PATIENT & CAREGIVER EDUCATION

About Your Low Anterior Resection (LAR) Surgery

This guide will help you get ready for your low anterior resection (LAR) surgery at Memorial Sloan Kettering (MSK). It will also help you understand what to expect during your recovery.

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

Your surgery

Surgery date: ___________________________________________________

Surgery location: Presurgical Center (PSC) on the 6th floor
1275 York Avenue (between East 67th and East 68th Streets)
New York, NY 10065
B elevator to 6th floor

Expected discharge date: _______________________________________

It’s best to plan your ride home from the hospital ahead of time. This will help you keep from waiting for your ride after you’re discharged from (leave) the hospital. For more information, read the section “Leaving the hospital.”

To view this guide online, visit www.mskcc.org/pe/LAR_surgery
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## Educational Resources

*Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E*

*Herbal Remedies and Cancer Treatment*
About Your Surgery

Your digestive system

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

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

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

After you chew and swallow your food, it moves into your esophagus. Your esophagus is a long, muscular tube that carries food from your mouth into your stomach. Once the food enters your stomach, it mixes with stomach acids. These acids start to digest (break down) the food.
When the food leaves your stomach, it moves into your small intestine. There, it continues to be digested, and many nutrients are absorbed. Anything that isn’t absorbed is called waste.

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

**Low anterior resection (LAR)**

LAR is a surgery that’s done to treat rectal cancer. During LAR surgery, the part of your rectum with the cancer will be removed. The remaining part of your rectum will be reconnected to your colon. You’ll be able to have bowel movements (poop) as usual once you recover from your surgery.

LAR surgery can be done using different techniques. Your surgeon will talk with you about which options are right for you. Depending on the type of surgery you have, your surgeon will make 1 or more incisions (surgical cuts) in your abdomen (belly).

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

Once the part of your rectum with the cancer is removed, the remaining part of your rectum will be reconnected to your colon with tiny metal staples or sutures (stitches). The place where the 2 ends are reconnected is called an anastomosis.

LAR surgery usually takes about 4 hours.

**Ileostomy**

You might need to have an ileostomy for a short time after LAR surgery. An ileostomy is a small opening in your abdomen where bowel movements (poop) can leave your body (see Figure 2). The ileostomy will keep your bowel movements from passing through your colon and rectum. This lets the anastomosis heal.

If you’ll have an ileostomy, a part of your small intestine may be brought out through the opening in your abdomen during your surgery. The part of your intestine that’s outside your body is called a stoma. Your stoma will be pink or red and look shiny and moist. Bowel movements and gas will leave your body through your stoma and go into a plastic pouch that covers your stoma.
Your surgeon will usually know before your surgery if you’ll need a temporary ileostomy. But they’ll make the final decision during your surgery.

If you’ll have a temporary ileostomy, a wound, ostomy, and continence (WOC) nurse will help teach you how to care for it before and after your surgery. The ileostomy will be closed a few months after your surgery. Very few people need a permanent ileostomy.
Before Your Surgery

The information in this section will help you get ready for your surgery. Read this section when your surgery is scheduled and refer to it as your surgery date gets closer. It has important information about what you need to do before your surgery.

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

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Getting ready for your surgery

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

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, such as:
  o Aspirin
  o Heparin
  o Warfarin (Jantoven® or Coumadin®)
  o Clopidogrel (Plavix®)
  o Enoxaparin (Lovenox®)
  o Dabigatran (Pradaxa®)
  o Apixaban (Eliquis®)
  o Rivaroxaban (Xarelto®)
  There are others, so be sure your healthcare provider knows all the medications you’re taking.

☐ I take prescription medications (medications my healthcare provider prescribes), including patches and creams.

☐ I take over-the-counter medications (medications I buy without a prescription), including patches and creams.

☐ I take dietary supplements, such as herbs, vitamins, minerals, or natural or home remedies.

☐ I have a pacemaker, automatic implantable cardioverter-defibrillator (AICD), or other heart device.

☐ I have sleep apnea.

☐ I’ve had a problem with anesthesia (medication to make me sleep during surgery) in the past.

☐ I’m allergic to certain medication(s) or materials, including latex.

☐ I’m not willing to receive a blood transfusion.

☐ I drink alcohol.

☐ I smoke or use an electronic smoking device (such as a vape pen, e-cigarette, or Juul®).

☐ I use recreational drugs.

About drinking alcohol

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

- If you stop drinking alcohol suddenly, it can cause seizures, delirium, and death. If we know you’re at risk for these complications, we can prescribe medications to help keep them from happening.

- If you drink alcohol regularly, you may be at risk for other complications during and after your surgery. These include bleeding, infections, heart problems, and a longer hospital stay.
Here are things you can do before your surgery to keep from having problems:

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

**About smoking**

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

**About sleep apnea**

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

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

**Using MyMSK**

MyMSK (my.mskcc.org) is your MSK patient portal. You can use MyMSK to send and receive messages from your care team, view your test results, see your appointment dates and times, and more. You can also invite your caregiver to create their own account so they can see information about your care.

If you don’t have a MyMSK account, you can visit my.mskcc.org, call 646-227-2593, or call your doctor’s office for an enrollment ID to sign up. You can also watch our video *How to Enroll in MyMSK: Memorial Sloan Kettering’s Patient Portal* (www.mskcc.org/pe/enroll_mymsk). For help, contact the MyMSK Help Desk by emailing mymsk@mskcc.org or calling 800-248-0593.
About your MyMSK Goals to Discharge Checklist

When your surgery is over, you’ll focus on getting well enough to leave the hospital. We’ll send a Goals to Discharge Checklist to your MyMSK account to help you track how you’re doing. You can use this electronic checklist to see the goals you need to meet before leaving the hospital and update your progress throughout the day. Your updates also send alerts to your surgical team about your progress.

For more information, read the resource How to Use Your MyMSK Goals to Discharge Checklist. You can find it online at www.mskcc.org/pe/goals_discharge_checklist or ask your healthcare provider for a copy.

About Enhanced Recovery After Surgery (ERAS)

ERAS is a program to help you get better faster after your surgery. As part of the ERAS program, it’s important to do certain things before and after your surgery.

Before your surgery, make sure you’re ready by doing the following things:

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

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

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

Within 30 days of your surgery

Presurgical Testing (PST)

Before your surgery, you’ll have an appointment for presurgical testing (PST). The date, time, and location will be printed on the appointment reminder from your surgeon’s office. It’s helpful to bring the following things to your PST appointment:

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

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

During your PST appointment, you’ll meet with a nurse practitioner (NP). They work closely with anesthesiology staff (specialized healthcare providers who will give you anesthesia during your surgery). Your NP will review your medical and surgical history with you. You may have tests, such as an electrocardiogram (EKG) to check your heart rhythm, a chest x-ray, blood tests, and any other tests needed to plan your care. Your NP may also recommend that you see other healthcare providers.

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

**Meet with a Wound, Ostomy, Continence (WOC) Nurse**

If you’ll have a temporary ileostomy, you’ll meet with a WOC nurse before your surgery. A WOC nurse is a registered nurse who specializes in wound and ostomy care. They’ll teach you and your family how to care for your new colostomy and help you become more independent. A WOC nurse will also show you a colostomy pouch so you can get familiar with it.

**Identify your caregiver**

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

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**For caregivers**

Resources and support are available to help manage the responsibilities that come with caring for a person going through cancer treatment. For support resources and information, visit [www.mskcc.org/caregivers](http://www.mskcc.org/caregivers) or read *A Guide for Caregivers*. You can find it online at [www.mskcc.org/pe/guide_caregivers](http://www.mskcc.org/pe/guide_caregivers) or ask your healthcare provider for a copy.

**Complete a Health Care Proxy form**

If you haven’t already completed a Health Care Proxy form, we recommend you complete one now. If you’ve already completed one or have any other advance directives, bring them to your next appointment.
A health care proxy is a legal document that identifies the person who will speak for you if you can't communicate for yourself. The person you identify is called your health care agent.

Talk with your healthcare provider if you’d like to complete a health care proxy. You can also read the resources Advance Care Planning and How to Be a Health Care Agent for information about health care proxies, other advance directives, and being a health care agent. You can find them online at www.mskcc.org/pe/advance_care_planning and www.mskcc.org/pe/health_care_agent or ask your healthcare provider for a copy.

7 days before your surgery

Follow your healthcare provider’s instructions for taking aspirin

If you take aspirin or a medication that contains aspirin, you may need to change your dose or stop taking it 7 days before your surgery. Aspirin can cause bleeding.

Follow your healthcare provider’s instructions. Don’t stop taking aspirin unless they tell you to. For more information, read the resource Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E. You can find it in the “Educational Resources” section of this guide.

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

Stop taking vitamin E, multivitamins, herbal remedies, and other dietary supplements 7 days before your surgery. These things can cause bleeding. For more information, read the resource Herbal Remedies and Cancer Treatment You can find it in the “Educational Resources” section of this guide.

Buy bowel preparation supplies

You’ll need to do a bowel preparation (clear the stool from your body) before your surgery. Your healthcare provider will give you a prescription for antibiotics to take as part of your bowel preparation. You’ll also need to buy the following supplies:

- 1 (238-gram) bottle of polyethylene glycol (MiraLAX®). You can buy this at your local pharmacy without a prescription.
- 1 (64-ounce) bottle of a clear liquid. Examples are listed in the “Clear liquid diet” table.
- Extra clear liquids to drink while you’re following a clear liquid diet.
2 days before your surgery

Stop taking nonsteroidal anti-inflammatory drugs (NSAIDs)

Stop taking NSAIDs, such as ibuprofen (Advil®, Motrin®) and naproxen (Aleve®), 2 days before your surgery. These medications can cause bleeding. For more information, read the resource Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E You can find it in the “Educational Resources” section of this guide.

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

1 day before your surgery

Follow a clear liquid diet

You’ll need to follow a clear liquid diet the day before your surgery. A clear liquid diet includes only liquids you can see through. Examples are listed in the “Clear liquid diet” table. While you’re following this diet:

- Don’t eat any solid foods.
- Try to drink at least 1 (8-ounce) glass of clear liquid every hour while you’re awake.
- Drink different types of clear liquids. Don’t just drink water, coffee, and tea.
- Don’t drink sugar-free liquids unless you have diabetes and a member of your care team tells you to.

For people with diabetes

If you have diabetes, ask the healthcare provider who manages your diabetes what you should do while you’re following a clear liquid diet.

- If you take insulin or another medication for diabetes, ask if you need to change the dose.
- Ask if you should drink sugar-free clear liquids.

Make sure to check your blood sugar level often while you’re following a clear liquid diet. If you have any questions, talk with your healthcare provider.
Clear liquid diet

<table>
<thead>
<tr>
<th>Drink</th>
<th>Do Not Drink</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Soups</strong></td>
<td>• Clear broth, bouillon, or consommé</td>
</tr>
<tr>
<td></td>
<td>• Any products with pieces of dried food or seasoning</td>
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<tr>
<td><strong>Sweets</strong></td>
<td>• Gelatin (such as Jell-O®)</td>
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<tr>
<td></td>
<td>• Flavored ices</td>
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<tr>
<td></td>
<td>• Hard candies (such as Life Savers®)</td>
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<tr>
<td></td>
<td>• All others</td>
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<tr>
<td><strong>Drinks</strong></td>
<td>• Clear fruit juices (such as lemonade, apple, cranberry, and grape juices)</td>
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<tr>
<td></td>
<td>• Soda (such as ginger ale, 7UP®, Sprite®, and seltzer)</td>
</tr>
<tr>
<td></td>
<td>• Sports drinks (such as Gatorade®)</td>
</tr>
<tr>
<td></td>
<td>• Black coffee</td>
</tr>
<tr>
<td></td>
<td>• Tea</td>
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<tr>
<td></td>
<td>• Water</td>
</tr>
<tr>
<td></td>
<td>• Juices with pulp</td>
</tr>
<tr>
<td></td>
<td>• Nectars</td>
</tr>
<tr>
<td></td>
<td>• Milk or cream</td>
</tr>
<tr>
<td></td>
<td>• Alcoholic drinks</td>
</tr>
</tbody>
</table>

Start your bowel preparation

Start your bowel preparation 1 day before your surgery.

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

**At 5:00 PM on the day before your surgery,** start drinking the MiraLAX mixture. It will cause frequent bowel movements, so make sure you’re near a bathroom.

- Drink 1 (8-ounce) glass of the mixture every 15 minutes until it’s gone.
- When you finish the MiraLAX mixture, drink 4 to 6 glasses of clear liquids.
- Apply zinc oxide ointment or Desitin® to the skin around your anus after every bowel movement. This helps prevent irritation.

**At 7:00 PM on the day before your surgery,** take your antibiotics as instructed.

**At 10:00 PM on the day before your surgery,** take your antibiotics as instructed.

You can keep drinking clear liquids until midnight, but you don’t have to.
**Note the time of your surgery**

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

The staff member will tell you what time to arrive at the hospital for your surgery. They’ll also remind you where to go.

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

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

The night before your surgery, shower using a 4% CHG solution antiseptic skin cleanser.

1. Use your normal shampoo to wash your hair. Rinse your head well.
2. Use your normal soap to wash your face and genital area. Rinse your body well with warm water.
3. Open the 4% CHG solution bottle. Pour some into your hand or a clean washcloth.
4. Move away from the shower stream. Rub the 4% CHG solution gently over your body from your neck to your feet. Don’t put it on your face or genital area.
5. Move back into the shower stream to rinse off the 4% CHG solution. Use warm water.
6. Dry yourself off with a clean towel after your shower.
7. Don’t put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne after your shower.

**Instructions for eating before your surgery**

*Do not eat anything after midnight the night before your surgery.* This includes hard candy and gum.
The morning of your surgery

Remember, don’t eat anything after midnight the night before your surgery.

Instructions for drinking before your surgery

If your healthcare provider gave you a CF(Preop)® drink, finish it 2 hours before your scheduled arrival time. **Do not drink anything else, including water.**

If your healthcare provider didn’t give you a CF(Preop) drink, you can drink a total of 12 ounces of water between midnight and 2 hours before your scheduled arrival time. **Do not drink anything else.**

**Do not drink anything starting 2 hours before your scheduled arrival time.** This includes water.

Take your medications as instructed

If your healthcare provider told you to take certain medications the morning of your surgery, take only those medications with a sip of water. Depending on what medications you take, this may be all, some, or none of your usual morning medications.

Shower with a 4% CHG solution antiseptic skin cleanser (such as Hibiclens)

Shower with a 4% CHG solution antiseptic skin cleanser before you leave for the hospital. Use it the same way you did the night before.

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

Things to remember

- Wear something comfortable and loose-fitting.
- If you wear contact lenses, wear your glasses instead. Wearing contact lenses during surgery can damage your eyes.
• Don’t wear any metal objects. Remove all jewelry, including body piercings. The equipment used during your surgery can cause burns if it touches metal.
• Leave valuable items at home.
• If you’re menstruating (have your monthly period), use a sanitary pad, not a tampon. You’ll get disposable underwear, as well as a pad if needed.

What to bring
• A pair of loose-fitting pants (such as sweatpants).
• Brief-style underwear that’s 1 to 2 sizes larger than you normally wear.
• Sneakers that lace up. You may have some swelling in your feet. Lace-up sneakers can fit over this swelling.
• Your breathing device for sleep apnea (such as your CPAP machine), if you have one.
• Your Health Care Proxy form and other advance directives, if you completed them.
• Your cell phone and charger.
• Only the money you may want for small purchases (such as a newspaper).
• A case for your personal items (such as eyeglasses, hearing aid(s), dentures, prosthetic device(s), wig, and religious articles), if you have one.
• This guide. You'll use it when you learn how to care for yourself after surgery.

Where to park
MSK’s parking garage is 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 about a quarter of a block in from York Avenue, on the right-hand (north) side of the street. There’s a tunnel you can walk through that connects the garage to the hospital.

There are also other garages 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
When you get to the hospital, take the B elevator to the 6th floor. Check in at the desk in the PSC waiting room. Many staff members will ask you to say and spell your name and birth date. This is for your safety. People with the same or a similar name may be having surgery on the same day.
When it’s time to change for surgery, you’ll get a hospital gown, robe, and nonskid socks to wear.

**Meet with a nurse**
You’ll meet with a nurse before surgery. Tell them the dose of any medications you took after midnight (including prescription and over-the-counter medications, patches, and creams) and the time you took them.

Your nurse may place an intravenous (IV) line in one of your veins, usually in your arm or hand. If your nurse doesn’t place the IV, your anesthesiologist will do it in the operating room.

**Meet with an anesthesiologist**
You’ll also meet with an anesthesiologist before surgery. They will:

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

**Get ready for your surgery**
When it’s time for your surgery, you’ll need to remove your hearing aids, dentures, prosthetic devices, wig, and religious articles, if you have them.

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

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

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

Once your surgery is finished, your surgeon will close your incision with sutures (stitches), staples, Dermabond® (surgical glue), or Steri-Strips™ (thin pieces of surgical tape). They may also cover them with a bandage. Your breathing tube is usually taken out while you’re still in the operating room.
After Your Surgery

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’ll learn how to safely recover from your surgery.

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

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In the Post-Anesthesia Care Unit (PACU)

When you wake up after your surgery, you’ll be in the PACU. A nurse will be keeping track of your body temperature, pulse, blood pressure, and oxygen levels. You may be getting oxygen through a thin tube that rests below your nose or a mask that covers your nose and mouth. You’ll also have compression boots on your lower legs.

Pain medication

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

- **Epidural catheter**: Some people get pain medication through an epidural catheter (thin, flexible tube in their spine).

- **Nerve block**: Some people get a nerve block before or during surgery. With a nerve block, your healthcare provider injects medication into some of your nerves to reduce pain after surgery.

- **IV medications**: Some people get pain medication into a vein through their IV line.

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

Tubes and drains

You’ll have 1 or more of the tubes and drains below. Your healthcare providers will talk with you about what to expect.

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

- You’ll have 1 or 2 drains in your lower abdomen. These drain extra fluid from the area. They’re usually removed after a few days. If you’ll go home with a drain, your nurse will show you how to care for it.

Moving to your hospital room

You’ll stay in the PACU until you’re awake and your pain is under control. Most people move to their hospital room after a few hours in the PACU, but some people stay in the PACU overnight for observation.

After your stay in the PACU, a staff member will take you to your hospital room.
In your hospital room

The length of time you’re in the hospital after your surgery depends on your recovery and the exact surgery you had. Most people stay in the hospital for about 2 to 4 days. Your care team will tell you what to expect.

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

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

- **Read your recovery pathway.** Your healthcare provider will give you a pathway with goals for your recovery, if you don’t already have one. It will help you know what to do and expect on each day during your recovery.

- **Start moving around as soon as you can.** The sooner you get out of bed and walk, the quicker you can get back to your normal activities.

You can use your MyMSK Goals to Discharge Checklist to track your progress during your recovery. For more information, read the resource *How to Use Your MyMSK Goals to Discharge Checklist*. One of your healthcare providers will give you a copy, or you can find it online at www.mskcc.org/pe/goals_discharge_checklist.

Read the resource *Call! Don’t Fall!* to learn what you can do to stay safe and keep from falling while you’re in the hospital. You can ask your healthcare provider for a copy or find it online at www.mskcc.org/pe/call_dont_fall.

Managing your pain

You’ll have some pain after your surgery. At first, you’ll get your pain medication through your epidural catheter, nerve block, or IV line.

Your healthcare providers will ask you about your pain often and give you medication as needed. If your pain isn’t relieved, tell one of your healthcare providers. It’s important to control your pain so you can use your incentive spirometer and move around. Controlling your pain will help you recover better.

Many people find their pain is controlled with over-the-counter medications alone. If you need stronger pain medication in the hospital, one of your healthcare providers will give you a prescription before you leave. Talk with your healthcare providers about possible side effects and how to taper (slowly stop taking) your medication.
Moving around and walking
Moving around and walking will help lower your risk for blood clots and pneumonia (lung infection). It will also help you start passing gas and having bowel movements (pooping) again.

Read your recovery pathway to learn about your specific moving and walking goals. Your nurse, physical therapist, or occupational therapist will help you move around, if needed.

Exercising your lungs
It’s important to exercise your lungs so they expand fully. This helps prevent pneumonia.

- Your nurse will give you an incentive spirometer. Use it 10 times every hour you’re awake. For more information, read the resource How to Use Your Incentive Spirometer. You can ask your healthcare provider for a copy or find it online at www.mskcc.org/pe/incentive_spirometer.

- Do coughing and deep breathing exercises. A member of your care team will teach you how.

Eating and drinking
You’ll slowly go back to eating solid foods starting the day after your surgery. Read your pathway and talk with your care team for more information.

Your healthcare provider will give you dietary guidelines to follow after your surgery. A clinical dietitian nutritionist will visit you in your hospital room to go over these guidelines with you before you leave the hospital.

Caring for your temporary ileostomy
If you have a temporary ileostomy, your nurses, WOC nurse, or both will check your stoma every day. You’ll have a pouch in place to collect the stool that comes out of your stoma.

Your WOC nurse will visit you in your hospital room to teach you how to care for your ileostomy. For more information, read Caring for Your Ileostomy or Colostomy. You can find it online at www.mskcc.org/pe/caring_ileostomy_colostomy or ask your healthcare provider for a copy.

Leaving the hospital
By the time you’re ready to leave the hospital, your incision will have started to heal. Before you leave, look at your incision with one of your healthcare providers. Knowing what it looks like will help you notice any changes later.
On the day of your discharge, plan to leave the hospital between 8:00 AM and 11:00 AM. Before you leave, your healthcare provider will write your discharge order and prescriptions. You’ll also get written discharge instructions. One of your healthcare providers will review them with you before you leave.

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

At home

Read the resource *What You Can Do to Avoid Falling* to learn what you can do to stay safe and keep from falling at home and during your appointments at MSK. You can find it online at www.mskcc.org/pe/avoid_falling or ask your healthcare provider for a copy.

**Filling out your Recovery Tracker**

We want to know how you’re feeling after you leave the hospital. To help us continue caring for you, we’ll send questions to your MyMSK account every day for 10 days after you leave the hospital. These questions are known as your Recovery Tracker.

Fill out your Recovery Tracker every day before midnight (12:00 am). It only takes 2 to 3 minutes to complete. Your answers to these questions will help us understand how you’re feeling and what you need.

Based on your answers, we may reach out to you for more information or ask you to call your surgeon’s office. You can always contact your surgeon’s office if you have any questions. For more information, read the resource *About Your Recovery Tracker*. You can find it online at www.mskcc.org/pe/recovery_tracker or ask your healthcare provider for a copy.

**Managing your pain**

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

Follow the guidelines below to help manage your pain at home.

- Take your medications as directed and as needed.
- Call your healthcare provider if the medication prescribed for you doesn’t ease your pain.
• Don’t drive or drink alcohol while you’re taking prescription pain medication. Some prescription pain medications can make you drowsy. Alcohol can make the drowsiness worse.

• As your incision heals, you’ll have less pain and need less pain medication. An over-the-counter pain reliever such as acetaminophen (Tylenol®) or ibuprofen (Advil® or Motrin®) will ease aches and discomfort.
  o Follow your healthcare provider's instructions for stopping your prescription pain medication.
  o Don’t take more of any medication than the amount directed on the label or as instructed by your healthcare provider.
  o Read the labels on all the medications you’re taking, especially if you’re taking acetaminophen. Acetaminophen is an ingredient in many over-the-counter and prescription medications. Taking too much can harm your liver. Don’t take more than 1 medication that contains acetaminophen without talking with a member of your care team.

• Pain medication should help you resume your normal activities. Take enough medication to do your activities and exercises comfortably. It’s normal for your pain to increase a little as you start to be more active.

• Keep track of when you take your pain medication. It works best 30 to 45 minutes after you take it. Taking it when you first have pain is better than waiting for the pain to get worse.

Some prescription pain medications (such as opioids) may cause constipation (having fewer bowel movements than usual).

**Caring for your incisions**

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

Check your incisions every day for any signs of infection until your healthcare provider tells you they’re healed. Call your healthcare provider if you develop any of the following signs of an infection:

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

To keep from getting an infection, don’t let anyone touch your incisions. Clean your hands with soap and water or an alcohol-based hand sanitizer before you touch your incisions.
If you go home with staples or sutures in your incisions, your healthcare provider will take them out during one of your appointments after surgery. It’s OK to get them wet. If you go home with Steri-Strips or Dermabond on your incisions, they’ll loosen and peel off by themselves. If they haven’t come off after about 14 days, you can take them off.

**Showering**

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

Take your bandages off before you shower. When you shower, gently wash your incisions with a fragrance-free, liquid soap. Don’t scrub your incisions or use a washcloth on them. This could irritate them and keep them from healing.

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

Don’t take tub baths or go swimming until your healthcare provider says it’s OK.

**Caring for your temporary ileostomy**

If you have a temporary ileostomy, your WOC nurse will teach you how to care for it after your surgery. For more information, read *Caring for Your Ileostomy or Colostomy*. You can find it online at www.mskcc.org/pe/caring_ileostomy_colostomy or ask your healthcare provider for a copy.

Mucus discharge is common for people with an ostomy. You may pass mucus that may also appear as a bowel movement.

**Preventing dehydration**

It’s very important to stay well-hydrated while you have a temporary ileostomy. You can become dehydrated if the amount of stool you’re making is more than what you eat or drink.

Drink 8 to 10 (8-ounce) glasses of liquids every day. Call your doctor if you have any of the following signs or symptoms of dehydration:

- Feeling very thirsty
- Dry mouth
- Dry skin
- Fatigue (feeling more tired or having less energy than usual)
- Loss of appetite
- Feeling dizzy when you stand
- Headache
- Leg cramps
**Signs of a bowel obstruction**

While you have a temporary ileostomy, you’re at risk for having a bowel obstruction. A bowel obstruction happens when your intestine is partly or completely blocked. The blockage keeps food, liquids, and gas from moving through your intestines normally. The blockage can be caused by food, scar tissue, or a twist in your intestine.

Call your healthcare provider if you have any of the following signs or symptoms of a bowel obstruction:

- Tender and bloated stomach
- Abdominal cramping
- Nausea or vomiting
- Inability to pass gas or stool
- Less or no output from your ileostomy

**Managing changes in bowel function**

The information in this section is for people who:

- Don’t have a temporary ileostomy.
- Have had their temporary ileostomy reversed.

Your rectum is a storage tank for stool (poop). You had surgery to remove part of it, so now this tank is smaller. This means that it can’t hold as much stool. You may have a lot of small bowel movements because your rectum can’t hold a lot of stool. Over time, your rectum will stretch and be able to hold more stool. This process can take several months to years.

For the first few weeks after your surgery, you may have a lot of bowel movements. This is because the lower part of your colon hasn’t been used in a while. It will take time for your body to recover.

After your surgery, your bowel movements may:

- Be more frequent.
- Happen several times an hour, several times a week.
- Happen every other day.

You also may:

- Feel a strong sense of urgency to have a bowel movement.
- Have trouble telling the difference between having a bowel movement and passing gas.

If you also had radiation therapy, your rectum may be stiff. It won’t be able to stretch and hold stool as well as before your surgery. This is usually temporary.
**Tips for managing frequent bowel movements**

If you’re having multiple bowel movements a day, you may need to follow a bland diet for a few days.

While you’re following a bland diet, avoid:

- Dairy products, including milk, cheese, and ice cream
- Coffee
- Chocolate
- Spicy foods
- Fried foods
- Gravies and cream sauces
- High-fat deli meats
- Greasy meats, such as sausage and bacon
- Fruit juices
- Sugar-free foods

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

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

Drinking black tea can also help.

**Tips for managing soreness**

You may have soreness around your anus from frequent bowel movements. If you do:

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

**Changes in urinary function**

The nerves that control urination are also in your pelvis. There’s a small chance you may have changes in urinary function after your surgery. Your surgeon will do everything they can to protect these nerves. A small number of people lose urinary control for a short time after surgery.

If this happens to you, you may need to use a catheter for a longer time after your surgery. Permanent loss of urinary control is uncommon. Your surgeon will talk with you about this risk. You can also speak to your other healthcare providers.
Physical activity and exercise

When you leave the hospital, your incisions may look like they’re healed on the outside, but they won’t be healed on the inside. For the first 6 weeks after your surgery:

- Don’t lift, push, or pull anything heavier than 10 pounds (4.5 kilograms).
- Don’t do any strenuous activities (such as jogging and tennis).
- Don’t play any contact sports (such as football).

Walking is a good way to increase your endurance. You can walk outside or indoors at your local mall or shopping center. You can also climb stairs, but try to limit how often you do this for the first week you’re home. Don’t go out by yourself until you’re sure of what you can do.

It’s normal to have less energy than usual after your surgery. Recovery time is different for everyone. Increase your activities each day as much as you can. Always balance activity periods with rest periods. If you can’t sleep at night, it may be a sign that you’re resting too much during the day.

Driving

Driving may cause discomfort while you’re healing because you use your abdominal muscles (abs) when you brake. Ask your healthcare provider when you can drive. Don’t drive while you’re taking pain medication that may make you drowsy. You can ride in a car as a passenger at any time after you leave the hospital.

Sexual activity

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

The nerves that control sexual function are in your pelvis. You may worry they’ll be damaged after your surgery. Surgeons at MSK have special training to lower this risk. Only a small number of people have changes in sexual function after their surgery. If you have any concerns about sexual function, talk with your healthcare provider.

Going back to work

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

After your surgery, the tumor and the tissue around it will be sent to a pathologist. Your test results will be ready about 7 to 10 business days after your surgery. Your surgeon will talk with you about the results of the tests and whether they recommend any additional treatments.

Follow-up appointments

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

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

Managing your feelings

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 Your healthcare provider can refer you to MSK’s Counseling Center. You can also reach them by calling 646-888-0200.

Whether you’re in the hospital or at home, we’re here to help you and your family and friends handle the emotional aspects of your illness.
When to call your healthcare provider

Call your healthcare provider if:

- You have a fever of 100.5 °F (38.0 °C) or higher.
- You have pain in your abdomen, nausea, and vomiting.
- You have any of the following signs of infection in your incision:
  - Redness
  - Swelling
  - Increased pain
  - Warmth at the incision site
  - Foul-smelling or pus-like drainage
- You have trouble urinating (peeing).
- You have pain at your incision that isn’t eased by pain medication.
- You’re bleeding from your rectum.
- You don’t have any output for 2 hours (if you have an ileostomy).
- You have any of the following signs and symptoms of dehydration:
  - Excessive thirst
  - Dry mouth or skin
  - Fatigue
  - Loss of appetite
  - Feeling dizzy when you stand
  - Headache
  - Leg cramps
- You have any questions or concerns.

Contact information

Monday through Friday from 9:00 AM to 5:00 PM, call your healthcare provider’s office.

After 5:00 PM, during the weekend, and on holidays, call 212-639-2000 and ask to speak to the person on call for your healthcare provider.
Support Services

This section contains a list of support services that may help you get ready for your surgery and recover safely.

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

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Ostomy support services

The Ostomy Association
www.ostomy.org

Wound Ostomy Continence Organization
www.wocn.org
Go to this website to find a CWOCN in your area. The website also has information on resources, suppliers of ostomy products, and support groups.

MSK support services

Admitting Office
212-639-7606
Call if you have questions about your hospital admission, including requesting a private room.

Anesthesia
212-639-6840
Call if you have questions about anesthesia.

Blood Donor Room
212-639-7643
Call for more information if you’re interested in donating blood or platelets.

Bobst International Center
888-675-7722
MSK welcomes patients from around the world. If you’re an international patient, call for help arranging your care.

Counseling Center
646-888-0200
Many people find that counseling helps them. We provide counseling for individuals, couples, families, and groups, as well as medications to help if you feel anxious or depressed. To make an appointment, ask your healthcare provider for a referral or call the number above.

Food Pantry Program
646-888-8055
The food pantry program provides food to people in need during their cancer treatment. For more information, talk with your healthcare provider or call the number above.

Integrative Medicine Service
646-888-0800
Integrative Medicine Service offers many services to complement (go along with) traditional medical care, including music therapy, mind/body therapies, dance and movement therapy, yoga, and touch therapy.
You can visit our library website or speak with the library reference staff to find more information about your specific cancer type. You can also visit LibGuides on MSK’s library website at libguides.mskcc.org

**Patient and Caregiver Education**
www.mskcc.org/pe
Visit the Patient and Caregiver Education website to search our virtual library. There you can find written educational resources, videos, and online programs.

**Patient and Caregiver Peer Support Program**
212-639-5007
You may find it comforting to speak with someone who has been through a treatment like yours. You can talk with a former MSK patient or caregiver through our Patient and Caregiver Peer Support Program. These conversations are confidential. They may take place in person or over the phone.

**Patient Billing**
646-227-3378
Call if you have questions about preauthorization with your insurance company. This is also called preapproval.

**Patient Representative Office**
212-639-7202
Call if you have questions about the Health Care Proxy form or if you have concerns about your care.

**Perioperative Nurse Liaison**
212-639-5935
Call if you have questions about MSK releasing any information while you’re having surgery.

**Private Duty Nursing Office**
212-639-6892
You may request private nurses or companions. Call for more information.

**Resources for Life After Cancer (RLAC) Program**
646-888-8106
At MSK, care doesn’t end after active treatment. The RLAC Program is for patients and their families who have finished treatment. This program has many services, including seminars, workshops, support groups, counseling on life after treatment, and help with insurance and employment issues.
Sexual Health Programs
Cancer and cancer treatments can have an impact on your sexual health. MSK's Sexual Health Programs can help you take action and address sexual health issues before, during, or after your treatment.

- Our Female Sexual Medicine and Women’s Health Program can help if you’re dealing with cancer-related sexual health challenges such as premature menopause or fertility issues. For more information or to make an appointment, call 646-888-5076.

- Our Male Sexual and Reproductive Medicine Program can help if you’re dealing with cancer-related sexual health challenges such as erectile dysfunction (ED). For more information or to make an appointment, call 646-888-6024.

Social Work
212-639-7020
Social workers help patients, family, and friends deal with issues that are common for 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.

Spiritual Care
212-639-5982
Our chaplains (spiritual counselors) 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.

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

Tobacco Treatment Program
212-610-0507
If you want to quit smoking, MSK has specialists who can help. Call for more information.

Virtual Programs
www.mskcc.org/vp
MSK’s Virtual Programs offer online education and support for patients and caregivers, even when you can’t come to MSK in person. Through live, interactive sessions, you can learn about your diagnosis, what to expect during treatment, and how to prepare for the various stages of your cancer care. Sessions are confidential, free, and led by expert clinical staff. If you’re interested in joining a Virtual Program, visit our website at www.mskcc.org/vp for more information.

For more online information, visit the Cancer Types section of www.mskcc.org
External support services

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

For a list of these support services, visit www.mskcc.org/pe/external_support_services. You can also talk with an MSK social worker by calling 212-639-7020.

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Educational Resources

This section has the educational resources mentioned in this guide. These resources will help you get ready for your surgery and recover safely after surgery.

As you read through these resources, you can use space below to write down any questions you want to ask your healthcare provider.

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Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E

This information will help you identify medications that contain aspirin, other NSAIDs, or vitamin E. It’s important to stop taking these medications before many cancer treatments. They affect your platelets (blood cells that clot to prevent bleeding) and can increase your risk of bleeding during treatment.

Other dietary supplements (such as other vitamins and herbal remedies) can also affect your cancer treatment. For more information, read the resource Herbal Remedies and Cancer Treatment (www.mskcc.org/pe/herbal_remedies).

Instructions Before Your Cancer Treatment

If you take aspirin, other NSAIDs, or vitamin E, tell your healthcare provider. They’ll tell you if you need to stop taking it. You’ll also find instructions in the information about your treatment. Read the “Examples of Medications” section to see if your medications contain aspirin, other NSAIDs, or vitamin E.

Before your surgery

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

- If you take aspirin or a medication that contains aspirin, you may need to change your dose or stop taking it 7 days before your surgery. Follow your healthcare provider’s instructions. Don’t stop taking aspirin unless your
healthcare provider tells you to.

- If you take vitamin E or a supplement that contains vitamin E, stop taking it 7 days before your surgery or as directed by your healthcare provider.

- If you take an NSAID or a medication that contains an NSAID, stop taking it 48 hours (2 days) before your surgery or as directed by your healthcare provider.

Before your radiology procedure

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

- If you take aspirin or a medication that contains aspirin, you may need to stop taking it 5 days before your procedure. Follow your healthcare provider’s instructions. **Don’t stop taking aspirin unless your healthcare provider tells you to.**

- If you take an NSAID or a medication that contains an NSAID, you may need to stop taking it 24 hours (1 day) before your procedure. Follow your healthcare provider’s instructions.

Before and during your chemotherapy

Chemotherapy can lower your platelet count, which can increase your risk of bleeding. Whether you’re just starting chemotherapy or have been getting it, talk with your healthcare provider before taking aspirin, other NSAIDs, or vitamin E.

Examples of Medications

Medications are often called by their brand name. This can make it hard to know their ingredients. The lists below can help you identify medications that contain aspirin, other NSAIDs, or vitamin E.

These lists include the most common products, but there are others. **Make sure your healthcare provider always knows all the prescription and over-
the-counter (not prescription) medications you’re taking, including patches and creams.

<table>
<thead>
<tr>
<th>Common Medications Containing Aspirin</th>
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<tbody>
<tr>
<td>Aggrenox®</td>
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<tr>
<td>Alka Seltzer®</td>
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<tr>
<td>Anacin®</td>
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<tr>
<td>Arthritis Pain Formula</td>
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<tr>
<td>Arthritis Foundation Pain Reliever®</td>
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<tr>
<td>ASA Enseals®</td>
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<tr>
<td>ASA Suppositories®</td>
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<tr>
<td>Ascriptin® and Ascriptin A/D®</td>
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<td>Aspergum®</td>
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<td>Asprimox®</td>
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<tr>
<td>Axotal®</td>
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<tr>
<td>Azdone®</td>
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<tr>
<td>Bayer® (most formulations)</td>
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<tr>
<td>BC® Powder and Cold formulations</td>
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<tr>
<td>Bufferin® (most formulations)</td>
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<tr>
<td>Buffets II®</td>
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<td>Buffex®</td>
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Common NSAID Medications That Don’t Contain Aspirin

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

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

Most multivitamins contain vitamin E. If you take a multivitamin, 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. But, talk with your healthcare provider before taking acetaminophen if you’re getting chemotherapy.
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 a day. It’s possible to take too much without knowing because it’s in many different prescription and over-the-counter 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.

<table>
<thead>
<tr>
<th>Common Abbreviations for Acetaminophen</th>
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<tbody>
<tr>
<td>APAP</td>
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<tr>
<td>Acetamin</td>
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</table>

Always read and follow the label on the product you’re taking. Don’t take more than 1 medication that contains acetaminophen at a time without talking with a member of your healthcare team.
If you have any questions, contact a member of your healthcare team directly. If you're a patient at MSK and you need to reach a provider after 5:00 PM, during the weekend, or on a holiday, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.
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 (plant-based) 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 trouble 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 sedation or anesthesia.

**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 doesn’t cover all herbal remedies or possible side effects. Talk 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.

If you have any questions, contact a member of your healthcare team directly. If you're a patient at MSK and you need to reach a provider after 5:00 PM, during the weekend, or on a holiday, call 212-639-2000.

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