

About Your Gallbladder Removal Surgery

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About Your Surgery

This guide will help you prepare for surgery to remove your gallbladder (cholecystectomy) 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 then 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, so that you and your healthcare team can refer to it throughout your care.

Your Gallbladder

Your gallbladder is a small, tear-drop shaped organ located under your liver (see Figure 1). Its main function is to store bile. Bile is a substance that is made in the liver and helps your body digest fats. Your gallbladder releases bile when food, especially fatty food, enters the digestive tract. When your gallbladder is removed, your liver will take over this function.

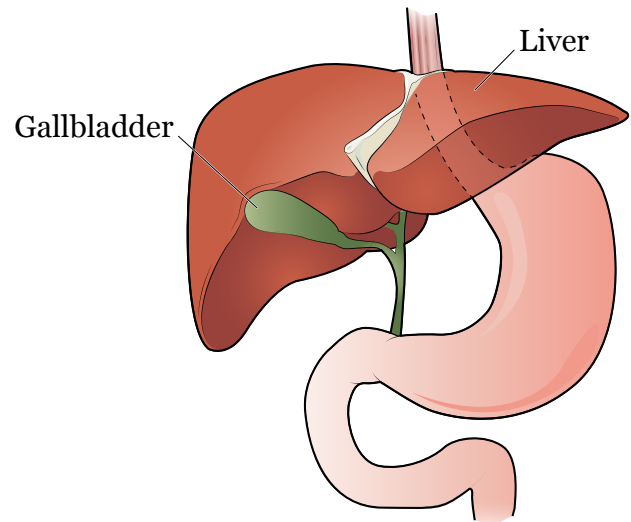


Figure 1. The gallbladder

Gallbladder Removal Surgery

Cholecystectomy is a surgery that is done to remove your gallbladder. Your gallbladder can be removed in 1 of 2 ways—laparoscopically or through an open incision (surgical cut). Your surgeon will speak with you about the best surgery option for you.

Laparoscopic surgery

In a laparoscopic gallbladder removal surgery, your surgeon will make 4 very small incisions (see Figure 2). Each one will be about 1/2 inch long.

One of the incisions will be in or near your navel (belly button). Your surgeon will insert an instrument called a laparoscope through this incision. The laparoscope is a thin tube that has a video camera at the tip. Carbon dioxide gas is blown into your abdomen (belly) so that it expands. This makes room for your surgeon to see your organs and tissues. Other instruments will be inserted through the other incisions to cut out your gallbladder. Your gallbladder will then be removed through the incision at your navel.

The laparoscopic gallbladder removal surgery takes about 1 to 2 hours.

Some people are able to go home the day of the surgery.

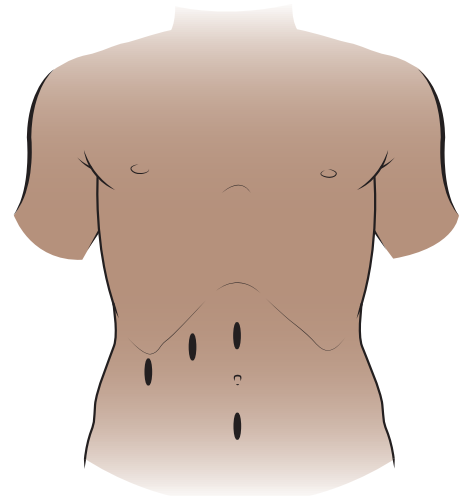


Figure 2. Laparoscopic gallbladder removal surgery incisions

Open surgery

In about 10% of cases, the gallbladder needs to be removed through a larger incision down the middle of your abdomen. This surgery takes about 2 hours.

Notes _____

Preparing for Your Surgery

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

About Drinking Alcohol

The amount of alcohol you drink can affect you during and after your surgery. It's important that you talk with your healthcare providers about your alcohol intake so that we can plan your care.

- Stopping alcohol suddenly can cause seizures, delirium, and death. If we know you are at risk for these complications, we can prescribe medications to help prevent them.
- If you drink alcohol regularly, you may be at risk for other complications during and after your surgery. These include bleeding, infections, heart problems, and longer hospital stay.

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

- Be honest with your healthcare provider about how much alcohol you drink.
- Try to stop drinking alcohol once your surgery is planned. If you develop a headache, nausea, increased anxiety, or can't sleep after you stop drinking, tell your doctor right away. These are early signs of alcohol withdrawal and can be treated.
- Tell your healthcare provider if you cannot stop drinking.
- Ask us any questions you have 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®).
- I take prescription medications, including patches and creams.
- I take any over-the-counter medications, 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) 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

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

About Sleep Apnea

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

Please tell us if you have sleep apnea or if you think you might have it. If you use a breathing machine (such as a CPAP) for sleep apnea, bring it with you the day of your surgery.

Within **30** Days of Your Surgery

Presurgical Testing

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 be giving you medication to put you to sleep 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 necessary to plan your care. Your NP may also recommend you see other healthcare providers.

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

It's very helpful if you bring the following with you to your PST appointment:

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

Complete a Health Care Proxy Form

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

If you're interested in completing a Health Care Proxy form, talk with your nurse. If you have completed one already, or if you have any other advance directive, bring it with you 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 "After Your Surgery" section of this guide. If you have any questions, ask your nurse or respiratory therapist.

Exercise

Try to do aerobic exercise every day, such as walking at least 1 mile (1.6 kilometers), swimming, or biking. If it's cold outside, use stairs in your home or go to a mall or shopping market. Exercising will help your body get into its best condition for your surgery and make your recovery faster and easier.

Eat a Healthy Diet

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

10 Days Before Your Surgery

Stop Taking Vitamin E

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

Purchase Hibiclens® Skin Cleanser

Hibiclens is a skin cleanser that kills germs for 24 hours after using it. Showering with Hibiclens before surgery will help reduce your risk of infection after surgery. You can buy Hibiclens at your local pharmacy without a prescription.

7 Days Before Your Surgery

Stop Taking Certain Medications

If you take aspirin, ask your surgeon if you should continue. 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 this section.

Stop Taking Herbal Remedies and Supplements

Stop taking herbal remedies or supplements 7 days before your surgery. If you take a multivitamin, talk with your doctor or nurse about whether you should continue. For more information, read *Herbal Remedies and Cancer Treatment*, located in this section.

Watch a Virtual Tour

This video will give you an idea of what to expect when you come to Memorial Sloan Kettering'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®). These medications can cause bleeding. For more information, read *Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs)*, located in this section.

1 Day Before Your Surgery

Note the Time of Your Surgery

A clerk from the Admitting Office will call you after 2:00 PM the day before your surgery. The clerk will tell you what time you should arrive at the hospital for your surgery. If you are scheduled for surgery on a Monday, you will be called on the Friday before. If you do not receive a call by 7:00 PM, please call 212-639-5014.



Use this area to write in information when the clerk calls:

Date: _____ Time: _____

Both locations are at 1275 York Avenue between East 67th and East 68th streets.

- Presurgical Center (PSC) on the 2nd floor, M elevator to 2nd floor
- Presurgical Center (PSC) on the 6th floor, B elevator to 6th floor

Shower With Hibiclens

The night before your surgery, shower using Hibiclens. To use Hibiclens, open the bottle and pour some solution into your hand or a washcloth. Move away from the shower stream to avoid rinsing off the Hibiclens too soon. Rub it gently over your body from your neck to your waist and rinse.

Don't let the solution get into your eyes, ears, mouth, or genital area. Don't use any other soap. Dry yourself off with a clean towel after your shower.



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.

Shower With Hibiclens

Shower using Hibiclens just before you leave for the hospital. Use the Hibiclens the same way you did the night before. Do not use any other soap.

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

Take Your Medications as Instructed

If your doctor or NP instructed 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.

Things to Remember

- Don't put on any lotion, cream, deodorant, makeup, powders, or perfumes.
- Don't wear any metal objects. Remove all jewelry, including body piercings. The equipment used during your surgery can cause burns if it touches metal.
- Leave valuables, such as credit cards, jewelry, or your checkbook at home.
- Before you are taken into the operating room, you will need to remove your hearing aids, dentures, prosthetic device(s), wig, and religious articles.
- If you wear contact lenses, wear your glasses instead.

- _____
- _____
- _____



What to Bring

- Sneakers that lace up. You may have some swelling in your feet. Lace-up sneakers can accommodate this swelling.
- Only the money you may need for a newspaper, bus, taxi, or parking.
- Your portable music player, if you choose. However, someone will need to hold this item for you when you go into surgery.
- Your incentive spirometer, if you have one.
- Your breathing machine for sleep apnea (such as your CPAP), if you have one.
- A case for your personal items, such as eyeglasses, hearing aid(s), dentures, prosthetic device(s), wig, and religious articles, if you have it.
- Your Health Care Proxy form, if you have completed one.
- Your cell phone and charger.
- This guide. Your healthcare team will use this guide to teach you how to care for yourself after your surgery.
- _____
- _____
- _____

Parking When You Arrive

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

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

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



P = Parking
M = Memorial Sloan Kettering

Once You're in the Hospital

You will be asked to state and spell your name and date of birth many times. This is for your safety. People with the same or similar names 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 your nurse the dose of any medications (including patches and creams) you took after midnight and the time you took them.

Meet With Your Anesthesiologist

Your anesthesiologist will:

- Review your medical history with you.
- Talk with you about your comfort and safety during your surgery.
- Talk with you about the kind of anesthesia you will receive.
- Answer any questions you may have about your anesthesia.

Prepare for Surgery

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

You will 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 circulation in your legs.

Your anesthesiologist will place an intravenous (IV) line into a vein, usually in your arm or hand. The IV line will be used to give you fluids and anesthesia during your surgery.

Once you are 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 catheter (Foley®) placed to drain urine from your bladder.

Once your surgery is finished, your incision will be closed with staples or sutures. Steri-Strips™ (thin pieces of tape) will be placed directly on your incision and covered with a bandage. Your breathing tube is usually taken out while you're still in the operating room.

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.

Before Your Radiology Procedure

If you're having a radiology procedure (including Interventional Radiology, Interventional Mammography, and General Radiology), follow the instructions below.

- Stop taking medications that contain vitamin E 10 days before your procedure, or as directed by your doctor.
- If your doctor tells you to stop taking aspirin, stop taking it 5 days before your procedure, 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.
 - If you take low dose aspirin (81 mg), you may not need to stop it before your procedure. Your doctor will tell you if you should stop taking low dose aspirin.
- Stop taking NSAIDs 24 hours before your procedure, or as directed by your doctor.

Before and During Your Chemotherapy

Chemotherapy can lower your platelet count, which can increase your risk of bleeding. Whether you're just starting chemotherapy or you've been getting it, talk with your doctor or nurse before taking aspirin or NSAIDs.

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® Aspirin (most formulations)	Isollyl®	Persistin®	Vanquish® Analgesic Caplets
Asprimox®	Epromate®	Lanorinal®	Robaxisal® Tablets	Wesprin® Buffered
Axotal®	Equagesic Tablets	Lortab® ASA Tablets	Roxiprin®	Zee-Seltzer®
Azdone®	Equazine®	Magnaprin®	Saleto®	ZORprin®
Bayer® (most formulations)	Excedrin® Extra-Strength Analgesic Tablets and Caplets	Marnal®	Salocol®	

BC [®] Powder and Cold formulations	Excedrin [®] Migraine	Micrainin [®]	Sodol [®]	
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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 [®]	Saletto 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®	Naldegescic®	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.aboutherbs.com.

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.

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 any questions you have and be sure to ask your doctor or nurse.

What to Expect

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

You will receive oxygen through a thin tube that rests below your nose called a nasal cannula. A nurse will be monitoring your body temperature, pulse, blood pressure, and oxygen levels.

You may have a urinary catheter in your bladder to monitor the amount of urine you are making. You will also have compression boots on your lower legs to help your circulation.

You may have a pain pump called a patient-controlled analgesia (PCA) device. For more information, read *Patient-Controlled Analgesia (PCA)*, located in this section. Your pain medication will be given through an IV line.

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.

After your stay in the PACU, you will be taken to your hospital room. Soon after you arrive in your room, you will be helped out of bed and into a chair.

Your nurse will tell you how to recover from your surgery. Below are examples of ways you can help yourself recover safely.

- You will be encouraged to walk with the help of your nurse or physical therapist. We will give you medication to relieve pain. Walking helps reduce the risk for blood clots and pneumonia. It also helps to stimulate your bowels so they begin working again.
- Use your incentive spirometer. This will help your lungs expand, which prevents pneumonia. Do your breathing and coughing exercises every 1 to 2 hours while you are awake. Your nurse will teach you to splint your incision. This will reduce the movement of your stomach muscles and decrease pain while you do the coughing exercises. For more information, read *How to Use Your Incentive Spirometer*, located in this section.

Commonly Asked Questions: During Your Hospital Stay

Will I have pain after my surgery?

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. You will be given a prescription for pain medication before you leave the hospital.

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

Why is it important to walk?

Walking will help prevent blood clots in your legs. It also decreases your risk of having other complications such as pneumonia.

Will I be able to eat?

Your doctor will let you know when you can start eating and drinking. This will depend on the time of your surgery and how you are feeling after it. Some people are able to drink small amounts of liquids the evening of the surgery. Most people are able to start eating the day after the surgery. When you are able to eat, you should start slowly and progress to your regular diet as tolerated.

Eating a balanced diet high in protein will help you heal after surgery. Your diet should include a healthy protein source at each meal, as well as fruits, vegetables, and whole grains. For more tips on increasing the amount of calories and protein in your diet, ask your nurse for the resource *Eating Well During and After Your Cancer Treatment*. If you have questions about your diet, ask to see a dietitian.

How long will I be in the hospital?

If you had a laparoscopic gallbladder removal surgery, you will probably go home within 24 hours. If you had an open gallbladder removal surgery, you will be in the hospital for 2 to 3 days.

Commonly Asked Questions: After You Leave the Hospital

Will I have pain when I am home?

The length of time each person has pain or discomfort varies. You may still have some pain when you go home and will probably be taking pain medication. Follow the guidelines below.

- Take your medications as directed and as needed.
- Call your doctor if the medication prescribed for you doesn't relieve your pain.
- Don't drive or drink alcohol while you're taking prescription pain medication.
- As your incision heals, you will have less pain and need less pain medication. A mild pain reliever such as acetaminophen (Tylenol®) or ibuprofen (Advil®) will relieve aches and discomfort. However, large quantities of acetaminophen may be harmful to your liver. Don't take more acetaminophen than the amount directed on the bottle or as instructed by your doctor or nurse.
- Pain medication should help you as you resume your normal activities. Take enough medication to do your exercises comfortably. Pain medication is most effective 30 to 45 minutes after taking it.
- Keep track of when you take your pain medication. Taking it when your pain first begins is more effective than waiting for the pain to get worse.

Can I shower?

Yes. Taking a warm shower is relaxing and can help decrease muscle aches. Use soap when you shower and gently wash your incision. Pat the areas dry with a towel after showering, and leave your incision uncovered (unless there is drainage). Call your doctor if you see any redness or drainage from your incision.

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

Is it normal not to feel hungry after surgery?

Yes, it's common to have not feel hungry after your surgery, which is also known as having a decreased appetite. Try eating several smaller meals that have each of the food groups (fruits/vegetables, meat/chicken/fish, breads/grains, dairy products). This will help you heal faster.

How can I prevent constipation?

- Go to the bathroom at the same time every day. Your body will get used to going at that time.
- If you feel the urge to go, don't put it off. Try to use the bathroom 5 to 15 minutes after meals.
- After breakfast is a good time to move your bowels. The reflexes in your colon are strongest at this time.
- Exercise, if you can. Walking is an excellent form of exercise.
- Drink 8 (8-ounce) glasses (2 liters) of liquids daily, if you can. Drink water, juices, soups, ice cream shakes, and other drinks that don't have caffeine. Drinks with caffeine, such as coffee and soda, pull fluid out of the body.
- Slowly increase the fiber in your diet to 25 to 35 grams per day. Fruits, vegetables, whole grains, and cereals contain fiber. If you have an ostomy or have had recent bowel surgery, check with your doctor or nurse before making any changes in your diet.
- Both over-the-counter and prescription medications are available to treat constipation. Start with 1 of the following over-the-counter medications first:
 - Docusate sodium (Colace®) 100 mg. Take ____ capsules ____ times a day. This is a stool softener that causes few side effects. Don't take it with mineral oil.
 - Polyethylene glycol (MiraLAX®) 17 grams daily.
 - Senna (Senokot®) 2 tablets at bedtime. This is a stimulant laxative, which can cause cramping.
- If you haven't had a bowel movement in 2 days, call your doctor or nurse.

Can I drink alcohol after surgery?

Don't drink alcohol while you are taking pain medications.

How do I care for my incision?

The location of your incision will depend on the type of surgery you had. It's normal for the skin below your incision to feel numb, because some of the nerves were cut. The numbness will go away over time.

- By the time you are ready to leave the hospital, your surgical incision will have begun to heal.
- You and your caregiver should look at your incision with your nurse before you leave the hospital so you know what it looks like.
- If any liquid is draining from your incision, you should write down the amount and color. Call your doctor's office and speak with the nurse about any drainage from your incision.

Change your bandages at least once a day and more often if they become wet with drainage. When there is no longer any drainage coming from your incision, they can be left uncovered.

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 may remove them.

If you go home with glue over your sutures, it will also loosen and peel off, similarly to the Steri-Strips.

Is it normal to feel tired after surgery?

Yes, feeling tired (fatigue) is an expected side effect. It usually takes 3 weeks until your energy level returns to normal.

Can I resume my activities?

It is important for you to resume your 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.

You may return to your usual sexual activity as soon as your incisions are well healed and you can do so without pain or fatigue.

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.

When is it safe for me to drive?

You may resume driving 3 weeks after surgery as long as you are not taking pain medication that may make you drowsy.

When can I return to work?

The time it takes to return to work depends on the type of work you do, the type of surgery you had, and how fast your body heals. Most people are able to return to work 1 to 2 weeks after a laparoscopic surgery and 3 to 4 weeks after an open surgery.

What exercises can I do?

Exercise will help you gain strength and feel better. Walking and stair climbing are excellent forms of exercise. Gradually increase the distance you walk. Climb stairs slowly, resting or stopping as needed. Ask your doctor or nurse before starting more strenuous exercises.

When can I lift heavy objects?

Check with your doctor before you do any heavy lifting. Normally, you should not lift anything heavier than 5 pounds (2.3 kilograms) for at least 6 weeks. Ask your doctor how long you should avoid heavy lifting.

How can I cope with my 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 patients and their families. 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.

When is my first appointment after my surgery?

Your first appointment after surgery will be in 1 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 doctor will discuss the pathology results with you in detail.

What if I have other questions?

If you have any questions or concerns, please talk with your doctor or nurse. You can reach them Monday through Friday from 9:00 AM to 5:00 PM.

After 5:00 PM, during the weekend, and on holidays, call 212-639-2000 and ask for the doctor on call for your doctor.



Call your doctor if you have:

- A temperature of 101° F (38.3° C) or higher
- Pain that does not get better with your medications
- Discharge from your incision that is bad-smelling or looks like pus
- Increased redness around your incision
- New or increased swelling around your incision
- Any new symptom or physical change
- Any questions or concerns

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.

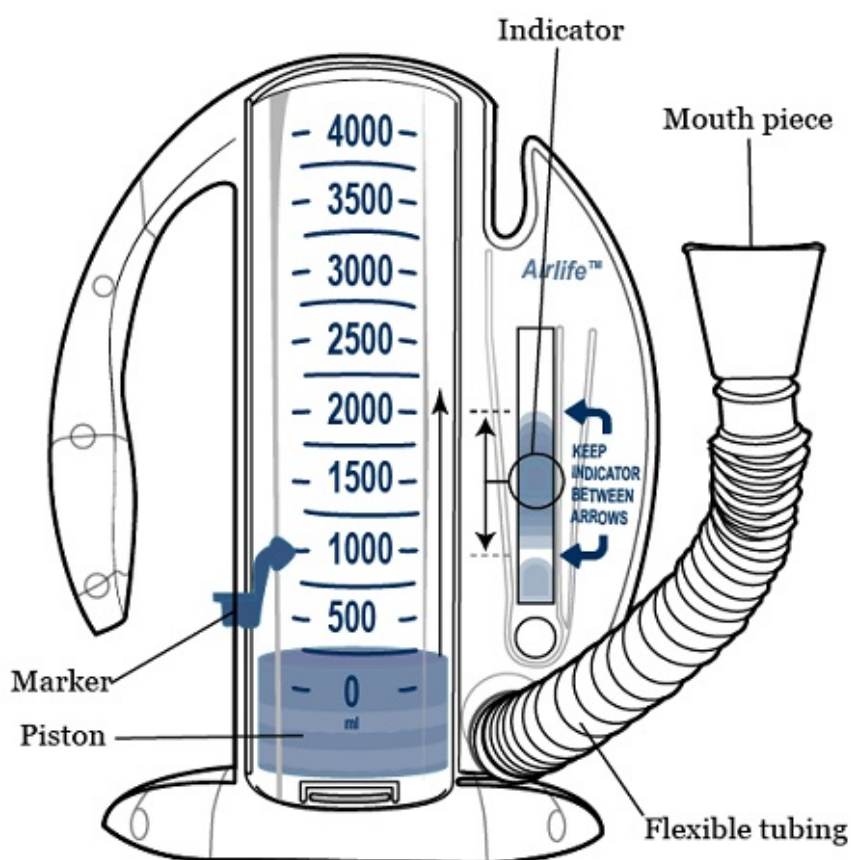


Figure 1. Incentive Spirometer

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.
 - o 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.

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).

This section contains a list of MSK support services, as well as the resources that were referred to throughout this guide. These resources will help you prepare for your surgery and recover safely. Write down any questions you have and be sure to ask your doctor or nurse.

MSK Resources

Anesthesia

212-639-6840

Call with any questions about anesthesia.

Blood Donor Room

212-639-7643

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

Bobst International Center

888-675-7722

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

Chaplaincy Service

212-639-5982

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

Counseling Center

646-888-0200

Many people find counseling helpful. We provide counseling for individuals, couples, families, and groups, as well as medications to help if you feel anxious or depressed.

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

800-227-2345

Learn techniques to help you feel better about your appearance by taking a workshop or visiting the program online at www.lookgoodfeelbetter.org

Patient-to-Patient 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-to-Patient Support Program, we are able to offer you a chance to speak with former patients and caregivers.

Patient Billing

646-227-3378

Call Patient Billing with any questions about preauthorization from your insurance company. This is also called preapproval.

Patient Representative Office

212-639-7202

Call if you have any questions about the Health Care Proxy form or if you have any concerns about your care.

Perioperative Nurse Liaison

212-639-5935

Call if you have any questions about MSK releasing any information while you are 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.

Social Work

212-639-7020

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

Tobacco Treatment Program

212-610-0507

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

For additional online information, visit LIBGUIDES on MSK's library website at <http://library.mskcc.org>. You can also contact the library reference staff at 212-639-7439 for help.

External Resources

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 are unable 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 comprehensive resource for education, tools, and events for employees with cancer.

CancerCare

www.cancercare.org

800-813-4673

275 Seventh Avenue (between West 25th & West 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

<http://lgbtcancer.com>

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

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.com

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 obtain medications that they have trouble affording.