



Memorial Sloan Kettering
Cancer Center

PATIENT & CAREGIVER EDUCATION

About Your Esophagectomy Surgery

This guide will help you get ready for your esophagectomy (ee-SAH-fuh-JEK-toh-mee) surgery 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 care team

Doctor: _____

Nurse: _____

Phone number: _____

Fax number: _____

Your caregiver

Your caregiver will learn about your surgery with you. They'll also help you care for yourself while you're healing after surgery. Write their name below.

Caregiver: _____



Visit www.msk.org/pe/esophagectomy to view this guide online.

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Herbal Remedies and Cancer Treatment

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

How To Use Your Incentive Spirometer

Your baseline vital signs

Your baseline vital signs measure how you're doing in certain health areas before your surgery. After your surgery, your healthcare providers will measure your vital signs again and compare the results to your baseline. This helps them see any changes.

Your nurse will fill in this information before your surgery. It will help you and your health care team know how you're doing during your recovery.

Weight: _____

Blood oxygen level: _____

Heart rate: _____

Blood pressure: _____

Incentive spirometer level: _____

About your esophagectomy

An esophagectomy is a surgery to take out part of your food pipe (esophagus). This is the tube that carries food from your mouth to your stomach (see Figure 1).

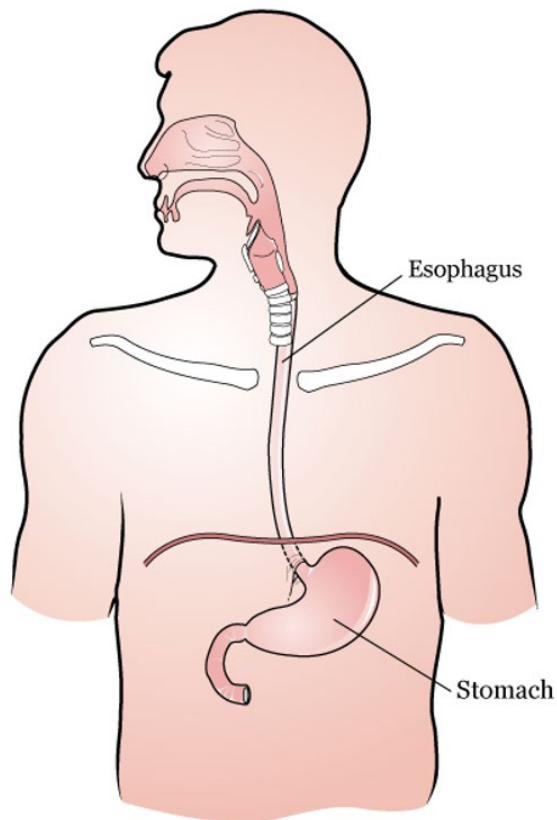


Figure 1. Your esophagus

Your surgeon may also remove part of your stomach to make sure the whole tumor is taken out. They'll attach the remaining part of your stomach to the part of your esophagus that is not removed (see Figures 2 and 3). You will also get a jejunostomy tube (J- tube). This tube goes into your small intestine to give you nutrition.

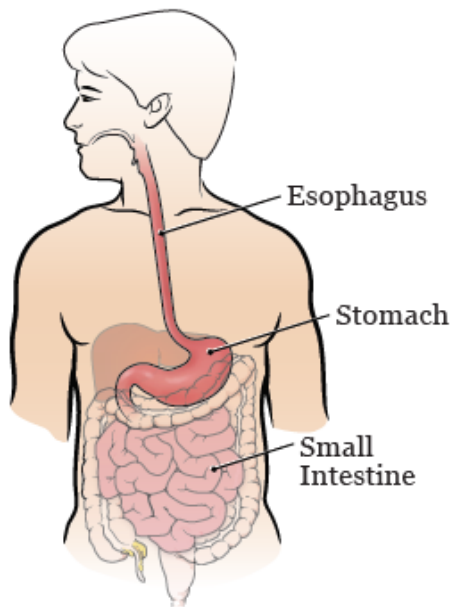


Figure 2. Your esophagus and stomach before your surgery.

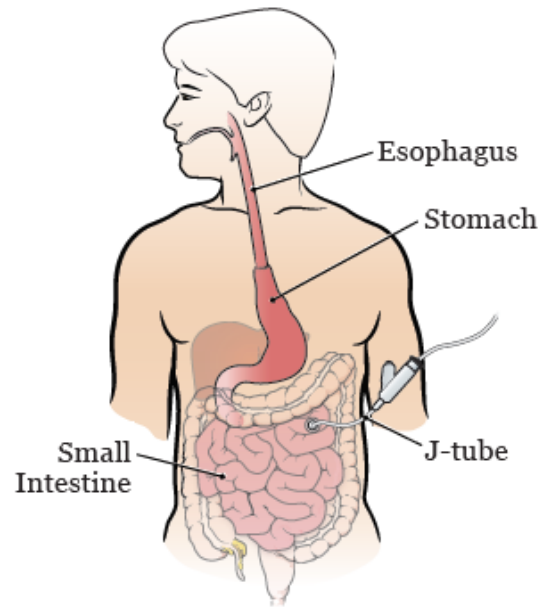


Figure 3. Your esophagus, stomach, and J-tube after your surgery.

Types of esophagectomy surgeries

There are many types of esophagectomy surgeries. Your surgeon will talk with you about which one is best for you.

- ❑ An **Ivor Lewis esophagectomy** is when part of your esophagus is removed through incisions (surgical cuts) made in your abdomen (belly) and chest. This surgery is also called a transthoracic esophagogastrectomy (tranz-thor-A-sik ee-SAH-fuh-goh- ga-STREK-toh-mee).
- ❑ A **transhiatal esophagectomy** is when part of your esophagus is removed through incisions made in your neck and abdomen.
- ❑ A **3-hole esophagectomy** is when part of your esophagus is removed through incisions made in your abdomen, neck, and right upper back. This surgery is also called a **McKeown esophagectomy**.
- ❑ A **minimally invasive esophagectomy** is when part of your esophagus is removed using a laparoscope. A laparoscope is a long, thin surgical tool with a video camera. It helps your surgeon see the inside of your chest. Your surgeon will put the laparoscope through small incisions in your abdomen and back.

Your surgeon may use a robot to control the video camera and surgical tools. This is called robotically-assisted esophagectomy.

With a robotically-assisted esophagectomy, your surgeon sits at a console and controls a robot that moves the surgical tools. The console has a special monitor where they can see the images from inside your chest in 3 dimensions (3-D).

The length of your surgery depends on which type of surgery and incisions you have.

Before your esophagectomy

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 your 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 a 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.

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.

- 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.

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.

Quit smoking before your surgery

If you smoke or use an electronic smoking device, you can have breathing problems after surgery. You need to stop smoking 2 weeks before your

surgery. This includes e-cigarettes, vaporizers, and other types of electronic nicotine delivery systems (ENDS).

Quitting smoking will help you recover better after your surgery. Quitting will:

- Help your heart and lungs work better.
- Lower your risk of problems during and after your surgery.
- Help your wounds heal.
- Lower your need for rehabilitation to help you breathe better.
- Lower your risk of getting an infection after surgery.

If you smoke, tell the nurse who works with your surgeon. They'll refer to you our Tobacco Treatment Program. You can also reach the program by calling 212-610-0507. Visit www.msk.org/tobacco to learn more.

If you have quit smoking, tell the nurse the date you quit and how much you smoked before you quit. They can refer you to our Tobacco Treatment Program to help you avoid starting again.

MSK's Tobacco Treatment Program

Our Tobacco Treatment Program has a team of Tobacco Treatment Specialists (TTS). They can help you create a plan to quit smoking or stay quit. A TTS will call you to talk with you about the benefits of quitting smoking, especially before surgery.

The TTS may suggest nicotine replacement therapy (such as a nicotine patch, gum, lozenge, or inhaler) or other cessation medicine.

This medicine:

- Is safe to use before and after surgery.

You don't have to quit alone!

Call 212-610-0507 to talk with a Tobacco Treatment Specialist.

- Can double your quitting success rate.
- Can help you feel more comfortable during a very stressful time.

The TTS will teach you practical skills to cope with your urges to smoke. They'll also help you find ways to manage nicotine withdrawal symptoms.

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.

About benign prostate hyperplasia (BPH)

BPH is when your prostate gland is enlarged (bigger than normal). If you're male, age 50 or older, and have a history of BPH, your surgeon will give you a prescription for tamsulosin (Flomax®). Taking tamsulosin before your surgery can help prevent problems with urination (peeing) after your procedure.

Start taking the tamsulosin 3 days before 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 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.

Within 30 days of your surgery

Presurgical testing (PST)

You'll have a PST appointment before your surgery. 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.

Talk with a clinical dietitian nutritionist

A clinical dietitian nutritionist will contact you before your surgery. They'll talk with you about the dietary (eating and drinking) changes you can expect after your surgery. They'll also discuss the dietary guidelines you'll need to follow while you're recovering after surgery.

To learn more about dietary changes you can expect after your surgery, read *Diet and Nutrition During Treatment for Esophageal Cancer*. You can find it at www.msk.org/pe/diet_esophageal_cancer or ask your healthcare provider for a printed copy.

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.

Do breathing and coughing exercises

Practice taking deep breaths and coughing before your surgery. We will give you an incentive spirometer to help expand your lungs. To learn more, read *How to Use Your Incentive Spirometer*. You can find it in the “Educational resources” section of this guide.

Do physical activity

Doing physical activity will help your body get into its best condition for your surgery. It will also make your recovery faster and easier.

Try to do physical activity every day. Any activity that makes your heart beat faster, such as walking, swimming, or biking, is a good choice. If it's cold outside, use stairs in your home or go to a mall or shopping center.

Follow a healthy diet

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

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

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

Buy clear liquids

You'll need to follow a clear liquid diet before your surgery. It's helpful to buy clear liquids ahead of time. Read the section "Follow a clear liquid diet" for a list of clear liquids you can drink.

Buy a wedge pillow

Buy a 12-inch wedge pillow from your local pharmacy or health supply store. You will need this pillow when you go home after your surgery to keep your torso raised.

After surgery, it is not safe to lay flat (or less than 30-degrees) while sleeping or after eating. This can lead to aspiration (when food or liquid goes into your airway instead of your esophagus). Your healthcare provider will show you how to lay flat safely if you need to during the day.

To learn more, read *How to Prevent Aspiration*. You can find it at www.msk.org/pe/prevent_aspiration or ask your healthcare provider for a printed copy.

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.

3 days before your surgery

Start taking doxazosin, if needed

If your healthcare provider gave you a prescription for doxazosin, start taking it 3 days before your surgery. For more information, read the “About benign prostate hyperplasia (BPH)” section of this guide.

2 days before your surgery

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

You’ll need to follow a clear liquid diet the day before your surgery. A clear liquid diet includes only liquids you can see through. 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	<ul style="list-style-type: none"> • Clear broth, bouillon, and consommé. 	<ul style="list-style-type: none"> • Anything with pieces of food or seasoning.
Sweets	<ul style="list-style-type: none"> • Gelatin, such as Jell-O®. • Flavored ices. • Hard candies, such as Life Savers®, lemon drops, and peppermints. 	<ul style="list-style-type: none"> • All other sweets.

Drinks	<ul style="list-style-type: none"> • 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®. 	<ul style="list-style-type: none"> • 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.
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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% CHG solution antiseptic skin cleanser, such as Hibiclens

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.

Instructions for eating



Stop eating at midnight (12 a.m.) the night before your surgery. This includes hard candy and gum.

Your healthcare provider may have given you different instructions for when to stop eating. If so, follow their instructions. Some people need to fast (not eat) for longer before their surgery.

The day of your surgery

Instructions for drinking

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 honey.
 - 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 glasses 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.
- Remove nail polish and nail wraps.
- Leave valuable items at home.
- 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

- 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.
- 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.
- Sneakers that lace up. You may have some swelling in your feet. Lace-up sneakers can fit over this swelling.
- Your toothbrush and other toiletries, if you'd like.
- 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 cover your incisions with a bandage.

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

After your esophagectomy

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.

Notes _____

In the Post-Anesthesia Care Unit (PACU)

You'll be in the PACU when you wake up after your surgery. A nurse will be keeping 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'll also have compression boots on your lower legs.

Pain medicine

You'll get epidural or IV pain medicine while you're in the PACU.

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

You'll be able to control your pain medicine using a button called a patient-controlled analgesia (PCA) device. Read *Patient-Controlled Analgesia (PCA)* to learn more. You can find it at www.msk.org/pe/pca or ask for a printed copy.

Tubes and drains

You will have the following tubes and drains. Your healthcare provider will talk with you about what to expect.

- **A urinary (Foley) catheter:** This is a tube that drains urine from your bladder. Your care team will keep track of how much urine you're making while you're in the hospital.
- **A nasogastric (NG tube):** This tube keeps your stomach empty. You'll get the nutrition you need through your feeding tube.

- **A jejunostomy tube (feeding tube):** This tube goes into your small intestine to give you nutrition while you're not able to eat.
- **A chest tube:** This is a tube that drains blood, fluid, and air from around your lung. The tube is placed between your ribs and goes into the space between your chest wall and lung (see Figure 4). Your care team will keep track of how much drainage you have.

Your chest tube will be removed when your lung is no longer leaking air. Most people go home the same day that their chest tube is removed.

- **Drainage device:** This device is attached to your chest tube. This is where the blood, fluid, and air drained from around your lung will go.

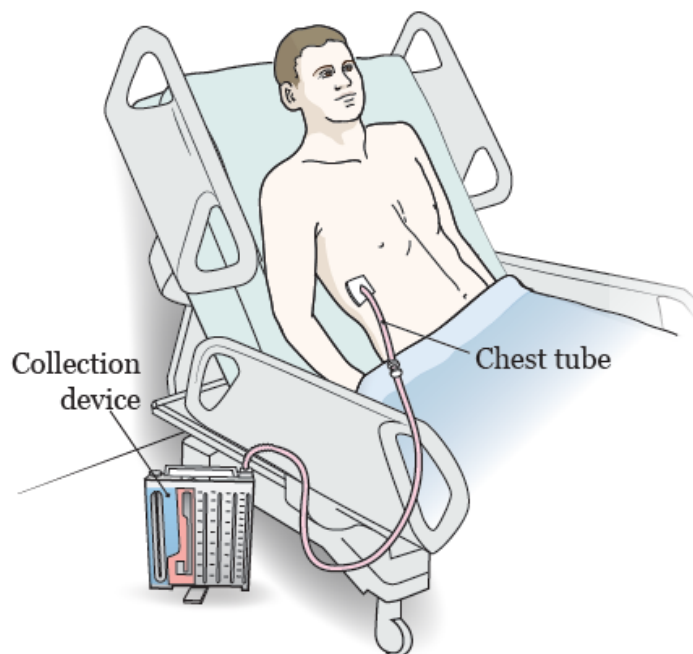


Figure 4. Your chest tube and drainage device

Moving to your hospital room

You will stay in the PACU overnight. How long you stay depends on when an inpatient bed comes available. 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. Most people stay in the hospital for 7 days.

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

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

- **Reading your recovery pathway.** Your healthcare provider 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 normal activities.

Managing your pain

You'll have some pain after your surgery. At first, you'll get your pain medicine through your epidural catheter or IV line. You'll be able to control your pain medicine using a PCA device. Once your epidural catheter or IV line is removed, your care team will teach you how to give yourself pain medicine through your feeding tube.

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 use your incentive spirometer and move around. Controlling your pain can help you recover faster.

You'll get a prescription for pain medicine before you leave the hospital. Talk with your healthcare provider about possible side effects. Ask them when to start switching to over-the-counter pain 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 in the "Educational resources" section of this guide.
- Do coughing and deep breathing exercises. A member of your care team will teach you how.

Eating and drinking

You will not be able to eat or drink right away. Your NG tube will keep your stomach empty. You'll get nutrition through your feeding tube.

Around 3 days after your surgery, your NG tube will be removed. Around 6 days after your surgery, you may be able to start having sips of clear liquids.

Your doctor will talk with you about when it's safe to start eating and drinking. Your nurse will give you information about how to eat and drink after your surgery. They'll also explain how to give yourself nutrition through your feeding tube.

You'll also meet with an inpatient clinical dietitian nutritionist while you're in the hospital. They'll help you plan your diet both in the hospital and at home.

If you have questions about your diet, ask to see a clinical dietitian nutritionist. To learn more about eating and drinking after surgery, read *Diet and Nutrition During Treatment for Esophageal Cancer*. You can find it at www.msk.org/pe/diet_esophageal_cancer or ask your healthcare provider for a printed copy.

Planning for discharge

Your doctor will talk with you if you need to stay in the hospital longer than planned. Examples of things that can cause you to stay in the hospital longer include:

- Air leaking from your lung.
- Having an irregular heart rate.
- Having problems with your breathing.
- Having a fever of 101 °F (38.3 °C) or higher.

Leaving the hospital

Before you leave, look at your incision with one of your healthcare providers. Knowing what it looks like will help you notice any changes later.

On the day of your discharge, plan to leave the hospital around 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 incision for 6 months or longer. This doesn't mean something is wrong.

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 incision heals. 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 diarrhea and constipation

You may have diarrhea (loose, watery bowel movements) or constipation after surgery. This is common. Talk with your healthcare provider about how to manage diarrhea or 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.
 - Try to go for a walk every day, if you can. Walking is an excellent form of exercise and helps maintain regular bowel movements.
 - Drink liquids such as water, juices (such as prune juice), soups, and ice cream shakes. Avoid liquids with caffeine (such as coffee and soda). Caffeine can pull fluid out of your body.
- Both over-the-counter and prescription medicine are available to treat constipation. Check with your healthcare provider before taking any medicine for constipation, especially if you have an ostomy or have had bowel surgery. Follow the instructions on the label or from

your healthcare provider. Examples of over-the-counter medicine for constipation include:

- Docusate sodium (Colace®). This is a stool softener (medicine that makes your bowel movements softer) that causes few side effects. You can use it to help prevent constipation. Do not take it with mineral oil.
- Polyethylene glycol (MiraLAX®). This is a laxative (medicine that causes bowel movements) that causes few side effects. Take it with 8 ounces (1 cup) of a liquid. Only take it if you're already constipated.
- Senna (Senokot®). This is a stimulant laxative, which can cause cramping. It's best to take it at bedtime. Only take it if you're already constipated.

If any of these medications cause diarrhea stop taking them. You can start again if needed.

Call your healthcare provider's office if:

- You have diarrhea more than 4 to 5 times a day.
- Your diarrhea smells worse than normal.
- Your diarrhea is a different color than usual.
- You have new or worsening stomach cramps or bloating.

Caring for your incision

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

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

Call your healthcare provider's office if:

- The skin around your incision is very red or getting more red.
- The skin around your incision is warmer than usual.
- The area around your incision is starting to swell or getting more swollen.
- You see drainage that looks like pus (thick and milky).
- Your incision smells bad.

If you go home with staples in your incision, your healthcare provider will take them out during your first appointment after surgery. It's OK to get them wet.

If you have Steri-Strips or Dermabond on your incision, they'll loosen and fall or peel off on their own. If they haven't fallen off after 10 days, you can take them off.

Caring for your chest tube incision

You may have some thin, yellow or pink-colored drainage from your chest tube incision. This is common.

Keep your incision covered with a bandage for 48 hours (2 days) after your chest tube is removed. If it gets wet, change it as soon as possible.

After 48 hours, if you do not have any drainage, you can remove the bandage and keep your incision uncovered.

If you have drainage, keep wearing a bandage until the drainage stops. Change it at least once a day or more often if the bandage becomes wet.

Sometimes, the drainage may start again after it has stopped. This is common. If this happens, cover the area with a bandage. Call your healthcare provider if you have questions.

You may have some soreness in your back or chest after your chest tube is removed. This will go away in a few weeks.

Caring for your feeding tube

Check for redness, swelling, or pus around your feeding tube every day. If you see any of these things, call your healthcare provider.

If your feeding tube falls out, call your healthcare provider's office as soon as possible. They'll give you instructions for putting the tube back in.

Clean the skin around your feeding tube

Clean the skin around your tube every day. For the first 2 days after your surgery, use iodine swab sticks to clean the skin. Starting 3 days after your surgery, use soap and water while you shower.

Follow these instructions:

1. Remove the old dressing.
2. Clean the skin around your tube.
3. Apply zinc oxide ointment.
4. Cover the place where the tube enters your skin with a 4 x 4 gauze pad.
5. Loop the tube and secure it with tape or a Cath-Secure® tab.

Flush your feeding tube

Flush your feeding tube once a day or as directed by your healthcare provider. Follow the instructions below.

1. Gather your supplies:
 - 60 mL syringe (syringe with catheter tip or an ENFit® syringe)
 - 60 mL of water (room-temperature or warm, plain tap water) in a cup
 - Paper towels
2. Wash your hands with warm water and soap or use an alcohol-based hand sanitizer.
3. Pull up 60 mL of water into the syringe.
4. Place the paper towels under the Y-port at the end of the tube.
5. Clamp the tube. Insert the syringe into the Y-port.
6. Unclamp the tube. Gently push the plunger to inject the water.
7. Re-clamp the tube. Remove the syringe from the Y-port.
8. You can reuse your syringe. Rinse it in warm water and dry it with clean paper towels after each time you flush your tube.

If you're having trouble flushing your tube, call your healthcare provider.

Showering

You can shower 48 hours (2 days) after your chest tube is removed. Take a shower every day to clean your incision. If you have staples in your incision, it's OK to get them wet.

Take your bandage(s) off before you shower. Use soap during your shower, but do not put it directly on your incision. Do not rub the area around your incision.

Cover your feeding tube before you shower so you do not wet your bandage. You can cover it with plastic wrap or a waterproof dressing (such as AquaGuard®), which you can get from your local pharmacy. If your bandage gets wet, change it.

After you shower, pat the area dry with a clean towel. Leave your incision uncovered or cover it with a bandage if your clothing may rub it or if you have drainage. Do not take tub baths until talking with your surgeon.

Eating and drinking

Most people can drink clear liquids and get their nutrition through their feeding tube when they leave the hospital. Your doctor will tell you if you'll be able to eat when you go home after surgery.

Your outpatient clinical dietitian nutritionist will help you switch from a clear liquid diet to a full liquid diet. They'll also help you transition to a soft food diet when you're ready. If you have a feeding tube, they'll show you what kind of formula you'll use at home. Your case manager will help you work with your insurance company to see what's covered under your plan. Not all insurance companies will pay for formula.

The amount of nutrition you get from your feeding tube will change based on what you're eating and drinking. Your outpatient clinical dietitian nutritionist may ask you to keep a daily calorie log, keep track of how much you weigh, or both. You can use the log in the "Calorie Count Log" section of this guide.

For more information about eating and drinking after surgery, read *Diet and Nutrition During Treatment for Esophageal Cancer*. You can find it at

www.msk.org/pe/diet_esophageal_cancer or ask your healthcare provider for a printed copy.

Caring for your mouth

Keep your mouth clean to lower the risk of the bacteria in your mouth causing an infection. Even though you will be eating through your feeding tube, you will need to brush your teeth and do mouth rinses. Your nurse will also give you instructions for how to take care of your mouth.

Loosening your mucus

Use a humidifier while you sleep during the winter months. Be sure to change the water and clean the humidifier often. Follow the manufacturer's instructions.

Managing dry cough

You may have a dry cough for a few weeks after surgery. This is common and will get better with time. Call your healthcare provider for tips on how to manage your dry cough.

Physical activity and exercise

When you leave the hospital, your incision will look like it's healed on the outside, but it will not be healed on the inside. For the first 8 to 12 weeks after your surgery:

- Do not lift 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 aerobic exercise, such as walking and stair climbing, will help you gain strength and feel better. Walk at least 2 to 3 times a day for 20 to 30

minutes. You can walk outside or indoors at your local mall or shopping center.

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

Strengthening your arm and shoulder

Stretching exercises will help you regain full arm and shoulder movement. They'll also help relieve pain on the side of your surgery.

Do the exercises described in the "Stretching exercises" section of this guide. Start doing them as soon as your chest tube is removed.

Use the arm and shoulder on the side of your surgery in all your activities. For example, use them when you bathe, brush your hair, and reach up to a cabinet shelf. This will help restore full use of your arm and shoulder.

Smoking

Do not smoke. Smoking is harmful to your health at any time, but it's even more harmful as you're healing. Smoking causes the blood vessels in your body to become narrow. This decreases the amount of oxygen that reaches your wounds as they're healing.

Smoking can also cause problems with breathing and regular activities. It is also important to avoid places that are smoky. Your nurse can give you information to help you deal with other smokers or situations where smoke is present.

Remember, if you need help quitting, MSK's Tobacco Treatment Program can help. Call 212-610-0507 to make an appointment.

Driving

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. This is usually as soon as your incisions have healed.

Going back to work

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

Traveling

Do not travel by plane until your doctor says it's OK. They'll talk with you about this during your first appointment after your surgery.

Follow-up appointments

Your first appointment after surgery will be 2 to 3 weeks after you leave the hospital. Your nurse will give you instructions on how to make this appointment, including the phone number to call.

During this appointment, your surgeon will discuss the pathology results with you in detail. They may also remove your feeding tube.

You may also have appointments with other healthcare providers after your surgery. Use this space to write down information about other

appointments. Write down the type of appointment and when it should be scheduled.

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.

Patient and Caregiver Peer Support Program

Call 212-639-5007 to get connected with a former MSK patient who has been through a treatment like yours.

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.

Stretching exercises

Stretching exercises will help you regain full arm and shoulder movement. You can start doing them once your chest tube is removed.

To do the exercises, follow the instructions below. We will tell you how many times to repeat each exercise. You'll need a straight-backed chair and a hand towel to do these exercises.

Axillary stretch

1. Sit in a straight-backed chair with your feet flat on the floor.
2. Clasp your hands together in front of you (see Figure 5).
3. Keeping your hands clasped, lift your arms up and over your head.
4. Slide your hands down to the back of your neck.
5. Slowly twist the upper part of your body to the right. Hold this position for 5 seconds while bringing your elbows as far back as possible.
6. Return to the starting position.
7. Slowly twist the upper part of your body to the left. Hold this position for 5 seconds while bringing your elbows as far back as possible.
8. Return to the starting position.

Repeat _____



Figure 5. Axillary stretch

Towel stretch

1. Stand comfortably with your feet about 6 inches (15 centimeters) apart.
2. Hold the hand towel in front of you. Hold one end in each hand (see Figure 6).
3. Bring your arms over your head, straighten your elbows, and stretch toward your upper back. Do not arch your back. Do not force the movement if it is difficult. Try to hold the position for 5 seconds.
4. Relax and return to the starting position.
5. Stand as in Step 1.
6. Grasp the towel behind your back and lift upward as far as possible (see Figure 7). Be sure to stand straight. Try to hold the position for 5 seconds.
7. Return to the starting position.

Repeat _____



Figure 6. Stretching up



Figure 7. Stretching back

When to call your healthcare provider



Call your healthcare provider if:

- You have a fever of 101 °F (38.3 °C) or higher.
- Your feeding tube falls out.
- Your feeding tube becomes clogged.
- You have trouble swallowing.
- You have nausea or vomiting.
- You have not had a bowel movement for 3 days or longer.
- You have worsening or changing diarrhea.
- You have worsening chills or sweating.
- You have pain that does not get better with medicine.
- You're having trouble breathing.
- The skin around your incision is warmer than usual.
- The skin around your incision is very red or getting more red.
- The area around your incision is starting to swell or getting more swollen.
- You have drainage from your incision that smells bad or is thick or yellow.
- 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.

Notes

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Calorie count log

Write down what you eat and drink every day.

Date	Time	Type of food or drink	How much you had	Calories	Protein

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.

Notes _____

MSK support groups

Virtual Programs: Esophageal Cancer

vp@mskcc.org

MSK offers a live, online support and education group for people who have had surgery for esophageal cancer. You can talk about issues that come up during and after treatment, share your experiences, and to provide practical and emotional support for others. Discussions are led by a social worker and a nurse.

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 Service

www.msk.org/integrativemedicine

Our Integrative Medicine 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 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

212-639-7439

You can visit our library website or call to talk with the library reference staff. They can help you find more information about a type of cancer. You can also visit the library's Patient and Health Care Consumer Education Guide at libguides.mskcc.org/patienteducation

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

917-862-6373

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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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.

Notes _____

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)
- ***Common Questions About MSK's Recovery Tracker***
(www.msk.org/pe/recovery_tracker)
- ***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)
- ***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)
- ***Patient-Controlled Analgesia (PCA)*** (www.msk.org/pe/pca)
- ***What You Can Do to Avoid Falling*** (www.msk.org/pe/avoid_falling)

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.aboutherbbs.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.

Ginkgo (also known as Ginkgo 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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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).

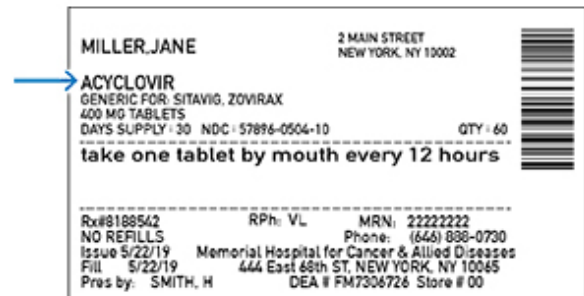


Figure 2. Active ingredients on a prescription medicine label

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.

	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 di-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		
<ul style="list-style-type: none">• Acetylsalicylic acid• Alpha-linolenic acid (ALA)• Aspirin• Acetaminophen*• Celecoxib• Diclofenac• Diflunisal• Docosahexaenoic acid (DHA)• Eicosapentaenoic acid (EPA)	<ul style="list-style-type: none">• Etodolac• Fish oil• Fenoprofen Flurbiprofen• Ibuprofen• Indomethacin• Ketoprofen• Ketorolac• Meclofenamate• Mefenamic acid• Meloxicam	<ul style="list-style-type: none">• 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		
<ul style="list-style-type: none">• APAP• Acetamin	<ul style="list-style-type: none">• AC• Acetam	<ul style="list-style-type: none">• 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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PATIENT & CAREGIVER EDUCATION

How To Use Your Incentive Spirometer

This information will help you learn how to use your incentive spirometer (in-SEN-tiv spy-rah-MEE-ter). It also answers some common questions about it.

About your incentive spirometer

After your surgery you may feel weak and sore, and it may be uncomfortable to take deep breaths. Your healthcare provider may recommend using a device called an incentive spirometer (see Figure 1). It helps you practice taking deep breaths.

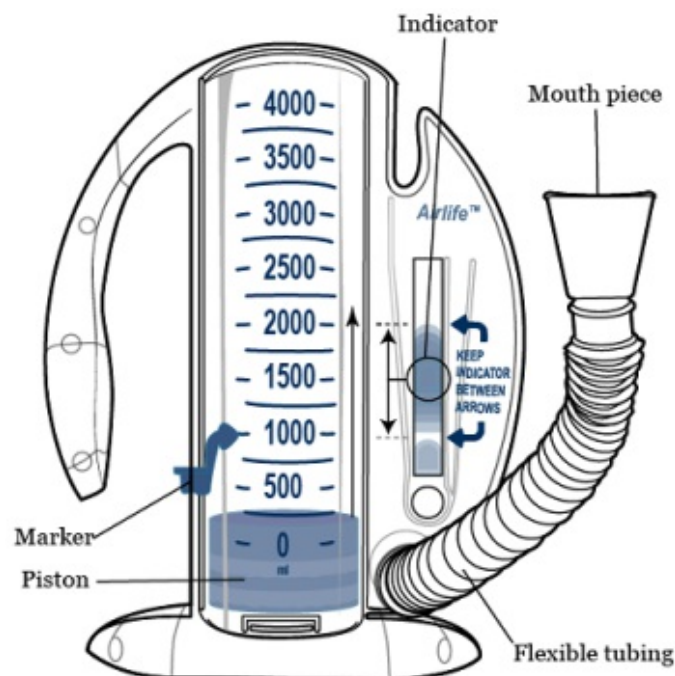


Figure 1. Parts of an incentive spirometer

It's important to use your incentive spirometer after your surgery. Using an incentive spirometer:

- Helps your lungs expand so you can take deep, full breaths.
- Exercises your lungs and makes them stronger as you heal from surgery.

If you have a respiratory infection, do not use your incentive spirometer around other people. A respiratory infection is an infection in your nose, throat, or lungs, such as pneumonia (noo-MOH-nyuh) or COVID-19. This kind of infection can spread from person to person through the air.

How to use your incentive spirometer

Here is a video that shows how to use your incentive spirometer:



Please visit www.mskcc.org/pe/incentive_spirometer_video to watch this video.

Setting up your incentive spirometer

Before you use your incentive spirometer for the first time, you will need to set it up. First, take the flexible (bendable) tubing out of the bag and stretch it out. Then, connect the tubing to the outlet on the right side of the base (see Figure 1). The mouthpiece is attached to the other end of the tubing.

Knowing what number to aim for on your incentive spirometer

Your healthcare provider will teach you how to use your incentive spirometer before you leave the hospital. They will help you set a goal and tell you what number to aim for when using your spirometer. If a goal was not set for you, talk with your healthcare provider. Ask them what number you should aim for.

You can also check the package your incentive spirometer came in. It may have a chart to help you figure out what number to aim for. To learn more, read “What number I should aim for?” in the “Common questions about your

incentive spirometer” section.

Using your incentive spirometer

When using your incentive spirometer, make sure to breathe through your mouth. If you breathe through your nose, your spirometer will not work right.

Follow these steps to use your incentive spirometer. Repeat these steps every hour you’re awake. Follow the instructions from your healthcare provider if they’re different from the ones here.

1. Sit upright in a chair or in bed. Hold your incentive spirometer at eye level.
2. Put the mouthpiece in your mouth and close your lips tightly around it. Make sure you do not block the mouthpiece with your tongue.
3. With the mouthpiece in your mouth, breathe out (exhale) slowly and fully.
 - Some people may have trouble exhaling with the mouthpiece in their mouth. If you do, take the mouthpiece out of your mouth, and then exhale slowly and fully. After you exhale, put the mouthpiece back in your mouth and go on to step 4.
4. Breathe in (inhale) slowly through your mouth, as deeply as you can. You will see the piston slowly rise inside the spirometer. The deeper you breathe in, the higher the piston will rise.
5. As the piston rises, the coaching indicator on the right side of the spirometer should also rise. It should float between the 2 arrows (see Figure 1).
 - The coaching indicator measures the speed of your breath. If it does not stay between the 2 arrows, you’re breathing in either too fast or too slow.
 - If the indicator rises above the higher arrow, you’re breathing in too fast. Try to breathe in slower.
 - If the indicator stays below the lower arrow, you’re breathing in too slow. Try to breathe in faster.

6. When you cannot breathe in any further, hold your breath for at least 3 to 5 seconds. Hold it for longer if you can. You will see the piston slowly fall to the bottom of the spirometer.
7. Once the piston reaches the bottom of the spirometer, breathe out slowly and fully through your mouth. If you want, you can take the mouthpiece out of your mouth first and then breathe out.
8. Rest for a few seconds. If you took the mouthpiece out of your mouth, put it back in when you're ready to start again.
9. Repeat steps 1 to 8 at least 10 times. Try to get the piston to the same level with each breath. After you have done the exercise 10 times, go on to step 10.
10. Use the marker on the left side of the spirometer to mark how high the piston rises (see Figure 1). **Look at the very top of the piston, not the bottom. The number you see at the top is the highest number the piston reached. Put the marker there.** This is how high you should try to get the piston the next time you use your spirometer.
 - Write down the highest number the piston reached. This can help you change your goals and track your progress over time.

Take 10 breaths with your incentive spirometer every hour you're awake.

Cover the mouthpiece of your incentive spirometer when you're not using it.

Tips for using your incentive spirometer

Follow these tips when using your incentive spirometer:

- If you had surgery on your chest or abdomen (belly), it may help to splint your incision (surgical cut). To do this, hold a pillow firmly against your incision. This will keep your muscles from moving as much while you're using your incentive spirometer. It will also help ease pain at your incision.
- If you need to clear your lungs, you can try to cough a few times. As

you're coughing, hold a pillow against your incision, as needed.

- If you feel dizzy or lightheaded, take the mouthpiece out of your mouth. Then, take a few normal breaths. Stop and rest for a while, if needed. When you feel better, you can go back to using your incentive spirometer.
- You may find it hard to use your incentive spirometer at first. If you cannot make the piston rise to the number your healthcare provider set for you, it's OK. Reaching your goal takes time and practice. It's important to keep using your spirometer as you heal from surgery. The more you practice, the stronger your lungs will get.

Common questions about your incentive spirometer

How often should I use my incentive spirometer?

How often you will need to use your incentive spirometer is not the same for everyone. It depends on the type of surgery you had and your recovery process.

Most people can take 10 breaths with their spirometer every hour they're awake.

Your healthcare provider will tell you how often to use your spirometer. Follow their instructions.

How long after my surgery will I need to use my incentive spirometer?

The length of time you will need to use your incentive spirometer is not the same for everyone. It depends on the type of surgery you had and your recovery process.

Your healthcare provider will tell you how long you need to use your spirometer. Follow their instructions.

How do I clean my incentive spirometer?

An incentive spirometer is a disposable device and only meant to be used for a short time. Because of this, you may not find cleaning instructions in the package your spirometer came in. If you have questions about cleaning your spirometer, talk with your healthcare provider.

What do the numbers on my incentive spirometer measure?

The large column of your incentive spirometer has numbers on it (see Figure 1). These numbers measure the volume of your breath in milliliters (mL) or cubic centimeters (cc). The volume of your breath is how much air you can breathe into your lungs (inhale).

For example, if the piston rises to 1500, it means you can inhale 1500 mL or cc of air. The higher the number, the more air you're able to inhale, and the better your lungs are working.

What number I should aim for?

The number you should aim for depends on your age, height, and sex. It also depends on the type of surgery you had and your recovery process. Your healthcare provider will look at these things when setting a goal for you. They will tell you what number to aim for.

Most people start with a goal of 500 mL or cc. Your healthcare provider may change your goal and have you aim for higher numbers as you heal from surgery.

The package your incentive spirometer came in may have a chart. You can use the chart to set your goal based on your age, height, and sex. If you cannot find this information, ask your healthcare provider what your goal should be.

What does the coaching indicator on my incentive spirometer measure?

The coaching indicator on your incentive spirometer measures the speed of your breath. As the speed of your breath changes, the indicator moves up and down.

Use the indicator to guide your breathing. If the indicator rises above the higher arrow, it means you're breathing in too fast. If the indicator stays below the lower arrow, it means you're breathing in too slow.

Aim to keep the indicator between the 2 arrows (see Figure 1). This means your breath is steady and controlled.

When to call your healthcare provider

Call your healthcare provider if you have any of these when using your incentive spirometer:

- Feel dizzy or lightheaded.
- Pain in your lungs or chest.
- Severe (very bad) pain when you take deep breaths.
- Trouble breathing.
- Coughing up blood.
- Fluid or blood coming from your incision site when you cough.
- Trouble using your spirometer for any reason.

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 Use Your Incentive Spirometer - Last updated on November 24, 2023

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