www.cmostomysupply.com
Visit this website to buy ostomy garments, including pouch covers and stoma guards.

Safe n’ Simple
www.sns-medical.com/products/support-belts
Visit this website to buy a hernia support belt.
Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E

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

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

Instructions Before Your Surgery

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

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

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

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

Examples of Medications

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

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

<table>
<thead>
<tr>
<th>Common Medications Containing Aspirin</th>
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<tbody>
<tr>
<td>Aggrenox®</td>
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<tr>
<td>Alka Seltzer®</td>
</tr>
<tr>
<td>Anacin®</td>
</tr>
<tr>
<td>Arthritis Pain Formula</td>
</tr>
<tr>
<td>Arthritis Foundation Pain Reliever®</td>
</tr>
<tr>
<td>ASA Enseals®</td>
</tr>
<tr>
<td>ASA Suppositories®</td>
</tr>
<tr>
<td>Ascriptin® and Ascriptin A/D®</td>
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<tr>
<td>Aspergum®</td>
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<tr>
<td>Asprimox®</td>
</tr>
<tr>
<td>Tablets and Caplets</td>
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<td>---------------------</td>
</tr>
<tr>
<td>Axotal®</td>
</tr>
<tr>
<td>Azdone®</td>
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<tr>
<td>Bayer® (most formulations)</td>
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<tr>
<td>BC® Powder and Cold formulations</td>
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<tr>
<td>Bufferin® (most formulations)</td>
</tr>
<tr>
<td>Buffets II®</td>
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<tr>
<td>Buffex®</td>
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### Common NSAID Medications That Don’t Contain Aspirin

<table>
<thead>
<tr>
<th>Common NSAID Medications That Don’t Contain Aspirin</th>
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</thead>
<tbody>
<tr>
<td>Advil®</td>
<td>Duexis®</td>
</tr>
<tr>
<td>Advil Migraine®</td>
<td>Etodolac®</td>
</tr>
<tr>
<td>Aleve®</td>
<td>Feldene®</td>
</tr>
<tr>
<td>Anaprox DS®</td>
<td>Fenoprofen</td>
</tr>
<tr>
<td>Ansaid®</td>
<td>Flurbiprofen</td>
</tr>
<tr>
<td>Arthrotec®</td>
<td>Genpril®</td>
</tr>
<tr>
<td>Bayer® Select Pain Relief Formula Caplets</td>
<td>Ibuprofen</td>
</tr>
<tr>
<td>Celebrex®</td>
<td>Indomethacin</td>
</tr>
<tr>
<td>Celecoxib</td>
<td>Indocin®</td>
</tr>
<tr>
<td>Children’s Motrin®</td>
<td>Ketoprofen</td>
</tr>
<tr>
<td>Clinoril®</td>
<td>Keterolac</td>
</tr>
<tr>
<td>Daypro®</td>
<td>Lodine®</td>
</tr>
<tr>
<td>Diclofenac</td>
<td>Meclofenamate</td>
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Most multivitamins contain vitamin E. If you take a multivitamin, check the label.

**About Acetaminophen**

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

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

**Read the labels on all your medications**

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

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

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

Always read and follow the label on the product you’re taking. Don’t take more than 1 medication that contains acetaminophen at a time without talking with a member of your healthcare team.
General Exercise Program: Level 2

This information explains Level 2 of a general exercise program that will help you with your physical recovery.

This exercise program works the major muscle groups that you use for everyday activities. Regular exercise with resistance (from gravity, elastic bands, or hand weights) will help you:

- Get back to doing your everyday activities.
- Increase your muscle strength.

You should also do other exercises, such as walking, to help build your strength. Your rehabilitation (rehab) therapist may change your exercise program to meet your needs. Talk with your doctor before you start this program.

Exercise Tips

- Dress comfortably. You should wear clothing that won’t limit your movements. You can wear a hospital gown, pajamas, or athletic clothing.
- Breathe in through your nose and out through your mouth. Do the exercise movements when you breathe out.
- Don’t hold your breath while doing any of these exercises.
- Do some of the exercises in front of a mirror to keep the right form and posture.
- Your therapist may give you an elastic exercise band (Thera-Band®). Use the band for resistance during the exercises. Follow your therapist’s instructions.
- Move slowly through all movements. Slow, controlled movements will:
• Use more muscle fibers.
• Strengthen every part of your muscle.

• Put as much effort into releasing from the movement as you did starting it. Do this especially during strengthening exercises.

• For example, when doing bicep curls, lower your arm as slowly and with as much control as when you lifted it. When you lower your arm in this way, it’s called a “lengthening contraction.” This strengthens the muscle more than just doing an upward curl.

• Stop any exercise that causes you pain or discomfort and tell your physical therapist. You can continue to do the other exercises.

### Special Instructions

### Exercises

#### Bridging

1. Lie on your back with both knees bent and your feet on the bed. Keep your arms at your sides (see Figure 1).

![Figure 1. Lying on your back with your knees bent](image)

2. Tighten the muscles in your abdomen (belly) and buttocks.

3. Push through your feet and lift your buttocks 3 to 4 inches off the bed (see Figure 2).
4. Hold the position for 5 seconds.
5. Then, slowly lower your buttocks back onto the bed.
6. Repeat 10 times.

**Mini crunches**

When doing this exercise, take a breath in before moving. Then, breathe out slowly through pursed lips while doing the movement. Don’t hold your breath.

1. Lie on your back with both knees bent and your feet on the bed.
2. Reach your arms out towards your knees (see Figure 3).
3. Tighten your abdominal muscles.
4. Slowly lift your shoulders 2 to 3 inches off the bed, while keeping your chin tucked (see Figure 4).
5. Lower your shoulders back down to the bed.
6. Repeat 10 times.
Mini squats

1. Stand next to a locked bedrail or countertop. Hold onto it with both hands.
2. Place your feet 6 to 12 inches away from the bed or counter. Your feet should be shoulder-width apart. Keep your back straight (see Figure 5).

![Figure 5. Bending your hips and knees]

3. Slowly bend your hips and knees until your knees are at about a 45-degree angle (see Figure 5).
4. Hold this position for 5 seconds.
5. Slowly straighten your hips and knees until you’re standing upright.
6. Repeat 10 times.

Heel raises

1. While standing, hold on to the back of a stable chair, raised bed rail, or handrail in the hallway for balance.
2. Place your feet about 6 inches apart.
3. Slowly push up onto your toes, lifting your heels off of the floor (see Figure 6).
4. Hold the position for 5 seconds.
5. Slowly lower your heels back down to the floor.
6. Repeat 10 times.

**Standing hamstring curls**

1. While standing, hold on to the back of a stable chair, raised bed rail, or handrail in the hallway for balance.

2. Bend your left knee, bringing your heel toward your buttocks. Keep your knees even with each other (see Figure 7). Stand tall and don’t bend your hips.

3. Lower your foot back down to the floor.

Figure 6. Lifting your heels off the floor

Figure 7. Bending your knee
5. Repeat with your right leg.

**Standing hip extensions**

1. While standing, hold on to the back of a stable chair, raised bed rail, or handrail in the hallway for balance.

2. Extend your left leg behind you at the hip, while keeping your knee straight. Stand up straight (see Figure 8). Don’t lean forward.

   ![Figure 8. Extending your leg behind you](image)

3. Hold for 5 seconds.

4. Bring your leg forward to rest on the floor next to your other leg.

5. Repeat 10 times.

6. Repeat with your right leg.

**Standing side kicks**

1. Hold on to the backrest of a stable chair, a raised bed rail, or handrail in the hallway for balance. Stand up straight. Don’t lean to the side or forward.

2. Lift your right leg out to the side while keeping your toe pointed forward (see Figure 9).
3. Hold for 5 seconds.

4. Bring your raised leg back in to meet your other leg.

5. Repeat 10 times

6. Repeat the exercise with your left leg.

**Standing forward kicks**

1. Hold onto the backrest of a stable chair, a raised bed rail, or handrail in the hallway for balance. Stand up straight. Don’t lean to the side or forward.

2. While keeping your knee straight, slowly lift your right leg forward at the hip (see Figure 10).
4. Slowly bring your leg back so that both feet are resting side by side.
5. Repeat 10 times
6. Repeat with your left leg.

**Arm raises**

1. Sit or stand comfortably with your back straight, shoulders back, and your head facing forward.
2. Raise your arms out to the side, up to the level of your shoulders, while keeping your elbows straight (see Figure 11).

![Figure 11. Raising your arms out to the side](image)

3. Hold for 5 seconds.
4. Lower your arms to your sides.
5. Repeat this 10 times.

**Tricep extensions**

1. Sit comfortably with your back straight, shoulders back, and head facing forward.
2. Pick up an elastic exercise band with both hands. Position your hands in front of your chest with your elbows raised out to your sides, parallel with the floor (see Figure 12).
3. Straighten your elbows fully until your arms are extended out to your sides. Keep the stretched band at chest level (see Figure 12).

4. Bend your elbows and slowly bring your hands back in toward your chest while keeping your upper arms raised.

5. Repeat 10 times.

**Bicep curls**

1. Sit comfortably with your back straight, shoulders back, and your head facing forward. Keep your right arm straight with your elbow at your side.

2. Place one end of the exercise band under your right foot. Hold the other end of the band with your right hand (see Figure 13).

3. With your arm close to your side, bend your elbow, bringing your hand
toward your right shoulder (see Figure 13).

4. Hold for 5 seconds.
5. Lower your hand back down to the starting position.
6. Repeat 10 times.
7. Repeat with your left hand and left foot.

**Scapular retractions**

1. Sit comfortably with your back straight, shoulders back, and head facing forward.
2. Hold the ends of the exercise band in each hand. Raise your arms to shoulder height, keeping your elbows bent with your hands in front of your chest. Stretch out the exercise band to provide resistance (see Figure 14).

![Figure 14](image)

3. Move your arms back so that they are slightly behind you while squeezing your shoulder blades together (see Figure 14).

4. Hold for 5 seconds.
5. While keeping your arms raised, bring them forward so that your hands are in front of your chest again.
6. Repeat 10 times.

**Seated push-ups**

1. Sit comfortably in a chair with armrests. Keep your back straight, shoulders back, and head facing forward.
2. Place your hands on the armrests of the chair. Place your feet shoulder
distance apart, right below your knees.

3. Position yourself as if you’re going to stand up (see Figure 15).

![Figure 15. Lifting your body off your seat](image)

4. Straighten your elbows and lift your buttocks off the seat until your elbows are straight. Lift your buttocks as high as you can, even if you can’t get off the chair completely (see Figure 15).

5. Slowly lower yourself back onto the seat of your chair as you bend your elbows.

6. Repeat 10 times.
Herbal Remedies and Cancer Treatment

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

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

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

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

Common Herbal Supplements and Their Effects

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

Echinacea
Can cause an allergic reaction, such as a rash or trouble breathing.

Can lower the effects of medications used to weaken the immune system.

**Garlic**

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

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

- Can increase your risk of bleeding.

**Ginseng**

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

**Turmeric**

- Can make chemotherapy less effective.

**St. John’s Wort**

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

**Valerian**

- Can increase the effects of sedation or anesthesia.

**Herbal formulas**

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

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

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

About Your Incentive Spirometer

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

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

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

How To Use Your Incentive Spirometer

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

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

Setting up your incentive spirometer

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

Using your incentive spirometer

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

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

To use your incentive spirometer, follow the steps below.

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

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

3. Breathe in (inhale) slowly through your mouth as deeply as you can. As you take the breath, you will see the piston rise inside the large column. While the piston rises, the indicator on the right should move upwards. It should stay in between the 2 arrows (see Figure 1).

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

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

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

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

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

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

Repeat these steps every hour that you’re awake.

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

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

Before the Surgery

After they get to the hospital, we’ll ask the patient to provide contact information for the person who will meet with the surgeon after the surgery. This is the same person who will get updates from the nurse liaison during the surgery. If the patient is having an outpatient procedure, we’ll also ask them to provide contact information for the person who will be taking them home.

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

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

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

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

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

**During the Surgery**

**Surgery updates**

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

• Give you information about the patient.

• Get you ready for your meeting with the surgeon.

• Arrange for you to visit the patient in the Post-Anesthesia Care Unit (PACU).

To contact the nurse liaison:

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


• Ask the information desk staff to contact the nurse liaison for you.

**After Surgery**

**Meeting with the surgeon**

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

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

**Visiting the patient in the PACU**

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

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

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

While visiting the patient in the PACU:

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

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

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

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

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

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

About PCA

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

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

Using the PCA Pump

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

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

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

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

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

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

**Side Effects**

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

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

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