Memorial Sloan Kettering Cancer Center

PATIENT & CAREGIVER EDUCATION

About Your Colon Resection Surgery

This guide will help you get ready for your colon resection at MSK. It will also help you know what to expect as you recover.

Use this guide as a source of information in the days leading up to your surgery. Bring it with you on the day of your surgery. You and your care team will use it as you learn more about your recovery.

Your surgery

Surgery date: _____

Surgery location: The Presurgical Center (PSC) at Memorial Hospital
1275 York Ave. (between East 67th and East 68th streets)
New York, NY 10065
Take the B elevator to the 6th floor.

Expected discharge date: _____

It's best to plan your ride home from the hospital ahead of time. This will help you keep from waiting for your ride after you're discharged from (leave) the hospital. To learn more, read the section "Leaving the hospital."



Visit www.msk.org/pe/colon-resection to view this guide online.

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1275 York Ave., New York, NY 10065
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About your colon resection

Your digestive system

Understanding how your digestive system works can be helpful as you get ready for and recover from your surgery.

Your digestive system is made up of organs that digest (break down) food, absorb nutrients, and remove waste from your body (see Figure 1). They include your:

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

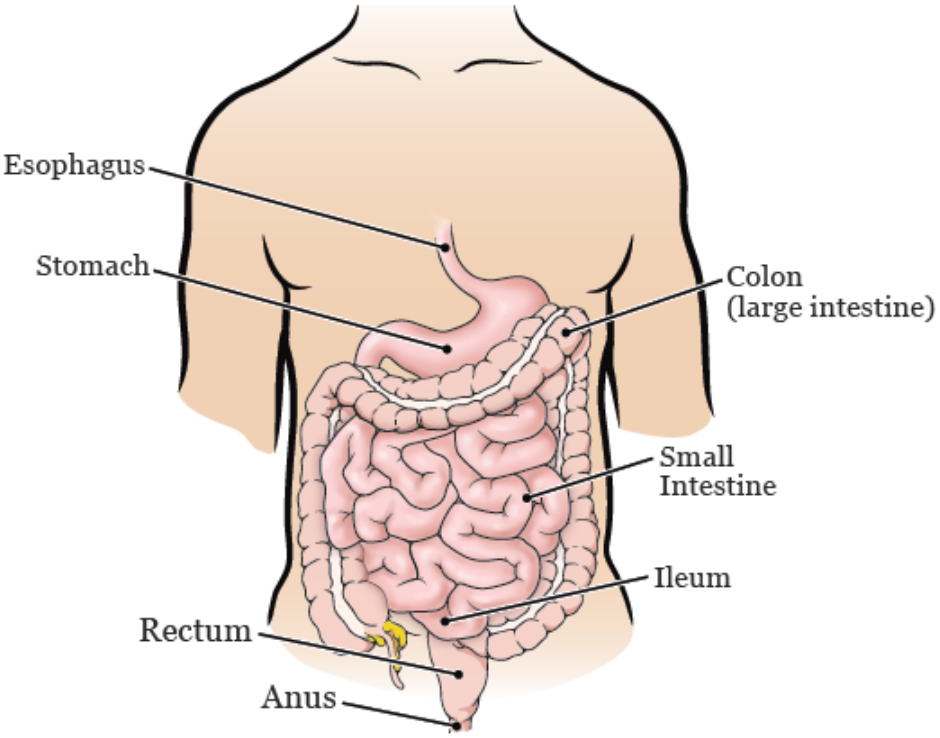


Figure 1. Your digestive system

After you chew and swallow your food, it moves into your esophagus. Your esophagus is a long, muscular tube that carries food from your mouth into your stomach. Once the food enters your stomach, it mixes with stomach acids. These acids start to digest the food.

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

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

Colon resection

Colon resection is a surgery that's done to treat colon cancer. The part of your colon with the cancer is removed. The healthy ends of your colon are then sewn back together. Your surgeon will explain which part of your colon will be removed (see Figure 2).

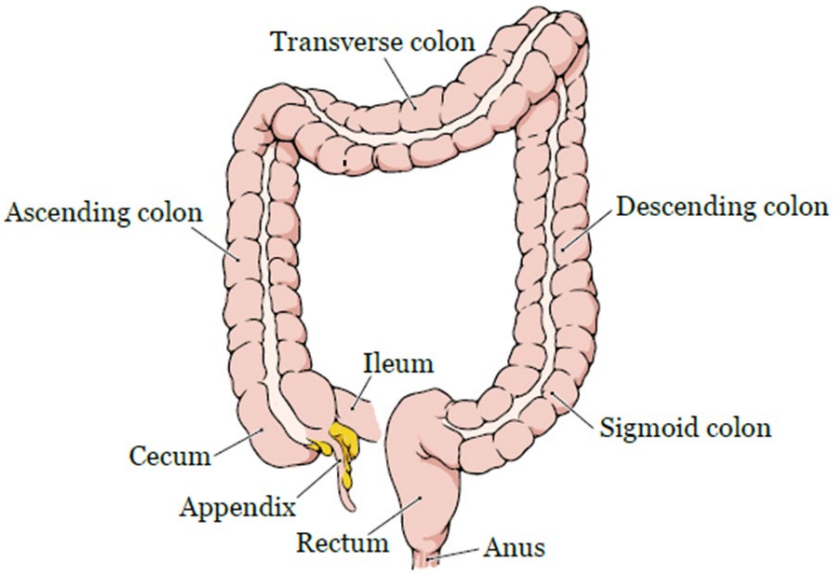


Figure 2. Parts of your colon

A colon resection can be done using different techniques. Your surgeon will talk with you about which option is right for you. Depending on what type of surgery you have, your surgeon will make 1 or more incisions (surgical cuts) in your abdomen (belly).

- When 1 long incision is made on your abdomen, this is called open surgery. The part of your colon that has the cancer is removed through the incision.
- When several small incisions are made on your abdomen, this is called minimally invasive surgery. Small surgical instruments and a video camera are put into the incisions to remove the part of your colon that has the cancer. Some surgeons use a robotic device to assist with the surgery.

Notes _____

Notes

Before your colon resection

This section will help you get ready for your surgery. Read it when your surgery is scheduled. Refer to it as your surgery gets closer. It has important information about what to do to get ready.



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

Notes _____

Getting ready for surgery

You and your care team will work together to get ready for your surgery. Help us keep you safe by telling us if any of these things apply to you, even if you're not sure.

- I take any prescription medicines. A prescription medicine is one you can only get with a prescription from your healthcare provider. Examples include:
    - Medicines you swallow.
    - Medicines you take as an injection (shot).
    - Medicines you inhale (breathe in).
    - Medicines you put on your skin as a patch or cream.
- I take any over-the-counter medicines, including patches and creams. An over-the-counter medicine is one you can buy without a prescription.
- I take any dietary supplements, such as herbs, vitamins, minerals, or natural or home remedies.
- I have a pacemaker, automatic implantable cardioverter-defibrillator (AICD), or other heart device.
- I have had a problem with anesthesia (A-nes-THEE-zhuh) in the past. Anesthesia is medicine to make you sleep during a surgery or procedure.
- I'm allergic to certain medicines or materials, including latex.
- I'm not willing to receive a blood transfusion.
- I use recreational drugs, such as marijuana.

Always be sure your healthcare providers know all the medicines and supplements you're taking.

You may need to follow special instructions before surgery based on the medicines and supplements you take. If you do not follow those instructions, your surgery may be delayed or canceled.

GLP-1 medicines for weight loss

It's important to tell your healthcare provider if you take a GLP-1 medicine. You will need to follow special eating and drinking instructions before your surgery or procedure. **It is very important to follow these instructions. If you do not follow them, your surgery may be delayed or canceled.**

- **Follow a clear liquid diet the day before your surgery.** Do not eat any solid food. Read *Clear Liquid Diet* to learn more. You can find it at www.msk.org/pe/clear-liquid-diet or ask for a printed copy.
- **Stop drinking 8 hours before your arrival time.** Do not eat or drink anything after this time, including clear liquids. You can have small sips of water with your medicines.

Read *Eating and Drinking Before Your Surgery or Procedure When Taking GLP-1 Medicines* to learn more. You can ask for a printed copy or find it at www.msk.org/pe/eat-drink-glp1

Here are some examples of GLP-1 medicines. There are others, so be sure your care team knows all the medicines you take. Sometimes, these are prescribed to help manage diabetes or other conditions. Other times, they are prescribed for weight loss.

- Semaglutide (Wegovy®, Ozempic®, Rybelsus®)
- Dulaglutide (Trulicity®)
- Tirzepatide (Zepbound®, Mounjaro®)
- Liraglutide (Saxenda®, Victoza®)

About drinking alcohol

It's important to talk with your healthcare providers about how much alcohol you drink. This will help us plan your care.

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

If you drink alcohol regularly and stop suddenly, it can cause seizures, delirium, and death. If we know you're at risk for these problems, we can prescribe medicine to help prevent them.

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

- Be honest with us about how much alcohol you drink.
- Try to stop drinking alcohol once your surgery is planned. Tell us right away if you:
    - Get a headache.
    - Feel nauseous (like you're going to throw up).
    - Feel more anxious (nervous or worried) than usual.
    - Cannot sleep.

  These are early signs of alcohol withdrawal and can be treated.
- Tell us if you cannot stop drinking.
- Ask us questions about drinking and surgery. We will keep all your medical information private, as always.

About smoking

If you smoke or use an electronic smoking device, you can have breathing problems when you have surgery. Vapes and e-cigarettes are examples of electronic smoking devices. Stopping for even a few days before surgery can help prevent breathing problems during and after surgery.

We will refer you to our Tobacco Treatment Program if you smoke. You can also reach the program by calling 212-610-0507. To learn more, visit www.msk.org/tobacco

About sleep apnea

Sleep apnea is a common breathing problem. If you have sleep apnea, you stop breathing for short lengths of time while you're asleep. The most common type is obstructive sleep apnea (OSA). With OSA, your airway becomes fully blocked during sleep.

OSA can cause serious problems during and after surgery. Tell us if you have or think you might have sleep apnea. If you use a breathing device, such as a CPAP machine, bring it on the day of your surgery.

Using MSK MyChart

MSK MyChart (mskmychart.mskcc.org) is MSK's patient portal. You can use it to send and read messages from your care team, view your test results, see your appointment dates and times, and more. You can also invite your caregiver to make their own account so they can see information about your care.

If you do not have an MSK MyChart account, you can sign up at mskmychart.mskcc.org. You can also ask a member of your care team to send you an invitation.

If you need help with your account, call the MSK MyChart Help Desk at 646-227-2593. They are available Monday through Friday between 9 a.m. and 5 p.m. (Eastern time).

About your Goals to Discharge Checklist

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

You can use your Goals to Discharge Checklist to see the goals you need to meet before leaving the hospital. You can also update your progress throughout the day. Your updates send alerts to your surgical team about your progress.

To learn more, read *Frequently Asked Questions About the Goals to Discharge Checklist*. You can find it at www.msk.org/pe/goals-discharge-checklist or ask for a printed copy.

About Enhanced Recovery After Surgery (ERAS)

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

Before your surgery, make sure you're ready by:

- **Reading this guide.** It will help you know what to expect before, during, and after your surgery. If you have questions, write them down. You can ask your healthcare provider at your next visit or call their office.
- **Exercising and following a healthy diet.** This will help get your body ready for your surgery.

After your surgery, help yourself recover more quickly by:

- **Reading your recovery pathway.** This is an educational resource your healthcare provider will give you. It has goals for your recovery. It will help you know what to do and expect each day.
- **Starting to move around as soon as you can.** The sooner you get out of bed and walk, the quicker you can get back to your usual activities.

Managing anxiety before surgery

It's common to feel anxious before surgery. Many people worry about whether the surgery will work, what recovery will be like, or how it may affect daily life. Learning what to expect and talking with your care team can help ease anxiety. Relaxation exercises, such as deep breathing or meditation, can also help.

Remember, you don't have to cope with these feelings alone. Your care team is here to support you before, during, and after surgery. To learn more, read *Managing Anxiety Before Surgery*. You can ask for a printed copy or find it at www.msk.org/pe/surgery-anxiety

Within 30 days of your surgery

Presurgical testing (PST)

You'll have a PST appointment before your surgery. Your appointment may be an in-person visit or a video visit. You'll get a reminder from your surgeon's office with the appointment date, time, and location. Visit www.msk.org/parking for parking information and directions to all MSK locations.

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

It's helpful to bring these things to your appointment:

- A list of all the medicines you're taking, including prescription and over-the-counter medicines, patches, and creams.
- Results of any medical tests done outside of MSK in the past year, if you have them. Examples include results from a cardiac stress test, echocardiogram, or carotid doppler study.
- The names and telephone numbers of your healthcare providers.

You'll meet with an advance practice provider (APP) during your PST appointment. They work closely with MSK's anesthesiology (A-nes-THEE-zee-AH-loh-jee) staff. These are doctors with special training in using anesthesia during a surgery or procedure.

Your APP will review your medical and surgical history with you. You may have tests to plan your care, such as:

- An electrocardiogram (EKG) to check your heart rhythm.
- A chest X-ray.
- Blood tests.

Your APP may recommend you see other healthcare providers. They'll also:

- Talk with you about which medicines to take the morning of your surgery.
- Give you instructions for eating and drinking before your surgery.

You can find your preprocedure instructions (such as your medicine, eating, and drinking instructions) in your MSK MyChart account:

1. Log in to your MSK MyChart account. On the homepage, select "Visits."
2. Go to the "Past" or "Past visits" section and find your PST appointment. Select "View After Visit Summary."
3. Read the "Preprocedure Instructions" section in your After Visit Summary.

It is very important to follow these preprocedure instructions. If you do not follow them, your surgery may be delayed or canceled.

Identify your caregiver

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



For caregivers

Caring for a person going through cancer treatment comes with many responsibilities. We offer resources and support to help you manage them.

Visit www.msk.org/caregivers or read *A Guide for Caregivers* to learn more. You can ask for a printed copy or find it at www.msk.org/pe/guide-caregivers

Fill out a Health Care Proxy form

If you have not already filled out a Health Care Proxy form, we recommend you do now. If you already filled one out or have any other advance directives, bring them to your next appointment.

A health care proxy is a legal document. It says who will speak for you if you can't communicate for yourself. This person is called your health care agent.

- To learn about health care proxies and other advance directives, read *Advance Care Planning for People With Cancer and Their Loved Ones*. You can find it at www.msk.org/pe/advance-care-planning or ask for a printed copy.
- To learn about being a health care agent, read *How to Be a Health Care Agent*. You can find it at www.msk.org/pe/health-care-agent or ask for a printed copy.

Talk with a member of your care team if you have questions about filling out a Health Care Proxy form.

Buy bowel prep supplies

You'll need to do a bowel prep (clear the stool from your body) before your surgery.

Your healthcare provider will give you a prescription for antibiotics to take as part of your bowel prep. You'll also need to buy these supplies:

- 1 (238-gram) bottle of polyethylene glycol (MiraLAX®). You can buy this at your local pharmacy. You do not need a prescription.
- 1 (64-ounce) bottle of a clear liquid. For examples of clear liquids, read the "Follow a clear liquid diet" section.
- Extra clear liquids to drink while you're following a clear liquid diet.

Buy acetaminophen (Tylenol®) and ibuprofen (Advil® or Motrin®)

Acetaminophen and ibuprofen are over-the-counter pain medicines. You'll use them after your surgery to help manage your pain at home.

It's helpful to buy these medicines ahead of time if you don't already have them. You can get them at your local pharmacy without a prescription.

7 days before your surgery

Follow your healthcare provider's instructions for taking aspirin

Aspirin can cause bleeding. If you take aspirin or a medicine that has aspirin, you may need to change your dose or stop taking it 7 days before your surgery. Follow your healthcare provider's instructions. **Do not stop taking aspirin unless they tell you to.**

To learn more, read *How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil*. You can find it in the "Educational resources" section of this guide.

Stop taking vitamin E, multivitamins, herbal remedies, and other dietary supplements

Vitamin E, multivitamins, herbal remedies, and other dietary supplements can cause bleeding. Stop taking them 7 days before your surgery. If your healthcare provider gives you other instructions, follow those instead.

To learn more, read *Herbal Remedies and Cancer Treatment*. You can find it in the "Educational resources" section of this guide.

2 days before your surgery

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

Stop taking nonsteroidal anti-inflammatory drugs (NSAIDs)

NSAIDs, such as ibuprofen (Advil and Motrin) and naproxen (Aleve®), can cause bleeding. Stop taking them 2 days before your surgery. If your healthcare provider gives you other instructions, follow those instead.

To learn more, read *How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil*. You can find it in the "Educational resources" section of this guide.

1 day before your surgery

Follow a clear liquid diet

Follow a clear liquid diet the day before your surgery. A clear liquid diet includes only liquids you can see through. You can find examples in the "Clear liquid diet" table.



While you're following a clear liquid diet:

- Do not eat any solid foods.
- Try to drink at least 1 (8-ounce) cup of clear liquid every hour you're awake.
- Drink different types of clear liquids. Do not just drink water, coffee, and tea.
- Do not drink any liquids you can't see through, such as milk or smoothies.
- Do not drink sugar-free liquids unless you have diabetes and a member of your care team tells you to.

How to follow a clear liquid diet if you have diabetes

Ask the healthcare provider who manages your diabetes:

- What to do while you're following a clear liquid diet.
- If you need to change your dose of insulin or other diabetes medicines, if you take them.
- If you should drink sugar-free clear liquids.

Check your blood sugar level often while you're following a clear liquid diet. If you have questions, talk with your healthcare provider.

Clear liquid diet

	OK to have	Do not have
Soups	• Clear broth, bouillon, and consommé.	• Anything with pieces of food or seasoning.
Sweets	• Gelatin, such as Jell-O®. • Flavored ices. • Hard candies, such as Life Savers®, lemon drops, and peppermints.	• All other sweets.
Drinks	• Clear fruit juices, such as lemonade, apple, cranberry, and grape juices. • Soda, such as ginger ale, 7UP®, Sprite®, and seltzer. • Sports drinks, such as Gatorade® and Powerade®. • Black coffee or plain tea without any type of milk or creamer. • Water, including carbonated (fizzy) and flavored water. • Clear nutritional drinks, such as Boost® Breeze, Ensure Clear™, Pedialyte®, and Diabetishield®.	• Juices with pulp. • Nectars. • Smoothies or shakes. • Milk, cream, and other dairy products. • Nut milks, plant milks, non-dairy creamers, and other dairy alternatives. • Drinks with alcohol.

Start your bowel prep

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

At 5 p.m. on the day before your surgery, start drinking the MiraLAX mixture. It will make you have bowel movements often, so make sure you're near a bathroom.

- Drink 1 (8-ounce) cup of the mixture every 15 minutes until it's gone.
- When you finish the MiraLAX mixture, drink 4 to 6 cups of clear liquids.
- Put zinc oxide ointment (such as Desitin®) on the skin around your anus after every bowel movement. This helps prevent irritation.

At 7 p.m. on the day before your surgery, take your antibiotics as instructed.

At 10 p.m. on the day before your surgery, take your antibiotics as instructed.

You can keep drinking clear liquids, but you don't have to.

Note the time of your surgery

A staff member will call you after 2 p.m. the day before your surgery. If your surgery is scheduled for a Monday, they'll call you the Friday before. If you do not get a call by 7 p.m., call 212-639-5014.

The staff member will tell you what time to get to the hospital for your surgery. They'll also remind you where to go. This will be:

> The Presurgical Center (PSC) at Memorial Hospital
> 1275 York Ave. (between East 67th and East 68th streets)
> New York, NY 10065
> Take the B elevator to the 6th floor.

Visit www.msk.org/parking for parking information and directions to all MSK locations.

Shower with a 4% chlorhexidine gluconate (CHG) solution antiseptic skin cleanser, such as Hibiclens®

4% CHG solution is a skin cleanser that kills germs for 24 hours after you use it. Showering with it before your surgery will help lower your risk of infection after surgery. Your nurse will give you a bottle to use before your surgery.

Shower with a 4% CHG solution antiseptic skin cleanser before you go to bed the night before your surgery.

1. Wash your hair with your usual shampoo and conditioner. Rinse your head well.
2. Wash your face and genital (groin) area with your usual soap. 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. Do not 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.

Do not put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne after your shower.

The day of your surgery

Instructions for drinking

Important: If you take a GLP-1 medicine, do not follow these instructions. Follow the instructions in *Eating and Drinking Before Your Surgery or Procedure When Taking GLP-1 Medicines* (www.msk.org/pe/eat-drink-glp1) instead.

Between midnight (12 a.m.) and 2 hours before your arrival time, only drink the liquids on the list below. Do not eat or drink anything else. Stop drinking 2 hours before your arrival time.

- Water.
- Clear apple juice, clear grape juice, or clear cranberry juice.
- Gatorade or Powerade.
- Black coffee or plain tea. It's OK to add sugar. Do not add anything else.
    - Do not add any amount of any type of milk or creamer. This includes plant-based milks and creamers.
    - Do not add flavored syrup.

If you have diabetes, pay attention to the amount of sugar in your drinks. It will be easier to control your blood sugar levels if you include sugar-free, low-sugar, or no added sugar versions of these drinks.

It's helpful to stay hydrated before surgery, so drink if you are thirsty. Do not drink more than you need. You will get intravenous (IV) fluids during your surgery.



Stop drinking 2 hours before your arrival time. This includes water.

Your healthcare provider may have given you different instructions for when to stop drinking. If so, follow their instructions.

Take your medicines as instructed

A member of your care team will tell you which medicines to take the morning of your surgery. Take only those medicines with a sip of water. Depending on what you usually take, this may be all, some, or none of your usual morning medicines.

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.

Do not 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 eyeglasses instead. Wearing contact lenses during surgery can damage your eyes.
- Do not wear any metal objects. Take off all jewelry, including body piercings. The tools used during your surgery can cause burns if they touch metal.

- Leave valuable items at home if you don't need them. Examples include extra credit cards, extra cash, and jewelry.
- If you're menstruating (have your monthly period), use a sanitary pad, not a tampon. We'll give you disposable underwear and a pad if you need them.

What to bring

- A pair of loose-fitting pants (such as sweatpants).
- Sneakers that lace up. You may have some swelling in your feet. Lace-up sneakers can fit over this swelling.
- Your breathing device for sleep apnea (such as your CPAP machine), if you have one.
- Your Health Care Proxy form and other advance directives, if you filled them out.
- Your cell phone and charger.
- Only the money you may want for small purchases, such as a newspaper.
- A case for your personal items, if you have any. Eyeglasses, hearing aids, dentures, prosthetic devices, wigs, and religious articles are examples of personal items.
- This guide. You'll use it to learn how to care for yourself after surgery.

Once you're in the hospital

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

Many staff members will ask you to say and spell your name and birth date. This is for your safety. People with the same or a similar name may be having surgery on the same day.

We'll give you a hospital gown, robe, and nonskid socks to wear when it's time to change for surgery.



For caregivers, family, and friends

Read *Information for Family and Friends for the Day of Surgery* to help you know what to expect on the day of your loved one's surgery. You can ask for a printed copy or find it at www.msk.org/pe/info-family-friends

Meet with a nurse

You'll meet with a nurse before surgery. Tell them the dose of any medicines you took after midnight (12 a.m.) and the time you took them. Make sure to include prescription and over-the-counter medicines, patches, and creams.

Your nurse may place an IV line in one of your veins, usually in your arm or hand. If your nurse does not place the IV, your anesthesiologist (A-nes-THEE-zee-AH-loh-jist) will do it in the operating room.

Meet with an anesthesiologist

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

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

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 you pain medicine after your surgery.

Get ready for surgery

When it's time for your surgery, you'll take off your eyeglasses, hearing aids, dentures, prosthetic devices, wig, and religious articles.

You'll either walk into the operating room or a staff member will bring you there on a stretcher. A member of the operating room team will help you onto the operating bed. They'll put compression boots on your lower legs. These gently inflate and deflate to help blood flow in your legs.

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

During your surgery

After you're fully asleep, your care team will place a breathing tube through your mouth into your airway. It will help you breathe. They'll also place a urinary (Foley) catheter in your bladder. It will drain your urine (pee) during your surgery.

Your surgeon will close your incisions with staples or stitches once they finish your surgery. They may also place Steri-Strips™ (thin pieces of surgical tape) or Dermabond® (surgical glue) over your incisions. They may also cover your incisions with bandages.

Your care team will usually take out your breathing tube while you're still in the operating room.

Notes

Notes

After your colon resection

This section will help you know what to expect after your surgery. You'll learn how to safely recover from your surgery both in the hospital and at home.



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

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In the Post-Anesthesia Care Unit (PACU)

You'll be in the PACU when you wake up after your surgery. A nurse will keep track of your temperature, pulse, blood pressure, and oxygen levels. You may get oxygen through a tube resting below your nose or a mask over your nose and mouth. You may also have compression boots on your lower legs.

Pain medicine

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

- **Oral medicines:** Some people take pain medicine by mouth (as a pill they swallow).
- **Epidural catheter:** Some people get pain medicine through an epidural catheter (a thin, flexible tube in their spine).
- **Nerve block:** Some people get a nerve block before or during surgery. With a nerve block, your healthcare provider injects medicine into some of your nerves to reduce pain after surgery.
- **IV medicines:** Some people get pain medicine into a vein through their IV line.

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

Tubes and drains

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

You may also have 1 or 2 Jackson-Pratt (JP) drains to remove extra fluid from your abdomen (belly). Your healthcare providers will talk with you about what to expect.

Moving to your hospital room

You'll stay in the PACU for a few hours or overnight. Most people move to their hospital room after a few hours in the PACU, but some people stay in the PACU overnight for observation.

A staff member will bring you to your hospital room after your stay in the PACU.

In your hospital room

The length of time you're in the hospital after your surgery depends on your recovery and the exact surgery you had. Most people stay in the hospital for 1 to 4 days. Your care team will tell you what to expect.

In your hospital room, you'll meet one of the nurses who will care for you during your stay. A nurse will help you out of bed and into your chair soon after you get there.

Your care team will teach you how to care for yourself while you're healing from your surgery. You can help yourself recover more quickly by:

- **Reading your recovery pathway.** We will give you a pathway with goals for your recovery if you do not already have one. It will help you know what to do and expect on each day during your recovery.
- **Starting to move around as soon as you can.** The sooner you get out of bed and walk, the quicker you can get back to your usual activities.

You can use your Goals to Discharge Checklist to track your progress during your recovery. Read *Frequently Asked Questions About the Goals to Discharge Checklist* to learn more. You ask for a printed copy or find it at www.msk.org/pe/goals-discharge-checklist

Managing your pain

You'll have some pain after your surgery. You'll get your pain medicine by mouth (a pill that you swallow), or through a nerve block, epidural catheter, or IV line.

We will ask you about your pain often and give you medicine as needed. Tell one of your healthcare providers if your pain is not relieved. It's important to control your pain so you can cough, breathe deeply, use your incentive spirometer, and move around. Controlling your pain can help you recover faster.

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

Moving around and walking

Moving around and walking will help lower your risk for blood clots and pneumonia (lung infection). It will also help you start passing gas and having bowel movements (pooping) again. Your nurse, physical therapist, or occupational therapist will help you move around, if needed.

To learn more about how walking can help you recover, read *Frequently Asked Questions About Walking After Your Surgery*. You can find it at www.msk.org/pe/walking-after-surgery or ask for a printed copy.

To learn what you can do to stay safe and keep from falling while you're in the hospital, read *Call! Don't Fall!* You can ask for a printed copy or find it at www.msk.org/pe/call-dont-fall

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. Read *How To Use Your Incentive Spirometer* to learn more. You can find it at www.msk.org/pe/incentive-spirometer or ask for a printed copy.
- Do coughing and deep breathing exercises. A member of your care team will teach you how.

Eating and drinking

You'll slowly go back to eating solid foods right after your surgery. Read your pathway and talk with your care team for more information.

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

Showering

A member of your care team will help you shower while you're in the hospital. This will help keep your incisions clean and prevent infections.

Leaving the hospital

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

On the day of your discharge, plan to leave the hospital between 8 a.m. and 11 a.m. Your healthcare provider will write your discharge order and prescriptions before you leave. You'll also get written discharge instructions. One of your healthcare providers will review them with you before you leave.

If your ride isn't at the hospital when you're ready to leave, you may be able to wait in the Patient Transition Lounge. A member of your care team will give you more information.

At home

Read *What You Can Do to Avoid Falling* to learn what you can do to keep from falling at home and during your appointments at MSK. You can find it at www.msk.org/pe/avoid-falling or ask for a printed copy.

Filling out your Recovery Tracker

We want to know how you're feeling after you leave the hospital. To help us care for you, we'll send questions to your MSK MyChart account. We'll send them every day for 10 days after you're discharged. These questions are known as your Recovery Tracker.

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

Based on your answers, we may reach out to you for more information. Sometimes, we may ask you to call your surgeon's office. You can always contact your surgeon's office if you have any questions.

To learn more, read *Common Questions About MSK's Recovery Tracker*. You can find it at www.msk.org/pe/recovery-tracker or ask for a printed copy.

Managing your pain

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

Follow these guidelines to help manage your pain at home.

- Take your medicines as directed and as needed.
- Call your healthcare provider if the medicine prescribed for you does not help your pain.
- Do not drive or drink alcohol while you're taking prescription pain medicine. Some prescription pain medicines can make you drowsy (very sleepy). Alcohol can make the drowsiness worse.
- You'll have less pain and need less pain medicine as your incisions heal. An over-the-counter pain reliever will help with aches and discomfort. Acetaminophen (Tylenol) and ibuprofen (Advil or Motrin) are examples of over-the-counter pain relievers.
    - Follow your healthcare provider's instructions for stopping your prescription pain medicine.
    - Do not take too much of any medicine. Follow the instructions on the label or from your healthcare provider.
    - Read the labels on all the medicines you're taking. This is very important if you're taking acetaminophen. Acetaminophen is an ingredient in many over-the-counter and prescription medicines. Taking too much can harm your liver. Do not take more than one medicine that has acetaminophen without talking with a member of your care team.

- Pain medicine should help you get back to your usual activities. Take enough to do your activities and exercises comfortably. You may have a little more pain as you start to be more active.
- Keep track of when you take your pain medicine. It works best 30 to 45 minutes after you take it. Taking it when you first have pain is better than waiting for the pain to get worse.

Some prescription pain medicines, such as opioids, may cause constipation. Constipation is when you poop less often than usual, have a harder time pooping, or both.

Preventing and managing constipation

Talk with your healthcare provider about how to prevent and manage constipation. You can also follow these guidelines.

- Go to the bathroom at the same time every day. Your body will get used to going at that time. But if you feel like you need to go, don't put it off.
- Try to use the bathroom 5 to 15 minutes after meals. After breakfast is a good time to go. That's when the reflexes in your colon are strongest.
- Exercise, if you can. Walking is a great type of exercise that can help prevent and manage constipation.
- Drink 8 to 10 (8-ounce) cups (2 liters) of liquids daily, if you can. Choose water, juices (such as prune juice), soups, and milkshakes. Limit liquids with caffeine, such as coffee and soda. Caffeine can pull fluid out of your body.
- Both over-the-counter and prescription medicines are available to treat constipation. Talk with your healthcare provider about which one is best for you.

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

Managing 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 shortly 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 or months to go away.

If you're having problems with changes in your bowel function, talk with your healthcare providers. 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) cups of liquids every day. Drink water and drinks with salt, such as broth and sports drinks (such as Gatorade). This will help you keep from becoming dehydrated and feeling weak.

Following the BRAT diet can also help control diarrhea. The BRAT diet is made up mostly of:

- Bananas (B)
- White rice (R)
- Applesauce (A)
- Toast (T)

If you're having diarrhea more than 4 to 5 times a day, or if it smells worse than normal, call your healthcare provider.

Tips for managing soreness

If you have soreness around your anus from frequent bowel movements:

- Soak in warm water 2 to 3 times a day.
- Apply zinc oxide ointment (such as Desitin) to the skin around your anus after every bowel movement. This helps prevent irritation.
- Do not use harsh toilet paper. You can use a non-alcohol wipe (such as a moistened flushable wipe) instead.
- If your healthcare provider prescribes medicine, take it as directed.

Caring for your incisions

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

If you have bandages, change them at least once a day, or more often if they become wet. Check your incisions every day for any signs of infection until your healthcare provider tells you they're healed. Call your healthcare provider if you develop any of the following signs of an infection:

- A fever of 100.5 °F (38 °C) or higher
- Redness
- Swelling
- Increased pain
- Warmth at the incision sites
- Foul-smelling or pus-like drainage from your incisions

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

If you go home with staples or stitches in your incisions, your healthcare provider will take them out during one of your appointments after surgery. It's OK to get them wet.

If you have Steri-Strips or Dermabond on your incisions, they'll loosen and fall or peel off on their own. If they haven't fallen off after 14 days, you can take them off.

Showering

Take a shower every day to clean your incisions. Taking a warm shower is relaxing and can help ease muscle aches. If you have staples or stitches in your incisions, it's OK to get them wet.

If you have bandages, take them off before you shower. Gently wash your incisions with a fragrance-free, liquid soap. Do not scrub or use a washcloth on your incisions. This could irritate them and keep them from healing.

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

Do not take tub baths or go swimming until your healthcare provider says it's OK.

Eating and drinking

Parts of your colon can be removed without having a major impact on your nutritional health. While the part of your colon that's left is adjusting, drink 8 to 10 (8-ounce) cups of liquids every day and make sure you're getting enough nutrients.

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

Physical activity and exercise

Your incisions may look like they're healed on the outside when you leave the hospital. They will not be healed on the inside. For the first 6 weeks after your surgery:

- Do not lift, push, or pull anything heavier than 10 pounds (4.5 kilograms).
- Do not do any high-energy activities, such as jogging and tennis.
- Do not play any contact sports, such as football.

Doing physical activity, such as walking, will help you gain strength and feel better. You can walk outside or indoors at your local mall or shopping center. You can also climb stairs, but try to limit how often you do this for the first week you're home. Do not go out by yourself until you're sure of what you can do.

It's common to have less energy than usual after surgery. Recovery time is different for everyone. Do more activity each day as much as you can. Always balance activity periods with rest periods. Rest is an important part of your recovery.

Driving

Driving may cause discomfort while you're healing because you use your abdominal muscles (abs) when you brake. Ask your healthcare provider when you can drive. Do not drive while you're taking pain medicine that may make you drowsy.

You can ride in a car as a passenger at any time after you leave the hospital.

Sexual activity

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

Going back to work

Talk with your healthcare provider about your job. They'll tell you when it may be safe for you to start working again based on what you do. If you move around a lot or lift heavy objects, you may need to stay out a little longer. If you sit at a desk, you may be able to go back sooner.

Getting your test results

After your surgery, the tumor and the tissue around it will be sent to a pathologist. A pathologist is a doctor who uses a microscope to make a diagnosis from cell and tissue samples. The samples are from your biopsy.

Your test results will be ready about 14 business days after your surgery. Your surgeon will talk with you about the results and whether they recommend any additional treatments.

Follow-up appointments

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

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

Managing your feelings

You may have new and upsetting feelings after a surgery for a serious illness. Many people say they felt weepy, sad, worried, nervous, irritable, or angry at one time or another. You may find that you cannot control some of these feelings. If this happens, it's a good idea to seek emotional support. Your healthcare provider can refer you to MSK's Counseling Center. You can also reach them by calling 646-888-0200.

The first step in coping is to talk about how you feel. Family and friends can help. We can also reassure, support, and guide you. It's always a good idea to let us know how you, your family, and your friends are feeling emotionally. Many resources are available to you and your family. We're here to help you and your family and friends handle the emotional aspects of your illness. We can help no matter if you're in the hospital or at home.

When to call your healthcare provider



Call your healthcare provider if:

- You have a fever of 100.5 °F (38 °C) or higher.
- You have pain in your abdomen, nausea (feeling like you're going to throw up), and vomiting (throwing up).
- You have any of the following signs of infection in your incisions:
  - Redness
  - Swelling
  - Increased pain
  - Warmth at the incision sites
  - Foul-smelling or pus-like drainage from your incisions
- You have trouble urinating (peeing).
- You have pain at your incisions that does not go away after taking pain medicine.
- You're bleeding from your rectum.
- You have any questions or concerns.

Contact information

If you have questions or concerns, contact your healthcare provider. A member of your care team will answer Monday through Friday from 9 a.m. to 5 p.m. Outside those hours, you can leave a message or talk with another MSK provider. There is always a doctor or nurse on call.

If you're not sure how to reach your healthcare provider, call 212-639-2000.

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Support services

This section has a list of support services. They may help you as you get ready for your surgery and recover after your surgery.



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

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MSK support services

Admitting Office

212-639-7606

Call if you have questions about your hospital admission, such as asking for a private room.

Anesthesia

212-639-6840

Call if you have questions about anesthesia.

Blood Donor Room

212-639-7643

Call for information if you're interested in donating blood or platelets.

Bobst International Center

www.msk.org/international

888-675-7722

We welcome patients from around the world and offer many services to help. If you're an international patient, call for help arranging your care.

Counseling Center

www.msk.org/counseling

646-888-0200

Many people find that counseling helps them. Our Counseling Center offers counseling for individuals, couples, families, and groups. We can also prescribe medicine to help if you feel anxious or depressed. Ask a member of your care team for a referral or call the number above to make an appointment.

Food Pantry Program

646-888-8055

We give food to people in need during their cancer treatment. Talk with a member of your care team or call the number above to learn more.

Integrative Medicine and Wellness Service

www.msk.org/integrativemedicine

Our Integrative Medicine and Wellness Service offers many services to complement (go along with) traditional medical care. For example, we offer music therapy, mind/body therapies, dance and movement therapy, yoga, and touch therapy. Call 646-449-1010 to make an appointment for these services.

You can also schedule a consultation with a healthcare provider in the Integrative Medicine and Wellness Service. They'll work with you to make a plan for creating a healthy lifestyle and managing side effects. Call 646-608-8550 to make an appointment for a consultation.

MSK Library

library.mskcc.org

You can visit our library website or email asklibrarian@mskcc.org to talk with the library reference staff. They can help you find more information about a type of cancer. You can also visit libguides.mskcc.org/patienteducation to see the library's Patient Education Resource Guide.

Nutrition Services

www.msk.org/nutrition

212-639-7312

Our Nutrition Service offers nutritional counseling with one of our clinical dietitian nutritionists. Your clinical dietitian nutritionist will talk with you about your eating habits. They can also give advice on what to eat during and after treatment. Ask a member of your care team for a referral or call the number above to make an appointment.

Patient and Community Education

www.msk.org/pe

Visit our patient and community education website to search for educational resources, videos, and online programs.

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 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 Nurses and Companions

646-357-9272

You can request private nurses or companions to care for you in the hospital and at home. Call to learn more.

Rehabilitation Services

www.msk.org/rehabilitation

Cancers and cancer treatments can make your body feel weak, stiff, or tight. Some can cause lymphedema (swelling). Our physiatrists (rehabilitation medicine doctors), occupational therapists (OTs), and physical therapists (PTs) can help you get back to your usual activities.

- **Rehabilitation medicine doctors** diagnose and treat problems that affect how you move and do activities. They can design and help coordinate your rehabilitation therapy program, either at MSK or somewhere closer to home. Call Rehabilitation Medicine (Physiatry) at 646-888-1929 to learn more.

- An **OT** can help if you're having trouble doing usual daily activities. For example, they can recommend tools to help make daily tasks easier. A **PT** can teach you exercises to help build strength and flexibility. Call Rehabilitation Therapy at 646-888-1900 to learn more.

Resources for Life After Cancer (RLAC) Program

646-888-8106

At MSK, care does not end after your treatment. The RLAC Program is for patients and their families who have finished treatment.

This program has many services. We offer seminars, workshops, support groups, and counseling on life after treatment. We can also help with insurance and employment issues.

Sexual Health Programs

Cancer and cancer treatments can affect your sexual health, fertility, or both. MSK's sexual health programs can help you before, during, or after your treatment.

- Our **Female Sexual Medicine and Women's Health Program** can help with sexual health problems such as premature menopause or fertility issues. Ask a member of your MSK care team for a referral or call 646-888-5076 to learn more.
- Our **Male Sexual and Reproductive Medicine Program** can help with sexual health problems such as erectile dysfunction (ED). Ask a member of your care team for a referral or call 646-888-6024 to learn more.

Social Work

www.msk.org/socialwork

212-639-7020

Social workers help patients, families, and friends deal with common issues for people who have cancer. They provide individual counseling and support groups throughout your treatment. They can help you communicate with children and other family members.

Our social workers can also help refer you to community agencies and programs. If you're having trouble paying your bills, they also have information about financial resources. Call the number above to learn more.

Spiritual Care

212-639-5982

Our chaplains (spiritual counselors) are available to listen, help support family members, and pray. They can contact community clergy or faith groups, or simply be a comforting companion and a spiritual presence. Anyone can ask for spiritual support. You do not have to have a religious affiliation (connection to a religion).

MSK's interfaith chapel is located near Memorial Hospital's main lobby. It's open 24 hours a day. If you have an emergency, call 212-639-2000. Ask for the chaplain on call.

Tobacco Treatment Program

www.msk.org/tobacco

212-610-0507

If you want to quit smoking, MSK has specialists who can help. Call to learn more.

Virtual Programs

www.msk.org/vp

We offer online education and support for patients and caregivers. These are live sessions where you can talk or just listen. You can learn about your diagnosis, what to expect during treatment, and how to prepare for your cancer care.

Sessions are private, free, and led by experts. Visit our website to learn more about Virtual Programs or to register.

External support services

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

Visit www.msk.org/pe/external-support-services for a list of these support services. You can also call 212-639-7020 to talk with an MSK social worker.

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Notes

Educational resources

This section lists the educational resources mentioned in this guide. It also has copies of the resources that are most important for you to read. They will help you get ready for your surgery and recover after your surgery.



As you read these resources, write down questions to ask your healthcare provider. You can use the space below.

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These are the educational resources mentioned in this guide. You can find them online or ask a member of your care team for a printed copy.

- *A Guide for Caregivers* (www.msk.org/pe/guide-caregivers)
- *Advance Care Planning for People With Cancer and Their Loved Ones* (www.msk.org/pe/advance-care-planning)
- *Call! Don't Fall!* (www.msk.org/pe/call-dont-fall)
- *Clear Liquid Diet* (www.msk.org/pe/clear-liquid-diet)
- *Common Questions About MSK's Recovery Tracker* (www.msk.org/pe/recovery-tracker)
- *Eating and Drinking Before Your Surgery or Procedure When Taking GLP-1 Medicines* (www.msk.org/pe/eat-drink-glp1)
- *Frequently Asked Questions About the Goals to Discharge Checklist* (www.msk.org/pe/goals-discharge-checklist)
- *Frequently Asked Questions About Walking After Your Surgery* (www.msk.org/pe/walking-after-surgery)
- *Herbal Remedies and Cancer Treatment* (www.msk.org/pe/herbal-remedies)
- *How to Be a Health Care Agent* (www.msk.org/pe/health-care-agent)
- *How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil* (www.msk.org/pe/check-med-supplement)
- *How To Use Your Incentive Spirometer* (www.msk.org/pe/incentive-spirometer)
- *Information for Family and Friends for the Day of Surgery* (www.msk.org/pe/info-family-friends)
- *Managing Anxiety Before Surgery* (www.msk.org/pe/surgery-anxiety)
- *What You Can Do to Avoid Falling* (www.msk.org/pe/avoid-falling)

Memorial Sloan Kettering Cancer Center

PATIENT & CAREGIVER EDUCATION

Herbal Remedies and Cancer Treatment

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

About Herbal Remedies

Herbal remedies are any herbs, botanical (plant-based) supplements, or dietary supplements you take for their health benefits. These may come as tablets, capsules, powders, teas, liquid extracts, and fresh or dried plants.

Some herbal remedies can help prevent or manage side effects of cancer or your treatment. The herbal remedies that can help you depend on what symptoms you have and what treatment you're getting.

Even though herbal remedies can feel safe, they may not all be safe. Herbal remedies do not go through the same testing as prescription medications to make sure they work and are safe.

Some herbal remedies may be harmful. This is because they can:

- Affect how your other medications work.
- Raise or lower your blood pressure.
- Thin your blood and increase your risk of bleeding.
- Keep radiation therapy from working as well as it should.
- Change how your body reacts to sedation (medication to make you calmer) or general anesthesia (medication to make you sleepy).

Talk with your healthcare provider about any herbal remedies or other

supplements you are taking. They can provide an open and safe space to talk about these products.

For more information about herbs and supplements, visit www.aboutherbs.com or call MSK's Integrative Medicine Service at 646-608-8550.

Stop taking herbal remedies before your treatment

Stop taking herbal remedies and other dietary supplements 7 days (1 week) before you:

- Have surgery.
- Start chemotherapy.
- Start radiation therapy.
- Have certain procedures. Your healthcare provider will let you know if you need to stop taking herbal remedies before your procedure.

Herbal remedies and other dietary supplements can cause bleeding and affect your treatment. Follow your healthcare provider's instructions for when to restart taking herbal remedies.

You can still use some herbs in your food and drinks, such as using spices in cooking and drinking tea. Herbal remedies are stronger than the herbs you cook with.

Common Herbal Remedies and Their Effects

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

Echinacea (EH-kih-NAY-shuh)

- Can cause rare but serious allergic reactions, such as a rash or trouble breathing.
- Can keep medications that weaken your immune system from working as well as they should.

Garlic

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

Gingko (also known as Gingko biloba)

- Can increase your risk of bleeding.

Ginseng (JIN-seng)

- Can keep sedation or general anesthesia from working as well as they should.
- Can increase your blood pressure.
- Can increase your risk of bleeding.
- Can lower your blood glucose (sugar) level.

Turmeric (TER-mayr-ik)

- Can keep chemotherapy from working as well as it should.

St. John's Wort

- Can keep some medications from working as well as they should.
- Can make your skin more sensitive to radiation or laser treatment.

Valerian (vuh-LEER-ee-un)

- Can make sedation or general anesthesia affect you more than they should.

Herbal formulas

- Herbal formulas contain many different herbs and dosages.
- Stop taking these products 7 days (1 week) before treatment. Do not start taking herbal formulas again until your healthcare provider tells you it is safe.

This information does not cover all herbal remedies or possible side effects. Talk with your healthcare provider if you have any questions or concerns.

Contact Information

- To schedule a consultation with a healthcare provider in Integrative Medicine, call 646-608-8550.
- To make an appointment for Integrative Medicine Service's therapies, classes, and workshops, call 646-449-1010.

For more information, visit www.mskcc.org/IntegrativeMedicine or read *Integrative Medicine Therapies and Your Cancer Treatment* (www.mskcc.org/pe/integrative_therapies).

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

Herbal Remedies and Cancer Treatment - Last updated on May 5, 2022
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Memorial Sloan Kettering Cancer Center

PATIENT & CAREGIVER EDUCATION

How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil

This information will help you check if your medicines or dietary supplements have aspirin, other NSAIDs, vitamin E, or fish oil as an active ingredient. NSAID stands for nonsteroidal anti-inflammatory drug.

It's important to stop taking these medicines and supplements before many cancer treatments. They affect your platelets (blood cells that clot to prevent bleeding) and can raise your risk of bleeding.

Other dietary supplements, such as vitamins and herbal remedies, can also affect your cancer treatment. Read *Herbal Remedies and Cancer Treatment* (www.mskcc.org/pe/herbal_remedies) to learn more.

Make sure your healthcare provider always knows all the prescription and over-the-counter medicines and supplements you're taking. This includes patches and creams.

A prescription medicine is one you can only get with a prescription from your healthcare provider. An over-the-counter medicine is one you can buy without a prescription.

What is an active ingredient?

An active ingredient is the part of a medicine or supplement that makes it work. Some medicines and supplements have just one active ingredient. Others have more. For example:

- Ibuprofen is the active ingredient in Advil® and Motrin®. Ibuprofen is an NSAID.
- Naproxen is the active ingredient in Aleve®. Naproxen is an NSAID.
- Acetaminophen is the active ingredient in Tylenol®.
- Aspirin, acetaminophen, and caffeine are the active ingredients in Excedrin®.

Generic medicines sometimes use their active ingredient as their name. But people often call medicines and supplements by a brand name, even if they're generic. This can make it hard to know their active ingredients.

How to find a medicine or supplement's active ingredients

You can always find the active ingredients by reading the label.

Over-the-counter medicines

Over-the-counter medicines list their active ingredients in the "Drug Facts" label (see Figure 1). Active ingredients are always the first thing on the Drug Facts label.

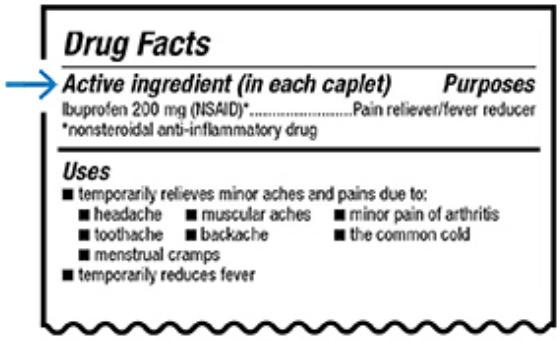


Figure 1. Active ingredients on an over-the-counter medicine label

Prescription medicines

Prescription medicines list their active ingredients on the label. Their active ingredients and their generic name are the same thing.

Labels often look different depending on which pharmacy you use. Here's an example of where to find a medicine's active ingredients (generic name) on a label from MSK's pharmacy (see Figure 2).

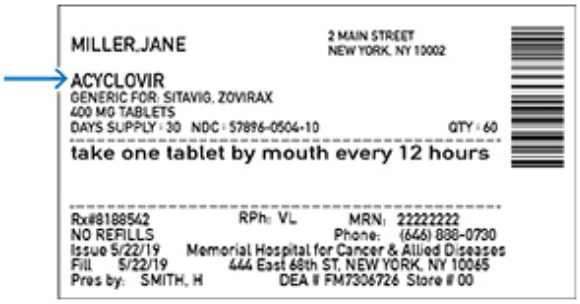
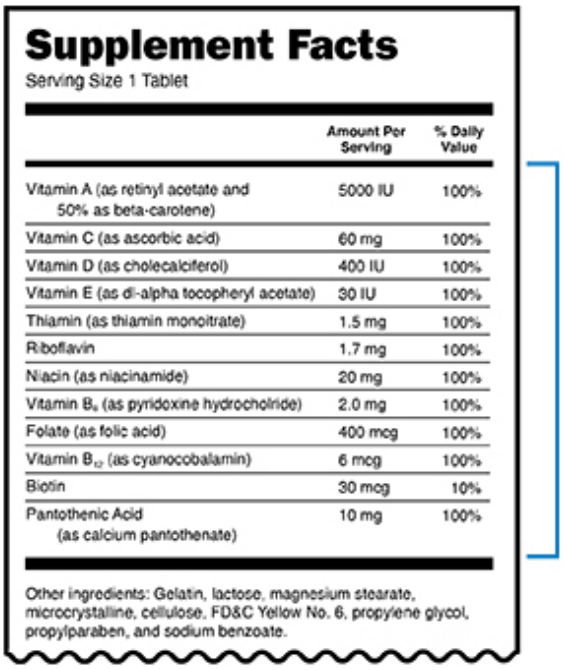


Figure 2. Active ingredients on a prescription medicine label

Dietary supplements

Dietary supplements list their active ingredients in the "Supplement Facts" label (see Figure 3). The active ingredients always have an amount per serving and % daily value included.



Supplement Facts

Serving Size 1 Tablet

	Amount Per Serving	% Daily Value
Vitamin A (as retinyl acetate and 50% as beta-carotene)	5000 IU	100%
Vitamin C (as ascorbic acid)	60 mg	100%
Vitamin D (as cholecalciferol)	400 IU	100%
Vitamin E (as dl-alpha tocopheryl acetate)	30 IU	100%
Thiamin (as thiamin mononitrate)	1.5 mg	100%
Riboflavin	1.7 mg	100%
Niacin (as niacinamide)	20 mg	100%
Vitamin B_6 (as pyridoxine hydrochloride)	2.0 mg	100%
Folate (as folic acid)	400 mcg	100%
Vitamin B_{12} (as cyanocobalamin)	6 mcg	100%
Biotin	30 mcg	10%
Pantothenic Acid (as calcium pantothenate)	10 mg	100%

Other ingredients: Gelatin, lactose, magnesium stearate, microcrystalline, cellulose, FD&C Yellow No. 6, propylene glycol, propylparaben, and sodium benzoate.

Figure 3. Active ingredients on a supplement label

Active ingredients to look for

If your medicine or supplement has any of these active ingredients, you may need to stop taking it before, during, or after your cancer treatment or surgery. Follow your care team's instructions.

Active ingredients to look for		
• Acetylsalicylic acid • Alpha-linolenic acid (ALA) • Aspirin • Acetaminophen* • Celecoxib • Diclofenac • Diflunisal • Docosahexaenoic acid (DHA) • Eicosapentaenoic acid (EPA)	• Etodolac • Fish oil • Fenoprofen Flurbiprofen • Ibuprofen • Indomethacin • Ketoprofen • Ketorolac • Meclofenamate • Mefenamic acid • Meloxicam	• Nabumetone • Naproxen • Omega-3 fatty acids • Omega-6 fatty acids • Oxaprozin • Piroxicam • Sulindac • Tolmetin • Vitamin E

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

Common abbreviations for acetaminophen		
• APAP • Acetamin	• AC • Acetam	• Acetaminop • Acetaminoph

About acetaminophen (Tylenol)

In general, acetaminophen is safe to take during cancer treatment. It doesn't affect platelets. That means it will not raise your chance of bleeding. If you're getting chemotherapy, talk with your healthcare provider before taking acetaminophen.

There is a limit to how much acetaminophen you can take in a day. Always follow the instructions from your care team or on the medicine's label.

Acetaminophen is in many different prescription and over-the-counter medicines. It’s possible to take too much without knowing. **Always read the label on the medicines you take.** Do not take more than 1 medicine that has acetaminophen at a time without talking with a member of your care team.

Instructions before your cancer treatment

Tell your healthcare provider if you take aspirin, other NSAIDs, vitamin E, or fish oil. They’ll tell you if you need to stop taking it. You’ll also find instructions in the information about your treatment.

Before your surgery

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

- If you take aspirin or a medicine that has aspirin, you may need to change your dose or stop taking it 7 days before your surgery. Follow your healthcare provider’s instructions. **Do not stop taking aspirin unless your healthcare provider tells you to.**
- If you take vitamin E, fish oil, or a supplement that has vitamin E or fish oil, stop taking it 7 days before your surgery or as directed by your healthcare provider.
- If you take an NSAID or a medicine that has an NSAID, stop taking it 48 hours (2 days) before your surgery or as directed by your healthcare provider.

Before your radiology procedure

Follow these instructions if you're having a radiology procedure (including Interventional Radiology, Interventional Mammography, Breast Imaging, and General Radiology). **If your healthcare provider gives you other instructions, follow those instead.**

- If you take aspirin or a medicine that has aspirin, you may need to stop taking it 5 days before your procedure. Follow your healthcare provider's instructions. **Do not stop taking aspirin unless your healthcare provider tells you to.**
- If you take an NSAID or a medicine that has an NSAID, you may need to stop taking it 24 hours (1 day) before your procedure. Follow your healthcare provider's instructions.

Before and during your chemotherapy

Chemotherapy can lower your platelet count, which can increase your risk of bleeding. No matter if you're just starting chemotherapy or have been getting it, talk with your healthcare provider before taking aspirin, other NSAIDs, vitamin E, or fish oil.

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

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

How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil - Last updated on November 29, 2023
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