This guide will help you prepare for your gastrectomy surgery at Memorial Sloan Kettering (MSK), and 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 Stomach

The stomach is an organ in your digestive system that helps to store and digest food. It is located between your esophagus (food pipe) and your small intestine (see Figure 1). The walls of your stomach are made up of muscles that churn and break down food into small pieces. Your stomach also produces acid that begins to break down or digest food.

When the food leaves your stomach, it moves into your small intestine. The first parts of your small intestine are the duodenum and the jejunum. Your food continues to be digested and absorbed in your small intestine.

Gastrectomy

Gastrectomy is a surgery that is done to treat cancer of the stomach. During the surgery, your surgeon may remove part or all of your stomach. There are several kinds of gastrectomies:

- A subtotal gastrectomy includes removing the cancerous part of your stomach, nearby lymph nodes, and possibly parts of other organs near the tumor (see Figures 2 and 3).

Figure 1: The digestive system

Figure 2. Your digestive system before your subtotal gastrectomy

Figure 3. Your digestive system after your subtotal gastrectomy
A total gastrectomy involves removing the entire stomach, nearby lymph nodes, and parts of your esophagus and small intestine. Your esophagus is reconnected to your small intestine so that you can continue to eat and swallow (see Figures 4 and 5).

A gastrectomy can be done in different ways. Your surgeon will talk to you about which options are right for you. Depending on what surgery you have, your surgeon will make one or more incisions (surgical cuts) on your belly.

- When one long incision is made, it is called an open surgery. Some or all of the stomach is removed through this incision.

- When several small incisions are made on the belly, this is called laparoscopic minimally invasive surgery. Small surgical instruments and a laparoscope (a tube-like instrument with a camera) are inserted into the incisions to remove the part of the stomach containing the cancer.

Your surgeon may use a robotic device to help with your surgery.
The information in this section will help you prepare for your surgery. Read through this section when your surgery is scheduled and refer to it as your surgery date gets closer. It contains important information about what you need to do before your surgery. Write down any questions you have and be sure to ask your doctor or nurse.
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 is 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, greater dependence on nursing care, 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 cannot 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 treatment information will be kept confidential.

About Smoking

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

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

- I take a blood thinner. Some examples are heparin, warfarin (Coumadin®), clopidogrel (Plavix®), enoxaparin (Lovenox®), and tinzaparin (Innohep®). There are others, so be sure your doctor knows all the medications you’re taking.

- I take prescription medications.

- 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 in the past.

- I have allergies, including to latex.

- I am not willing to receive a blood transfusion.

- I drink alcohol.

- I smoke.

- I use recreational drugs.
About Sleep Apnea

Sleep apnea is a common breathing disorder that causes a person to stop breathing for short periods while sleeping. The most common type is obstructive sleep apnea (OSA). This means that the airway becomes completely blocked during sleep, so no air can get through. OSA can cause serious problems when you have 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 who works closely with anesthesiology staff (doctors and specialized nurses who will be giving you medication to put you to sleep during your surgery). He or she 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 nurse practitioner may also recommend you see other healthcare providers.

Your nurse practitioner will talk with you about which medications you should take the morning of your surgery. To help you remember, we’ve left space for you to write these medications down in “The Morning of Your Surgery” section of this guide.

It is 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 are unable to communicate for yourself. The person you identify is called your health care agent. If you are interested in completing a Health Care Proxy form, talk with your nurse. If you have completed a Health Care Proxy form or if you have any other advanced 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, please 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, swimming, or biking. If it is cold outside, use stairs in your home or go to a mall or shopping market. Walking 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 to 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, please read Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), located in this section.

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, please read Herbal Remedies and Cancer Treatment, located in this section.

2 Days Before Your Surgery

Stop Taking Certain Medications

Stop taking nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen (e.g., Advil®, Motrin®) and naproxen (e.g., Aleve®). These medications can cause bleeding. For more information, please read Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), 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](http://www.mskcc.org/pe/day-your-surgery)

1 Day Before Your Surgery

Drink Only Clear Liquids

You will need to follow a clear liquid diet the day before your surgery. Examples of clear liquids are listed in the table below. Your doctor or nurse will tell you if you will need extra day of clear liquids or any additional bowel preparation. While you are on this diet:

- Do not eat any solid foods.
- Make sure to drink plenty of liquids other than water, coffee, and tea. Try to drink at least 1 (8 ounce) glass of clear liquid every hour while you're awake.

<table>
<thead>
<tr>
<th>Drink</th>
<th>Do Not Drink</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soups</td>
<td>• Clear broth, bouillon, or consommé</td>
</tr>
<tr>
<td></td>
<td>Any products with any particles of dried food or seasoning</td>
</tr>
<tr>
<td>Sweets</td>
<td>• Gelatin, such as Jell-O®</td>
</tr>
<tr>
<td></td>
<td>• Flavored ices</td>
</tr>
<tr>
<td></td>
<td>• Sweeteners, such as sugar or honey</td>
</tr>
<tr>
<td></td>
<td>All others</td>
</tr>
<tr>
<td>Beverages</td>
<td>• Clear fruit juices, such as apple, cranberry, lemonade, or grape</td>
</tr>
<tr>
<td></td>
<td>• Soda, such as ginger ale, 7-Up®, Sprite®, seltzer</td>
</tr>
<tr>
<td></td>
<td>• Gatorade®</td>
</tr>
<tr>
<td></td>
<td>• Black coffee (no cream)</td>
</tr>
<tr>
<td></td>
<td>• Tea</td>
</tr>
<tr>
<td></td>
<td>• Juices with pulp</td>
</tr>
<tr>
<td></td>
<td>• Nectars</td>
</tr>
<tr>
<td></td>
<td>• Milk</td>
</tr>
<tr>
<td></td>
<td>• Alcoholic beverages</td>
</tr>
</tbody>
</table>
Note the Time of Your Surgery

A clerk from the Admitting Office will call you after 2:00 pm the day before your surgery. He or she 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.

- Surgical Day Hospital (SDH)
  M elevator to 2nd floor
- Presurgical Center (PSC)
  B elevator to 6th floor

Sleep

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

Instructions for eating and drinking before your surgery

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

- Between midnight and up until 2 hours before your scheduled arrival time, you may drink a total of 12 ounces of water (see figure).

- Starting 2 hours before your scheduled arrival time, do not eat or drink anything. This includes water.
The Morning of Your Surgery

**Take Your Medications as Instructed**

If your doctor or nurse practitioner 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.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>Doctor/Nurse</th>
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<tbody>
<tr>
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</tbody>
</table>

**Things to Remember**

- Do not put on any lotions, creams, deodorants, makeup, powders, or perfumes.
- Do not 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 eyeglasses, hearing aids, dentures, prosthetic device(s), wig, and religious articles, such as a rosary.
- 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.
- If you have a case for your personal items, such as eyeglasses, hearing aid(s), dentures, prosthetic device(s), wig, and religious articles such as a rosary, bring it with you.
- Your Health Care Proxy form, if you have completed one.
- This guide. Your healthcare team will use this guide to teach you how to care for yourself after your surgery.

Parking When You Arrive

Parking at MSK is available in the garage on East 66th Street between York and First Avenues. To reach the garage, turn onto East 66th Street from York Avenue. The garage is located about a quarter of a block in from York Avenue, on the right-hand (north) side of the street. There is a pedestrian tunnel that you can walk through that connects the garage to the hospital. If you have questions about prices, call 212-639-2338.

There are also other garages located on East 69th Street between First and Second Avenues, East 67th Street between York and First Avenues, and East 65th Street between First and Second Avenues.
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
You will be given a hospital gown, robe, and nonskid socks.

Meet With Your Nurse
Your nurse will meet with you before your surgery. Tell him or her the dose of any medications (including patches and creams) you took after midnight and the time you took them.

Meet With Your Anesthesiologist
He or she 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 you can 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 (medication to make you sleep) during your surgery.
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 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 decrease your platelet count, which can increase your risk of bleeding. Whether you’re just starting chemotherapy or you’ve been receiving 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
the medications you’re taking, both prescription and over-the-counter.

### Common medications that contain aspirin

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Common Name</th>
<th>Formulation</th>
<th>Brand Name</th>
<th>Common Name</th>
<th>Formulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggrenox®</td>
<td>Bayer® (most formulations)</td>
<td>Equagesic Tablets</td>
<td>Isollyl®</td>
<td>Panasal®</td>
<td>Synalgos®-DC Capsules</td>
</tr>
<tr>
<td>Alka Seltzer®</td>
<td>BC® Powder and Cold Formulations</td>
<td>Equazine®</td>
<td>Lanorinal®</td>
<td>Percodan® Tablets</td>
<td>Tenol-Plus®</td>
</tr>
<tr>
<td>Anacin®</td>
<td>Bufferin® (most formulations)</td>
<td>Excedrin® Extra-Strength Analgesic Tablets and Caplets</td>
<td>Lortab® ASA Tablets</td>
<td>Persistin®</td>
<td>Trigesic®</td>
</tr>
<tr>
<td>Arthritis Pain Formula</td>
<td>Buffets II®</td>
<td>Excedrin® Migraine</td>
<td>Magnaprin®</td>
<td>Robaxisal® Tablets</td>
<td>Talwin® Compound</td>
</tr>
<tr>
<td>Arthritis Foundation Pain Reliever®</td>
<td>Buffex®</td>
<td>Fiorgen®</td>
<td>Marnal®</td>
<td>Roxiprin®</td>
<td>Vanquish® Analgesic Caplets</td>
</tr>
<tr>
<td>ASA Enseals®</td>
<td>Cama® Arthritis Pain Reliever</td>
<td>Fiorinal® (most formulations)</td>
<td>Micrainin®</td>
<td>Saleto®</td>
<td>Wesprin® Buffered</td>
</tr>
<tr>
<td>ASA Suppositories®</td>
<td>COPE®</td>
<td>Fiortal®</td>
<td>Momentum®</td>
<td>Salocol®</td>
<td>Zee-Seltzer®</td>
</tr>
<tr>
<td>Ascriptin® and Ascriptin A/D®</td>
<td>Dasin®</td>
<td>Gelpirin®</td>
<td>Norgesic Forte® (most formulations)</td>
<td>Sodol®</td>
<td>ZORprin®</td>
</tr>
<tr>
<td>Aspergum®</td>
<td>Easprin®</td>
<td>Genprin®</td>
<td>Norwich® Aspirin</td>
<td>Soma® Compound Tablets</td>
<td></td>
</tr>
<tr>
<td>Asprimox®</td>
<td>Ecotrin® (most formulations)</td>
<td>Gensan®</td>
<td>PAC® Analgesic Tablets</td>
<td>Soma® Compound with Codeine Tablets</td>
<td></td>
</tr>
<tr>
<td>Axotal®</td>
<td>Empirin® Aspirin (most formulations)</td>
<td>Heartline®</td>
<td>Orphengesic®</td>
<td>St. Joseph® Adult</td>
<td></td>
</tr>
</tbody>
</table>
### Common medications that are NSAIDs that don’t contain aspirin

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

### Products with Vitamin E

Most multivitamins contain vitamin E. If you take a multivitamin be sure to check the label. The following products contain vitamin E:

<table>
<thead>
<tr>
<th>Amino-Opt-E</th>
<th>Aquavit</th>
<th>E-400 IU</th>
<th>E complex-600</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aquasol E</td>
<td>D’alpha E</td>
<td>E-1000 IU Softgels</td>
<td>Vita-Plus E</td>
</tr>
</tbody>
</table>

### 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.
The following common medications contain acetaminophen.

<table>
<thead>
<tr>
<th>Acephy®</th>
<th>Datril®</th>
<th>Lortab®</th>
<th>Roxicet®</th>
<th>Vicodin®</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aceta® with Codeine</td>
<td>Di-Gesic®</td>
<td>Naldegesic®</td>
<td>Talacen®</td>
<td>Wygesic®</td>
</tr>
<tr>
<td>Acetaminophen with Codeine</td>
<td>Esgic®</td>
<td>Norco®</td>
<td>Tempra®</td>
<td>Zydome®</td>
</tr>
<tr>
<td>Aspirin-Free Anacin® P.M.®</td>
<td>Excedrin</td>
<td>Panadol®</td>
<td>Tylenol®</td>
<td></td>
</tr>
<tr>
<td>Arthritis Pain Formula® Aspirin-Free</td>
<td>Fiorcet®</td>
<td>Percocet®</td>
<td>Tylenol® with Codeine No. 3</td>
<td></td>
</tr>
<tr>
<td>Darvocet-N 100®</td>
<td>Lorcel®</td>
<td>Rehan</td>
<td>Vanquish®</td>
<td></td>
</tr>
</tbody>
</table>

**Read the labels on all your medications**

Acetaminophen is safe when used as directed, but there is 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 are 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, so look for these common abbreviations, especially on prescription pain relievers:

<table>
<thead>
<tr>
<th>APAP</th>
<th>AC</th>
<th>Acetaminophen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetamin</td>
<td>Acetam</td>
<td>Acetaminophen</td>
</tr>
</tbody>
</table>

Do not 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 spices in cooking, but you must stop taking them in supplemental form 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](http://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.


• 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 taken to the Post Anesthesia Recovery Unit (PACU). You will stay there until you are awake and your pain is under control. Most people go to their room after a few hours in the PACU, but some will need to stay in the PACU overnight for observation.

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

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 in the inpatient unit. There, your nurse will tell you how to recover from your surgery. Below are examples of ways you can help yourself recover safely.

- Walk around after surgery. Walking every 2 hours is a good goal. This will help prevent blood clots in your legs.
- Use your incentive spirometer. This will help your lungs expand, which prevents pneumonia. For more information, please 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 to control your pain. Pain medication will be delivered by patient-controlled analgesia (PCA). PCA helps you control your pain by administering your pain medication into a vein (intravenous or IV) or epidural space (in your spine). Read the resource *Patient-controlled Analgesia* located in this section.

If your pain is not 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).

**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, do not put it off. Try to use the bathroom 5 to 15 minutes after meals.
- After breakfast is a good time to move your bowels because the reflexes in your colon are strongest then.
- Exercise if you can; walking is an excellent form of exercise.
- 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. Do not 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.

**Will I be able to eat?**

You will not be allowed to eat for the first day or 2 following the surgery. Then you will be on a clear liquid diet. After that, your diet will progress to a regular diet as tolerated. You will be able to eat smaller amounts of food than prior to your surgery. You will be encouraged to eat smaller meals, more frequently throughout the day.

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*. For more information, please read *Eating After Your Gastrectomy or Esophagogastrectomy* located in this section. If you have questions about your diet, ask to see a dietitian.

**How long will I be in the hospital?**

Most people are in the hospital for approximately 5 days after having a gastrectomy but this will depend on the exact surgery that is done.

**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.
- Do not drive or drink alcohol while you are 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. Do not 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.

Do not take tub baths until you discuss it with your doctor at the first appointment after your surgery.

How do I care for my incision?
The location of your incision will depend on the type of surgery you had. It is normal to have numbness of the skin below the incision because some of the nerves were cut; this sensation will lessen 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 (stitches), it will also loosen and peel off, similarly to the Steri-Strips.

If your surgeon uses staples to close your incision, you will have them removed at your postoperative visit at the outpatient clinic.

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.

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 for at least 6 weeks. Ask your doctor how long you should avoid heavy lifting.
**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.

**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 cannot 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 is 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 are 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.

**What if I have other questions?**

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

Doctor: ____________________________ Telephone: ____________________________

Nurse: ____________________________ Telephone: ____________________________

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 surgeon immediately if you have:**

- A temperature of 101° F (38.3° C) or higher
- Shortness of breath
- Warmer than normal skin around your incision
- Increased discomfort in the area
- Increased redness around your incision
- New or increased swelling around your incision
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.

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

How To Use Your Incentive Spirometer

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

Please visit mskcc.org/pe/incentive_spirometer to watch this video.

Setting up your incentive spirometer

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

Using your incentive spirometer

When you are using your incentive spirometer, make sure to breathe through your mouth. If you breathe through your nose the incentive spirometer will not work properly. You can plug your nose if you have trouble.

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

To use your incentive spirometer, follow the steps below.

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

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

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

4. Try to get the piston as high as you can, while keeping the indicator
between the arrows.

- If the indicator does not stay between the arrows, you are breathing either too fast or too slowly.

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.

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.

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.
Eating After Your Gastrectomy or Esophagogastrectomy

This information will tell you how to eat after your gastrectomy (surgery to remove your stomach) or esophagogastrectomy (surgery to remove your esophagus, or food pipe, and stomach).

After your gastrectomy or esophagogastrectomy, the way you eat and digest food will change. Your stomach may be smaller or may have been removed, which will make you feel full quicker than you did before your surgery.

Also, the valve that controls how your food goes from your stomach to your intestines may have been removed or changed. This means that you may digest your food too quickly and not absorb nutrients as well as before your surgery.

If you have questions about your diet while you are in the hospital, ask to see your unit dietitian. After you have gone home, you can call 212-639-7312 if you have questions. You can also call 212-639-7071 to make an appointment with an outpatient dietitian.

Guidelines for Eating

You will need to follow new guidelines when you eat. How well you handle your diet will depend on your surgery and tolerance to certain foods. Some people don’t get enough nutrients from their food and end up losing weight. If this happens, you may have to take vitamin, mineral, and/or high-calorie supplements. The guidelines below will help you get the most from your food and help prevent any food-related problems.

- Eat 6 or more small meals a day instead of 3 main meals. This will help you to eat the right amount of food, even though your stomach is smaller or gone. A sample meal plan is listed at the end of this resource.

- Chew your food well. This helps with digestion.
• Eat slowly. This way, you will stop eating before you get too full and feel uncomfortable.

• Do not drink more than 4 ounces (½ cup) of liquid during your meals. This will allow you to eat enough solid food without getting too full and will slow down the digestion of your food.

• Drink most of your liquids at least 1 hour before or 1 hour after your meals to prevent dehydration.

• You should drink about 8 to 10 (8-ounce) glasses of liquid per day. Avoid carbonated (fizzy) beverages if they make you feel full.

• Test your tolerance to sweets.
  ○ Sugar in foods and liquids such as sodas, fruit juices, candy, cakes, honey, and syrups may cause water to be drawn into your stomach or small intestine. Your food will then move too quickly through your small intestine. This is called dumping syndrome. It may cause cramping, stomach pain, or diarrhea. These symptoms start within about 20 minutes of eating.
  ○ Low blood sugar can happen 1 to 2 hours after eating a sugary meal. Symptoms include feeling weak, hungry, nauseous, anxious, shaky, and sweaty. The symptoms can be controlled by changing your diet and watching what you eat. Ask your dietitian for more information.

• Test your tolerance to fats. You may have trouble digesting large amounts of fat. Try a small amount first and then increase it slowly. Foods high in fat include:
  ○ Butter, margarine, and oils
  ○ Mayonnaise
  ○ Creamy salad dressings
  ○ Cream cheese
  ○ Gravies
  ○ Potato and corn chips
  ○ Rich desserts
  ○ Fried foods
• Slowly bring dairy products back into your diet. Some people may become lactose intolerant after having a gastrectomy. This means they have trouble digesting lactose, a type of alcohol sugar found in dairy products. Sometimes, lactose intolerance that develops after surgery will go away with time. Symptoms of lactose intolerance include gas, bloating, and diarrhea. They usually start soon after eating dairy products.

  o To test your tolerance to dairy foods, start by drinking a 4-ounce (½ cup) serving of milk. If you do not have any of the symptoms of lactose intolerance, you can start eating more dairy foods. Examples of foods with large amounts of lactose are milk, ice cream, and soft cheeses.

  o If you become lactose intolerant, you may still be able to eat hard cheeses, yogurt, and butter. These foods have smaller amounts of lactose than other dairy products. If you think you may be lactose intolerant, call your dietitian for help.

  o Products, such as Lactaid® milk, tablets, or drops, can help you digest dairy products.

  o You may want to try dairy products again in a couple of months to see if you can tolerate them.

• You may need a monthly shot of vitamin B12 and vitamin and mineral supplements. If you do, your doctor or dietitian will discuss this with you.

• Tell your doctor if you are losing weight.

**Special Instructions for People Who Have Had an Esophagogastrectomy**

If you have had an esophagogastrectomy, you will start with a liquid diet. Once you can handle this, your doctor may suggest that you try to eat soft or moist foods. If you cough or feel like the food is getting stuck in your throat when you swallow, tell your doctor and dietitian.

During your esophagogastrectomy, the valve between your esophagus and stomach was removed. This can cause reflux, which is when you throw up or bring up foods or liquids. To prevent this, follow the guidelines below in addition to the ones above.

• Sit up straight during meals and for at least 60 minutes after you are
finished.

- Wear loose-fitting clothes around your abdominal (stomach) area.
- Eat your last meal of the day at least 2 hours before your bedtime.
- Always keep the head of your bed at a 45-degree angle or higher. Use a wedge to keep your upper body and head raised. You can buy a wedge at a surgical supply store.

If you are having a hard time swallowing, eat soft, moist foods. Also, be sure to tell your doctor, nurse, or dietitian you are having trouble swallowing. Some people may need a procedure called a dilatation to correct this problem. If you need this, your doctor and nurse will explain the procedure in more detail.

**Sample Menus**

The sample menus below show 6 small meals with 4 ounces of liquid given at each meal and 8 ounces of liquid given in between meals. Keep in mind that soup also counts as a liquid.

The menus also include solid foods. If you are on a mechanical soft (diced food) diet when you go home, ask your doctor when you can start eating solid foods again. Ask your nurse or dietitian for the resource [Eating Guide for Puréed and Mechanical Soft Diets](https://www.mskcc.org/cancer-care/patient-education/resources/eating-guide-pureed-and-mechanical-soft-diets) or go to: www.mskcc.org/cancer-care/patient-education/resources/eating-guide-pureed-and-mechanical-soft-diets

Not all of the menu items are sugar-free. Use sugar-free or “light” yogurt in place of regular yogurt, limit fruit juices, and dilute fruit juices with water if you:

- Have diabetes
- Have high blood sugar
- Are experiencing dumping syndrome

Foods below with an asterisk (*) have lactose. If you are lactose-intolerant, try Lactaid® milk in place of regular milk. Take Lactaid® tablets or drops to help you digest dairy products.

<table>
<thead>
<tr>
<th>Meal Time</th>
<th>Sample Menu 1</th>
<th>Sample Menu 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>Breakfast</td>
<td>Lunch</td>
</tr>
<tr>
<td>-----------</td>
<td>---------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>7:30 AM</td>
<td>• ¼ cup of corn flakes&lt;br&gt;• ½ cup of milk*&lt;br&gt;• ½ of a banana</td>
<td>• ½ cup of chicken soup&lt;br&gt;• ½ of a turkey and cheese sandwich with lettuce and tomato&lt;br&gt;• 2 teaspoons of mayonnaise</td>
</tr>
<tr>
<td></td>
<td>• 1 scrambled egg&lt;br&gt;• 1 slice of toast&lt;br&gt;• 1 teaspoon of margarine&lt;br&gt;• ½ cup of orange juice</td>
<td>• ½ of a roast beef sandwich with lettuce&lt;br&gt;• and tomato&lt;br&gt;• 2 teaspoons of mayonnaise&lt;br&gt;• ½ cup of milk*</td>
</tr>
<tr>
<td>9:00 AM</td>
<td>• ½ cup of juice mixed with ½ cup of water</td>
<td>• 1 cup of tomato juice</td>
</tr>
<tr>
<td>Snack</td>
<td>• ½ cup of cottage cheese*&lt;br&gt;• ½ cup of canned fruit</td>
<td>• 1 tablespoon of peanut butter&lt;br&gt;• 3 graham crackers&lt;br&gt;• ½ cup of milk*</td>
</tr>
<tr>
<td>10:00 AM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:30 AM</td>
<td>• 1 cup of whole milk*</td>
<td>• ½ cup of juice mixed with ½ cup of water</td>
</tr>
<tr>
<td>Lunch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:30 PM</td>
<td>• ½ cup of chicken soup&lt;br&gt;• ½ of a turkey and cheese sandwich with lettuce and tomato&lt;br&gt;• 2 teaspoons of mayonnaise</td>
<td>• ½ of a roast beef sandwich with lettuce&lt;br&gt;• and tomato&lt;br&gt;• 2 teaspoons of mayonnaise&lt;br&gt;• ½ cup of milk*</td>
</tr>
<tr>
<td>2:00 PM</td>
<td>• 1 cup of tomato juice</td>
<td>• 1 cup of broth</td>
</tr>
<tr>
<td>Snack</td>
<td>• Fruit yogurt*&lt;br&gt;• ½ cup of cranberry juice</td>
<td>• ½ cup of tuna salad&lt;br&gt;• 6 saltine crackers&lt;br&gt;• ½ cup of pineapple juice</td>
</tr>
<tr>
<td>3:00 PM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4:30 PM</td>
<td>• ½ cup of juice mixed with ½ cup of water</td>
<td>• ½ cup of juice mixed with ½ cup of water</td>
</tr>
<tr>
<td>Dinner</td>
<td>• 2 ounces of baked chicken&lt;br&gt;• 1 small baked potato with sour cream*&lt;br&gt;• ½ cup of cooked carrots&lt;br&gt;• ½ cup of lemonade</td>
<td>• 2 ounces of baked fish&lt;br&gt;• ½ cup of rice&lt;br&gt;• ½ cup of green beans&lt;br&gt;• 2 teaspoons of margarine&lt;br&gt;• ½ cup of apple juice</td>
</tr>
<tr>
<td>5:30 PM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7:00 PM</td>
<td>• 1 cup of water</td>
<td>• 1 cup of water</td>
</tr>
<tr>
<td>Snack</td>
<td>• 1 ounce of cheddar cheese*&lt;br&gt;• 6 saltine crackers&lt;br&gt;• ½ cup of apple juice</td>
<td>• ¼ cup of cottage cheese&lt;br&gt;• 1 slice of bread&lt;br&gt;• ½ cup of cranberry juice</td>
</tr>
<tr>
<td>8:00 PM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:30 PM</td>
<td>• ½ cup of juice mixed with ½ cup of water</td>
<td>• ½ cup of juice mixed with ½ cup of water</td>
</tr>
</tbody>
</table>
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

Admitting Office
212-639-5014
Call to discuss private room or luxury suite options. If you want to change your room choice after your PST visit, call 212-639-7873 or 212-639-7874.

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 coordinating 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
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 Financial Services
212-639-8242
Call with any questions regarding preauthorization with your insurance company. This is also called preapproval. Patient Financial Services can also help you with your billing or other insurance questions.

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
Patients may request private nurses or companions. Call for more information.

Resources for Life After Cancer (RLAC) Program
646-888-4740
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 referring 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
800-227-2345
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**
http://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.

**Chronic Disease Fund**
www.cdfund.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 CDF formulary.

**Corporate Angel Network**
www.corpangelnetwork.org
866-328-1313
Free travel to treatment across the country using empty seats on corporate jets.
fertileHOPE
www.fertilehope.org
855-220-7777
Provides reproductive information and support to cancer patients and survivors whose medical treatments have risks associated with infertility.

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.

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

Hospital Hosts
www.hospitalhosts.com
National resource to help reduce costs related to medical travel needs such as air, car, and lodging near hospitals.

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

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.