

About Your Distal Pancreatectomy

This guide will help you get ready for your distal pancreatectomy 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.

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About Your Surgery

A distal pancreatectomy (PAN-kree-uh-TEK-toh-mee) is a surgery to remove a tumor from the body or tail of your pancreas. Your pancreas is located in the back of your abdomen (belly) behind your stomach and above your small intestine (see Figure 1).

About Your Pancreas and Spleen

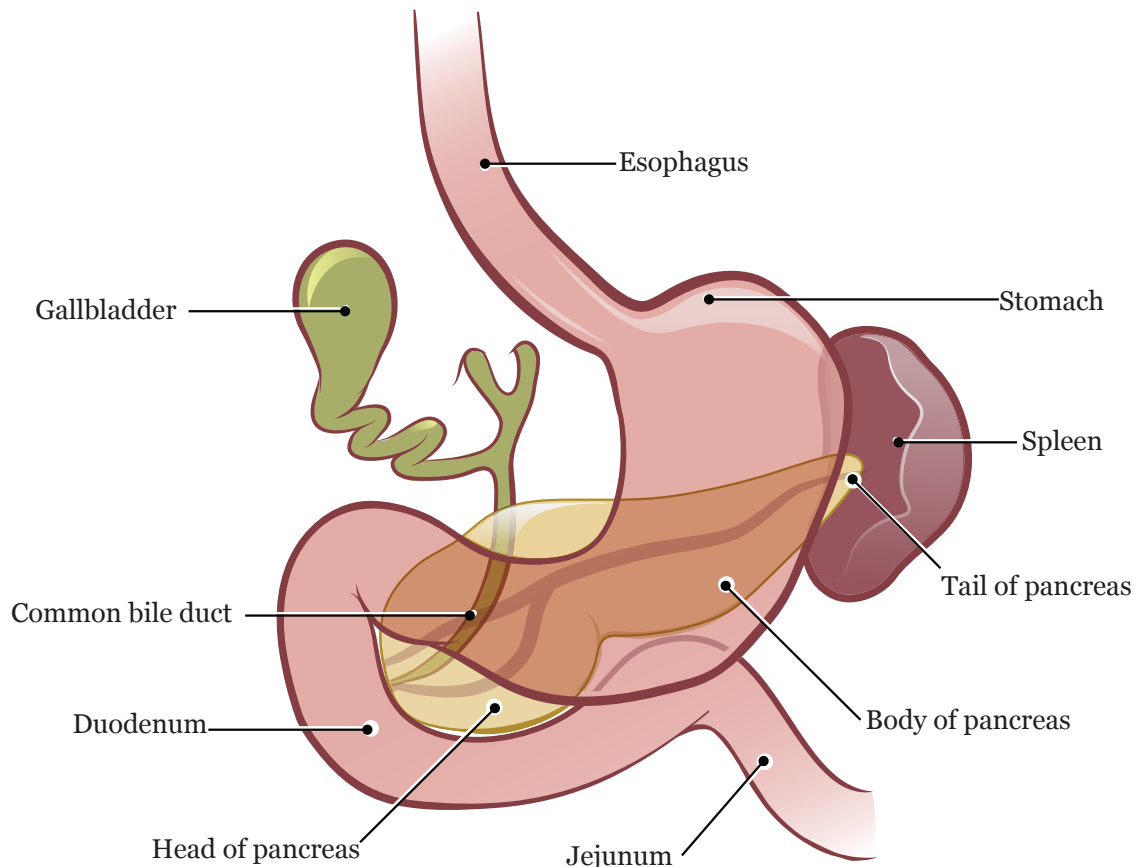


Figure 1. Your pancreas before your distal pancreatectomy

Your pancreas makes enzymes that help digest the food you eat, including fats. It also makes insulin and glucagon, which are hormones that help regulate your blood sugar levels. Your pancreas has 3 parts: the tail, the body, and the head.

Even though part of your pancreas will be removed during your surgery, there's usually enough of it left after your surgery to make hormones (insulin and glucagon) and enzymes.

- If your pancreas doesn't make enough digestive enzymes after your surgery, you may have diarrhea. If this happens, you may need to take enzyme pills when you eat.
- If your pancreas doesn't make enough insulin after your surgery, you may have high blood sugar. This is rare. If you have high blood sugar after your surgery, your healthcare team will help you.

Your spleen is located next to your pancreas. It makes white blood cells that help your body fight infections. Your spleen also filters your blood, stores blood cells, and destroys old blood cells. Your spleen may need to be removed if the tumor involves blood vessels that supply your spleen.

During Your Surgery

Your surgeon will make an incision (surgical cut) to see your pancreas and spleen clearly. Your surgeon will decide the size of the incision and if a minimally invasive technique, which makes very small incisions and uses cameras for guidance, is appropriate for you.

During your surgery, your surgeon will explore your pancreas and spleen and decide how much to remove. The part of your pancreas that remains will be closed with sutures (stitches) or staples (see Figure 2).

Your surgery will take 2 to 4 hours.

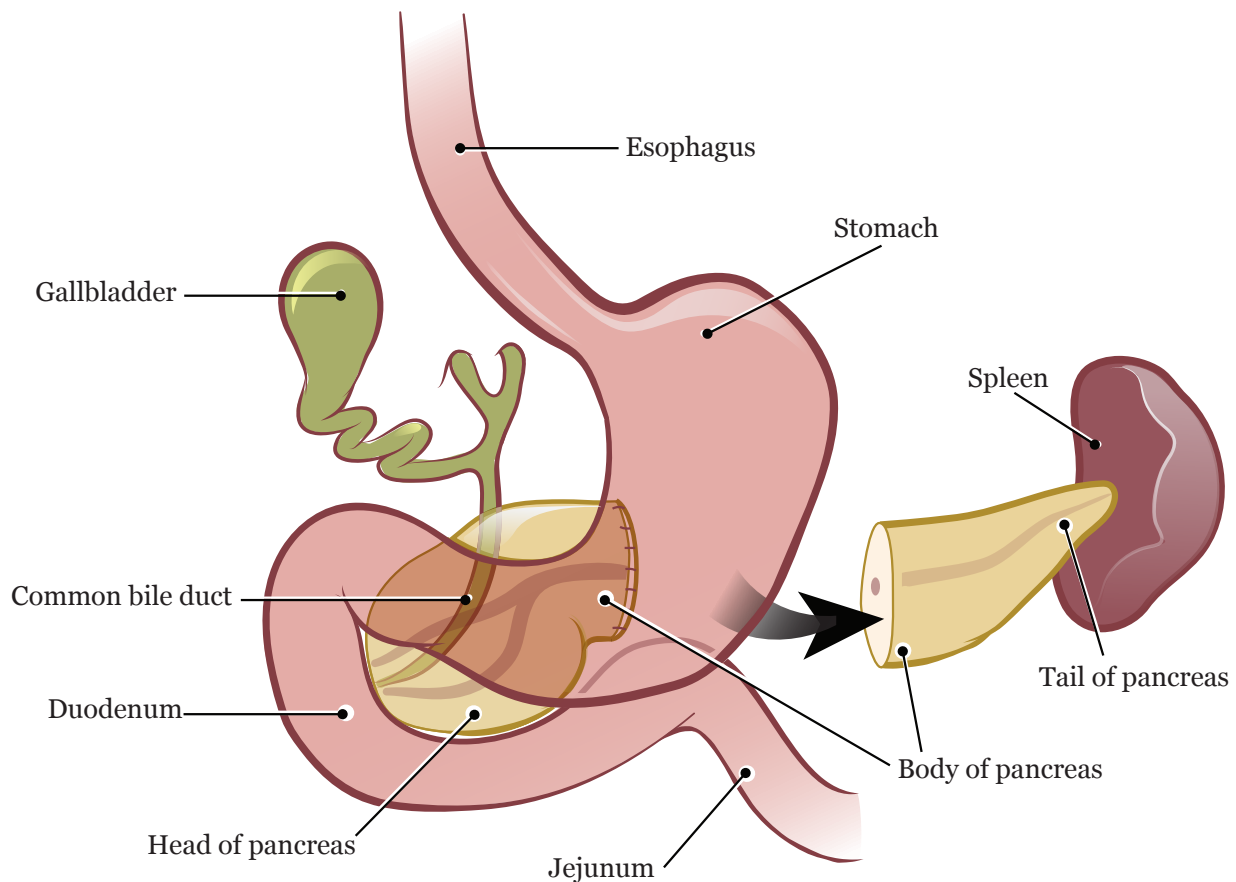


Figure 2. Your pancreas after your distal pancreatectomy

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 doctor or nurse.

Notes _____

Getting Ready for Your Surgery

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

About Drinking Alcohol

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

- If you stop drinking alcohol suddenly, it can cause seizures, delirium, and death. If we know you're at risk for these complications, we can prescribe medications to help keep them from happening.
- If you drink alcohol regularly, you may be at risk for other complications during and after your surgery. These include bleeding, infections, heart problems, and a longer hospital stay.

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

- Be honest with your healthcare providers about how much alcohol you drink.
- Try to stop drinking alcohol once your surgery is planned. If you develop a headache, nausea (feeling like you're going to throw up), increased anxiety, or can't sleep after you stop drinking, tell your healthcare provider right away. These are early signs of alcohol withdrawal and can be treated.
- Tell your healthcare provider if you can't stop drinking.
- Ask your healthcare provider questions about drinking and surgery. As always, all of your medical information will be kept confidential.

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

- I take a blood thinner. Some examples are aspirin, heparin, warfarin (Coumadin®), clopidogrel (Plavix®), enoxaparin (Lovenox®), dabigatran (Pradaxa®), apixaban (Eliquis®), and rivaroxaban (Xarelto®). There are others, so be sure your healthcare provider knows all the medications you're taking.
- I take prescription medications (medications prescribed by a healthcare provider), including patches and creams.
- I take over-the-counter medications (medications I buy without a prescription), including patches and creams.
- I take dietary supplements, such as herbs, vitamins, minerals, or natural or home remedies.
- I have a pacemaker, automatic implantable cardioverter-defibrillator (AICD), or other heart device.
- I have sleep apnea.
- I have had a problem with anesthesia (medication to make you sleep during surgery) in the past.
- I 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 Smoking

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

About Sleep Apnea

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

Please tell us if you have sleep apnea or if you think you might have it. If you use a breathing machine (such as a CPAP machine) 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 follow a healthy diet.** This will help get your body ready for your surgery.

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

- **Read your recovery pathway.** This is a written educational resource that your nurse will give you. It has goals for your recovery and will help you know what to do and expect on each day during your recovery.
- **Start moving around as soon as you can.** The sooner you're able to get out of bed and walk, the quicker you 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 surgeon'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 that you see other healthcare providers.

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

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

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

Identify Your Caregiver

Your caregiver plays an important role in your care. You and your caregiver will learn about your surgery from your doctor and nurse. After your surgery, your caregiver should be with you when you're given your discharge instructions so they're able to help you care for yourself at home. Your caregiver will also need to take you home after you're discharged from (leave) the hospital.

Complete a Health Care Proxy Form

If you haven't already completed a Health Care Proxy form, we recommend you complete one now. A health care proxy is a legal document that identifies the person who will speak for you if you can't communicate for yourself. The person you identify is called your health care agent. For more information about health care proxies and other advance directives, read the resource *Advance Care Planning*. You can find it online at www.mskcc.org/pe/advance_care_planning, or you can ask your nurse.

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 directives, bring them to your next appointment.

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 "Educational Resources" section of this guide. If you have any questions, ask your nurse or respiratory therapist.

Exercise

Try to do aerobic exercise every day. Examples of aerobic exercise include walking, swimming, or biking. If it's cold outside, use stairs in your home or go to a mall or shopping center. Exercising will help your body get into its best condition for your surgery and make your recovery faster and easier.

Follow a Healthy Diet

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

10 Days Before Your Surgery

Stop Taking Vitamin E

If you take vitamin E, stop taking it 10 days before your surgery. Vitamin E can cause bleeding. For more information, read *Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs)*, located in the “Educational Resources” section of this guide.

7 Days Before Your Surgery

Stop Taking Certain Medications

If you take aspirin, ask your doctor if you should keep taking it. Aspirin and medications that contain aspirin can cause bleeding. For more information, read *Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs)*, located in the “Educational Resources” section of this guide.

Stop Taking Herbal Remedies and Other Dietary Supplements

Stop taking herbal remedies and other dietary supplements 7 days before your surgery. If you take a multivitamin, ask your doctor or nurse if you should keep taking it. 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 “Educational Resources” section of this guide.

1 Day Before Your Surgery

Note the Time of Your Surgery

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

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



Surgery date: _____

Scheduled arrival time: _____

The staff member 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 Hibiclens

Hibiclens is a skin cleanser that kills germs for 24 hours after you use it (see figure). Showering with Hibiclens before your surgery will help lower your risk of infection after surgery. Your nurse will give you a bottle of Hibiclens to use before your surgery.



Hibiclens skin cleanser

The night before your surgery, shower using Hibiclens.

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 Hibiclens bottle. Pour some solution into your hand or a washcloth.
4. Move away from the shower stream to avoid rinsing off the Hibiclens too soon.
5. Rub the Hibiclens gently over your body from your neck to your hips. Don't put the Hibiclens on your face or genital area.
6. Move back into the shower stream to rinse off the Hibiclens. Use warm water.
7. Dry yourself off with a clean towel after your shower.
8. 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.



Do not eat or drink after midnight.

The Morning of Your Surgery



Two hours before your scheduled arrival time, drink the ClearFast PreOp[®] drink your nurse gave you.

After you finish the ClearFast, do not eat or drink anything else. This includes water, hard candy, and gum.

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 Hibiclens

Shower using Hibiclens before you leave for the hospital. Use the Hibiclens the same way you did the night before.

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

Things to Remember

- Wear something comfortable and loose-fitting.
- If you wear contact lenses, wear your glasses instead. Wearing contact lenses during surgery can damage your eyes.
- Don't wear any metal objects. Remove all jewelry, including body piercings. The equipment used during your surgery can cause burns if it touches metal.
- Don't put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne.
- Leave valuable items (such as credit cards, jewelry, and your checkbook) at home.
- 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

- Sneakers that lace up. You may have some swelling in your feet. Lace-up sneakers can accommodate this swelling.
- Your breathing machine for sleep apnea (such as your CPAP machine), 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 Health Care Proxy form and other advance directives, if you have completed them.
- Your cell phone and charger.
- Only the money you may want for small purchases (such as a newspaper).
- A case for your personal items (such as eyeglasses, hearing aid(s), dentures, prosthetic device(s), wig, and religious articles), if you have one.
- This guide. Your healthcare team will use this guide to teach you how to care for yourself after your surgery.
- _____
- _____
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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. If you have questions about prices, call 212-639-2338.

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.



P = Parking

M = Memorial Sloan Kettering

Once You're in the Hospital

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

You 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 give you medication to help with pain after surgery. If they do, they will give you information about the medication before you take it.

Your nurse may also 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.

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 have.
- 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 medication after your surgery.

Get Ready for Your Surgery

Once your nurse has seen you, 1 or 2 visitors can keep you company as you wait for your surgery to start. When it's time for your surgery, your visitor(s) will be taken to the waiting area. Your visitors should read *Information for Family and Friends for the Day of Surgery*, located in the "Educational Resources" section of this guide.

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.

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. You will also have a urinary (Foley®) catheter placed to drain urine (pee) from your bladder.

Once your surgery is finished, your incision will be closed with staples or sutures (stitches). You may also have Steri-Strips™ (thin pieces of surgical tape) over your incision. Your incisions will be covered with a bandage.

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

Notes _____

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

Write down your questions and be sure to ask your doctor or nurse.

Notes _____

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.

Pain Medication

You will get epidural or IV pain medication while you're in the PACU.

- If you're getting epidural pain medication, it will be put into your epidural space (the space in your spine just outside your spinal cord) through your epidural catheter.
- If you're getting IV pain medication, it will be put into your bloodstream through your IV line.

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 "Educational Resources" section of this guide.

Tubes and Drains

You will have 1 or more of the tubes and drains below. Your doctor or nurse will talk with you about what to expect.

- You will 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. Your Foley catheter is usually removed 1 to 2 days after your surgery.
- You may have a nasogastric (NG) tube in your nose going into your stomach. This tube drains the fluid that naturally collects in your stomach. It will help keep you from vomiting (throwing up). If you have a NG tube, it's usually removed the first day after surgery.
- You may have a drainage tube in your abdomen to drain fluid from the area. If you have this drainage tube, it's usually removed a few days after surgery, but you may still have it when you're discharged from the hospital. Read the "Caring for Your Tubes and Drains" section for more information.

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

Some people stay in the PACU for a few hours, while other people stay overnight for observation. Your healthcare team will tell you what to expect. 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 the type of surgery you had and your recovery. Most people stay in the hospital for 3 to 4 days after a distal pancreatectomy.

When you're taken to your hospital room, you will meet one of the nurses who will care for you while you're in the hospital. Soon after you arrive in your room, your nurse will help you out of bed and into your chair.

While you're in the hospital, your nurses will teach you how to care for yourself while you're recovering from your surgery. You can help yourself recover more quickly by doing the following things:

- **Read your recovery pathway.** Your nurse will give you a pathway with goals for your recovery, if you don't already have one. It will help you know what to do and expect on each day during your recovery.
- **Start moving around as soon as you can.** The sooner you're able to get out of bed and walk, the quicker you will be able to get back to your normal activities. A member of your care team will help you move around.

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

Managing Your Pain

You will have some pain after your surgery. At first, you will get your pain medication through your epidural catheter or IV line. You will be able to control your pain medication using a PCA device. Once you're able to eat, 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 minimally invasive 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.

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.

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 you start passing gas and having bowel movements (pooping) again. Your nurse, physical therapist, or occupational therapist will help you move around.

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 "Educational Resources" section of this guide.
- Do coughing and deep breathing exercises. A member of your care team will teach you how to do these exercises.

Eating and Drinking

For 1 to 2 days after your surgery, you won't be able to eat solid foods. You will follow a clear liquid diet. After that, you will slowly go back to eating your regular diet. Read your pathway and talk with your care team for more information.

An inpatient clinical dietitian nutritionist will visit you in your hospital room to plan your diet with you before you're discharged.

Caring for Your Tubes and Drains

Your nurse will help you care for your tubes and drains while you're in the hospital.

If you have a drainage tube in your abdomen, your healthcare team will keep track of how much fluid is draining from the tube. Once the amount is low enough, they will remove the tube. This usually happens a few days after surgery, but you may still have the drainage tube when you're discharged from the hospital. Your healthcare team will tell you what to expect.

If you will still have the drainage tube when you're discharged, your nurse will teach you how to care for it at home. They will also give you the supplies you will need. Your case manager may also arrange for a home care nurse to visit you at home to help you.

Showering

You will be able to shower on the first day after your surgery. A member of your care team will help you.

Leaving the Hospital

By the time you're ready to leave the hospital, your incision will have started to heal. Before you leave the hospital, look at your incision with your nurse and caregiver. Knowing what your incision looks like will help you notice any changes later.

On the day of your discharge, you should plan to leave the hospital around 11:00 AM. Before you leave, your doctor will write your discharge order and prescriptions. A nurse or pharmacist will review your medications with you. You will also get written discharge instructions. Your nurse will review these instructions with you before you leave.

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

At Home

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

Your first appointment after surgery will be 10 to 14 days after you leave the hospital. Your nurse will give you instructions on how to make this appointment, including the phone number to call.

Managing Your Pain

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

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 ease 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 ease 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 a little as you start to be more active.
- Keep track of when you take your pain medication. It works best 30 to 45 minutes after you take it. Taking it when your pain first begins is better 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. But, if you feel like you need to go, don't put it off.
- Exercise. Walking is an excellent form of exercise.
- Drink 8 (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.

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

Managing Diarrhea

If your pancreas doesn't make enough enzymes to digest your food, you may have diarrhea. If this happens, contact your doctor's office. You may need to take enzyme pills when you eat. Your doctor or nurse will give you more information.

Caring for Your Incision

It's normal for the skin below your incision to feel numb. This happens because some of the nerves were cut during your surgery. The numbness will go away over time.

The staples in your incision will be removed during your first appointment after surgery. This is usually about 2 weeks after you're discharged. While the staples are in your incision, you may feel some tightness or a tugging feeling along your incision. This is normal. Doing gentle stretching can help.

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

If the area around your incision is red, puffy, or if you have any drainage from your incision, contact your doctor's office.

Showering

Shower every day. Taking a warm shower is relaxing and can help ease muscle aches. You will also clean your incision when you shower.

When you shower, use soap to gently wash your incision. After you shower, pat the area dry with a clean towel. Don't rub over your incision. Leave your incision uncovered, unless there's drainage.

Don't take tub baths until you discuss it with your doctor at your first appointment after your surgery.

Eating and Drinking

When you first start eating solid foods, you may not be able to eat the same portions of food you did before your surgery. Try to eat 4 to 6 small meals a day.

It's also important to drink plenty of liquids. Try to drink 8 (8-ounce) glasses of liquids every day. Don't drink alcohol until you check with your doctor or nurse.

If you need to reach a clinical dietitian nutritionist after you go home, call 212-639-7312.

Physical Activity and Exercise

When you leave the hospital, your 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 5 pounds (2.3 kilograms) for at least 8 weeks after your surgery. Check with your doctor before you do any heavy lifting.
- Ask your doctor or nurse before starting strenuous exercises (such as jogging and tennis).

Doing aerobic exercise, such as walking and stair climbing, will help you gain strength and feel better. You can walk outside or indoors at your local mall or shopping center. Gradually increase the distance you walk. Climb stairs slowly, resting or stopping as needed. You can also keep doing your coughing and deep breathing exercises and using your incentive spirometer.

Managing Fatigue

Fatigue is having less energy or feeling more tired than usual. It's normal to feel fatigued after your surgery. This may last for 6 to 8 weeks after surgery, but it will get better slowly over time. Try to increase your activity level every day to help manage your fatigue. Get up, get dressed, and walk. You may need a nap during the day, but try to stay out of bed as much as possible so you will sleep at night.

It's important for you to go back to your usual activities after surgery. Spread them out over the course of the day. You can do light household tasks. Try washing dishes, preparing light meals, and other activities as you are able.

Your body is an excellent guide for telling you when you have done too much. When you increase your activity, monitor your body's reaction. You may find that you have more energy in the morning or the afternoon. Plan your activities for times of the day when you have more energy.

Driving

While your incision is healing, you may not be able to twist your body as well as normal. This can make it hard for you to drive. You also shouldn't drive if you're taking pain medication that may make you drowsy. During your first appointment after surgery, your doctor will tell you if it's safe for you to start driving again.

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

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 lots of movement or heavy lifting, you may need to stay out a little longer than if you sit at a desk.

Traveling

If you're traveling a long distance, try to get up once an hour to walk around. This will help prevent blood clots. Remember to drink around 8 (8-ounce) glasses of liquids every day, even when you're traveling.

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.

Using MyMSK

MyMSK (my.mskcc.org) is your MSK patient portal account. You can use MyMSK to send and receive messages from your healthcare team, view your test results, see your appointment dates and times, and more.

If you don't already have a MyMSK account, you can sign up by going to my.mskcc.org. For more information about signing up for a MyMSK account, watch our video *How to Enroll in the Patient Portal: MyMSK* at www.mskcc.org/pe/enroll_mymsk. You can also contact the MyMSK Help Desk by emailing mymask@mskcc.org or calling 800-248-0593.



Contact your doctor or nurse if:

- You have a temperature of 100.5 °F (38 °C) or higher.
- You have chills.
- You have shortness of breath.
- The skin around your incision is warmer than normal.
- The skin around your incision is getting more red.
- The area around your incision is starting to swell.
- Swelling around your incision is getting worse.
- You have pus-like (thick, yellowish, or foul-smelling) drainage from your incision.
- You have any sudden increase in pain or new pain.
- You have nausea and vomiting.
- You have diarrhea.
- You have constipation that isn't relieved within 2 days.
- You have any new or unexplained symptoms.
- You have any questions or concerns.

Monday through Friday from 9:00 AM to 5:00 PM, contact your doctor's office.

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.

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 doctor or nurse.

Notes _____

MSK Support Services

Anesthesia

212-639-6840

Call if you have questions about anesthesia.

Blood Donor Room

212-639-7643

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

Bobst International Center

888-675-7722

MSK welcomes patients from around the world. If you're an international patient, call for help arranging your care.

Chaplaincy Service

212-639-5982

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

Counseling Center

646-888-0200

Many people find that counseling helps them. We provide counseling for individuals, couples, families, and groups, as well as medications to help if you feel anxious or depressed. To make an appointment, ask your healthcare provider for a referral or call the number above.

Food Pantry Program

646-888-8055

The food pantry program provides food to people in need during their cancer treatment. For more information, talk with your healthcare provider or call the number above.

Integrative Medicine Service

646-888-0800

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

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.

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 Support Program

212-639-5007

You may find it comforting to speak with a cancer survivor or caregiver who has been through a similar treatment. Through our Patient and Caregiver Support Program, you're able to speak with former patients and caregivers. These conversations may take place in person, over the phone, or through email.

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.

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

External Support Services

Access-A-Ride

web.mta.info/nyct/paratran/guide.htm

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

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

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

Provides support and advocacy for the LGBT community, including online support groups and a database of LGBT-friendly clinical trials.

LIVESTRONG Fertility

www.livestrong.org/we-can-help/fertility-services

855-744-7777

Provides reproductive information and support to cancer patients and survivors whose medical treatments have risks associated with infertility.

National Cancer Institute

www.cancer.gov

800-4-CANCER (800-422-6237)

National Cancer Legal Services Network

www.nclsn.org

Free cancer legal advocacy program.

National LGBT Cancer Network

www.cancer-network.org

Provides education, training, and advocacy for LGBT cancer survivors and those at risk.

Needy Meds

www.needymeds.org

Lists Patient Assistance Programs for brand and generic name medications.

NYRx

www.nyrxplan.com

Provides prescription benefits to eligible employees and retirees of public sector employers in New York State.

Partnership for Prescription Assistance

www.pparx.org

888-477-2669

Helps qualifying patients without prescription drug coverage get free or low-cost medications.

Patient Access Network Foundation

www.panfoundation.org

866-316-7263

Provides assistance with copayments for patients with insurance.

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

Provides assistance to help people get medications that 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 doctor or nurse.

Notes _____

Call! Don't Fall!

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

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



**Call!
Don't Fall!**

Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

This information will help you identify medications that contain aspirin and other nonsteroidal anti-inflammatory drugs (NSAIDs). It's important to stop these medications before many cancer treatments.

Aspirin, other NSAIDs (such as ibuprofen), and vitamin E can increase your risk of bleeding during cancer treatment. These medications affect your platelets, which are blood cells that clot to prevent bleeding.

Read the section “Examples of Medications” to see if your medications contain aspirin, other NSAIDs, or vitamin E.

If you take aspirin, medications that contain aspirin, other NSAIDs, or vitamin E, tell your doctor or nurse. They will tell you if you need to stop taking these medications before your treatment. You will also find instructions in the information about the treatment you're having.

Before Your Surgery

If you're having surgery, follow the instructions below.

- Stop taking medications that contain vitamin E 10 days before your surgery, or as directed by your doctor.
- Stop taking medications that contain aspirin 7 days before your surgery, or as directed by your doctor. If you take aspirin because you've had a problem with your heart or you've had a stroke, be sure to talk with your doctor

before you stop taking it.

- Stop taking NSAIDs 48 hours before your surgery, or as directed by your doctor.

Examples of Medications

Medications are often called by their brand name, which can make it hard to know their ingredients. To help you identify medications that contain aspirin, other NSAIDs, and vitamin E, please review the lists below.

These lists include the most common products, but there are others. Check with your healthcare provider if you aren't sure. **Always be sure your doctor knows all of the medications you're taking, both prescription and over-the-counter (not prescription).**

Common Medications that Contain Aspirin				
Aggrenox®	Bufferin® (most formulations)	Fiorgen®	Momentum®	Soma® Compound Tablets
Alka Seltzer®	Buffets II®	Fiorinal® (most formulations)	Norgesic Forte® (most formulations)	Soma® Compound with Codeine Tablets
Anacin®	Buffex®	Fiortal®	Norwich® Aspirin	St. Joseph® Adult Chewable Aspirin
Arthritis Pain Formula	Cama® Arthritis Pain Reliever	Gelpirin®	PAC® Analgesic Tablets	Supac®
Arthritis Foundation Pain Reliever®	COPE®	Genprin®	Orphengesic®	Synalgos® -DC Capsules
ASA Enseals®	Dasin®	Gensan®	Painaid®	Tenol-Plus®
ASA Suppositories®	Easprin®	Heartline®	Panasal®	Trigesic®
Ascriptin® and Ascriptin A/D®	Ecotrin® (most formulations)	Headrin®	Percodan® Tablets	Talwin® Compound
Aspergum®	Empirin®	Isollyl®	Persistin®	Vanquish®

	Aspirin (most formulations)			Analgesic Caplets
Asprimox®	Epromate®	Lanorinal®	Robaxisal® Tablets	Wesprin® Buffered
Axotal®	Equagesic Tablets	Lortab® ASA Tablets	Roxiprin®	Zee-Seltzer®
Azdone®	Equazine®	Magnaprin®	Saleta®	ZORprin®
Bayer® (most formulations)	Excedrin® Extra-Strength Analgesic Tablets and Caplets	Marnal®	Salocol®	
BC® Powder and Cold formulations	Excedrin® Migraine	Micrainin®	Sodol®	

Common Medications that are NSAIDs that Don't Contain Aspirin

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

Products that Contain Vitamin E

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

Most multivitamins contain vitamin E. If you take a multivitamin, be sure to 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. However, talk with your doctor before taking acetaminophen if you're getting chemotherapy.

Medications that Contain Acetaminophen

Acephen®	Di-Gesic®	Norco®	Tylenol®
Aceta® with Codeine	Esgic®	Panadol®	Tylenol® with Codeine No. 3
Acetaminophen with Codeine	Excedrin P.M.®	Percocet®	Vanquish®
Aspirin-Free Anacin®	Fiorcet®	Repan	Vicodin®
Arthritis Pain Formula® Aspirin-Free	Lorcet®	Roxicet®	Wygesic®
Darvocet-N 100®	Lortab®	Talacen®	Zydone®
Datril®	Naldegesic®	Tempra®	

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 1 day. It's possible to take too much acetaminophen without knowing because it's in many different medications.

Make sure to always read and follow the label on the product you're taking. Acetaminophen is a very common ingredient found in over-the-counter and prescription medications. It's often an ingredient in pain relievers, fever reducers, sleep aids, and cough, cold, and allergy medications.

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

Common Abbreviations for Acetaminophen		
APAP	AC	Acetaminop
Acetamin	Acetam	Acetaminoph

Don't take more than 1 medication that contains acetaminophen at a time without talking with a member of your healthcare team.

Herbal Remedies and Cancer Treatment

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

One week before you have surgery or start chemotherapy or radiation therapy, you must stop taking any herbal or botanical 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 difficulty 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 anesthesia or sedation.

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

For more information about herbs and botanicals, visit the Memorial Sloan Kettering (MSK) Integrative Medicine Service website at www.aboutherb.com.

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.

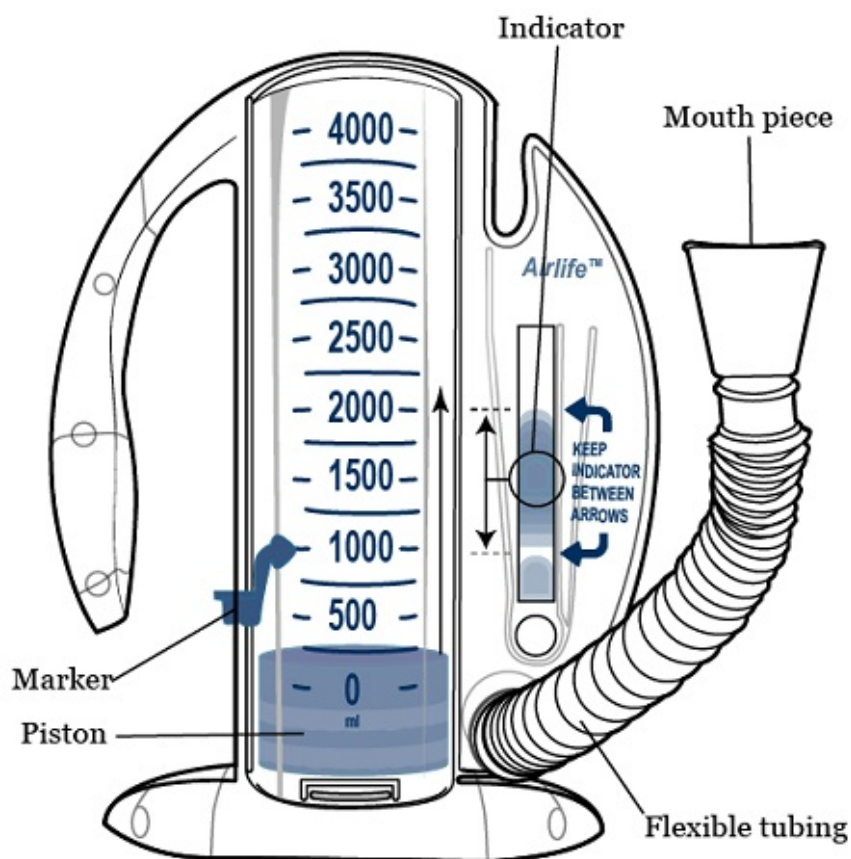


Figure 1. Incentive Spirometer

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.

How To Use Your Incentive Spirometer

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



Please visit mskcc.org/pe/incentive_spirometer 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 are using your incentive spirometer, make sure to breathe through your mouth. If you breathe through your nose the incentive spirometer will not work properly. You can plug 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 does not stay between the arrows, you are 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 are awake.

Cover the mouthpiece of the incentive spirometer when you are not using it.

Information for Family and Friends for the Day of Surgery

This information explains what to expect on the day your friend or family member is having surgery at Memorial Sloan Kettering's (MSK) main hospital.

Before the Surgery

After arriving at the hospital, the patient will be asked to provide contact information for the person who will be meeting 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, they will also be asked to provide contact information for the person who will be taking them home.

Once the patient is checked in, they will go to the Presurgical Center (PSC) to be examined before surgery. Sometimes, they may need to wait before they are admitted to the PSC.

In the PSC, the nurse will do an exam. One person can come along to the PSC, but other visitors should wait in the waiting area. If the patient wants, other visitors may join them when the nurse has finished the exam.

When the operating room (OR) is ready, a member of the surgical team will come to escort the patient into the OR. They will prepare the patient for surgery, which can take 15 to 90 minutes. Then, the surgery will begin.

Please remember the following:

- **Do not bring food or drinks to the waiting area.** Patients are not allowed to eat or drink before their surgery or procedure
- Our patients are at high risk for infection. Please do not visit if you have any cold or flu symptoms (fever, sneezing, sniffles, or a cough). We may ask you

to wear a mask if there are any concerns about your health.

- If the patient brought any valuables, such as a cell phone, iPod, or iPad, please keep them safe for them during surgery.
- Sometimes, surgeries may be delayed. We make every effort to tell you when this happens.

During the Surgery

After the patient is taken to the OR, please wait in the main lobby on the 1st floor, where you will be updated by the nurse liaison. While you're waiting, here are some things you can do:

- Food and drinks are available in the cafeteria and gift shop. You can also bring your own food and eat it in the cafeteria.
- The coat-check room is located at the bottom of the escalator on the ground level. It's open Monday through Friday from 11:00 am to 4:00 pm.
- Wireless Internet access is available in most areas of the hospital. The wifi network name is MSK_guest. You can also use the computers in the room off the main lobby.
- Please be courteous and mindful of others while using your cell phone. Use the designated area to accept and make calls on your cell phone. It may be useful to bring your phone charger to the hospital.
- The Mary French Rockefeller All Faith Chapel is an interfaith chapel located in room M106 near the main lobby on the 1st floor. It's open at all times for meditation and prayer.
- The Patient Recreation Pavilion is open daily from 9:00 am to 8:00 pm for patients and their visitors. Children are allowed in the pavilion as long as they are supervised by an adult. The pavilion has arts and crafts, a library, an outdoor terrace, and scheduled entertainment events. To get to the pavilion, take the M elevators to the 15th floor.

Surgery updates

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

- Give you information about the patient.

- Prepare you 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, use a hospital courtesy phone. Dial 2000 and ask for beeper 9000. Please be patient, as this can take up to 2 minutes.
- From outside of the hospital, call 212-639-2000. Ask for beeper 9000.
- Ask the information desk staff to contact the nurse liaison for you.

After the Surgery

Meeting with the surgeon

When the patient's surgery is completed, we will call you and ask you to return to the concierge desk to tell you where to go to meet with the surgeon.

After you have met with the surgeon, return to the concierge desk and tell them that you have finished your consultation.

Visiting the patient in the PACU

After surgery, the patient will be taken to the PACU. It can take up to 90 minutes before the patient is ready to have visitors. You can use this time to take a walk or just relax in the waiting area until the patient is ready to see you.

When the patient is able to have visitors, a staff member will take you to the PACU for one brief visit. No one is allowed to stay overnight with the patient in the PACU, except for caregivers of pediatric patients.

Please follow these guidelines before your visit:

- Silence your cell phone.
- Apply an alcohol-based hand sanitizer (such as Purell®) before entering. There are hand sanitizer stations located throughout the hospital.
- Do not bring food or flowers into the PACU.

Please remember that only a limited number of visitors can go into the PACU. This is to keep the area quiet and allow the patients to rest and receive care.

While visiting 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 will be moved to an inpatient room. If the patient is staying overnight, you may visit them again in the PACU. If the patient is going home the same day, a caregiver must take them home.

After your visit, a staff member will escort you back from the PACU.

We will give you a card with the PACU phone number. Please choose one person to call for updates.

Patient-Controlled Analgesia (PCA)

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

PCA helps you control your pain by letting you give yourself pain medication. It uses a computerized pump to deliver pain medication into your vein (intravenous, or IV PCA) or into your epidural space, which is in 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 is not right for everyone. Some people may not be able to use PCA. Tell your doctor if you have weakness in your hands and think you may have trouble pushing the PCA button. Also, before you get PCA, tell your doctor if you have sleep apnea. This may affect the way we prescribe your medication. People who are confused or cannot follow these instructions should not use PCA.



Figure 1. Using the PCA

Using the PCA

To give yourself pain medication, press the button attached to the pump when you have pain. The pump will deliver a safe dose 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 deliver your medication in 2 ways:

- As needed. You get your pain medication only when you press the button. It will not allow you to 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” mode. That allows you to take extra doses safely if you’re having pain.

Tell your doctor if your PCA is not helping with your pain. Also, tell your doctor if your pain changes, such as if it gets worse, feels different than before, or you feel pain in a new place. Your doctor may be able to change the medication to one that may work better for you.

Side Effects

Pain medication delivered by the PCA can have side effects. Tell your doctor or nurse if you have any of these problems:

- Constipation
- Nausea or vomiting
- 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
- Difficulty urinating
- Any other side effects or problems

Your doctor may be able to give you a different medication that has fewer side effects.

What You Can Do to Avoid Falling

This information describes what you can do to keep from falling when you come for your appointments at Memorial Sloan Kettering (MSK). It also describes how you can keep from falling while you're at home.

Things That Can Make You Fall

Anyone can fall, but some things make you more likely to fall. You're at higher risk for falling if you:

- Are 60 years old or older
- Have fallen before
- Are afraid of falling
- Feel weak, tired, or forgetful
- Have numbness or tingling in your legs or feet
- Have trouble walking or are unsteady
- Don't see well
- Feel dizzy, lightheaded, or confused
- Use a walker or cane
- Have depression or anxiety
- Take certain medications, such as:
 - Laxatives (pills to cause a bowel movement)
 - Diuretics (water pills)
 - Sleeping pills
 - Medications to prevent seizures

- Some medications for depression
- Pain medications
- Intravenous (IV) fluids (fluids into your vein)
- Any medication that makes you feel sleepy

How to Avoid Falling During Your MSK Appointments

- Come to your appointment with someone who can help you get around.
- If you use an assistive device such as a wheelchair or cane, bring it to your appointment.
- Wear safe, supportive shoes. Examples include shoes that have a low heel height, a thin, firm midsole, a slip-resistant sole, and laces or Velcro® to close the shoe. Don't wear shoes with an open back.
- Ask a member of our staff, such as a security guard or person at the front desk, for help while you're at MSK. They can also bring you a wheelchair to use during your appointment.
- Have someone help you while you're in the dressing room or bathroom. If you don't have anyone with you, tell the person at the reception desk. They will find a nurse to help you.
- Use the grab bars while you're in the bathroom.
- When getting up after you're lying down, sit at the side of the bed or exam table before you stand up.
- If you feel dizzy or weak, tell someone. If you're in a bathroom, look for a call bell that you can use to call for help.

How to Avoid Falling at Home

- Set up your furniture so that you can walk around without anything blocking your way.
- Use a nightlight or keep a flashlight close to you at night.
- Remove rugs and other loose items from your floor. If you have a rug

covering a slippery floor, make sure the rug doesn't have any loose or fringed edges.

- If your bathroom isn't close to your bedroom (or wherever you spend most of your time during the day), get a commode. Place it nearby so you don't have to walk to the bathroom.
- Put grab bars and handrails next to your toilet and inside your shower. Never use towel racks to pull yourself up. They aren't strong enough to hold your weight.
- Apply anti-slip stickers to the floor of your tub or shower.
- Buy a shower chair and a hand-held shower head so you can sit while taking a shower.
- When getting up after you're lying down, sit for a few minutes before you stand up.
- Place items in your kitchen and bathroom cabinets at shoulder height so you don't have to reach too high or bend too low.

If you're concerned about your risk for falling, talk with your doctor or nurse.

Additional Resources

For more information about how to keep from falling at home, read the Centers for Disease Control and Prevention (CDC) booklet *Check for Safety: A Home Fall Prevention Checklist for Older Adults*. It's available in English and Spanish on www.cdc.gov or by calling 800-CDC-INFO (800-232-4636).

For more information about choosing safe shoes, read our resource **How to Choose Safe Shoes to Prevent Falling** (https://www.mskcc.org/pe/safe_shoes).