About Your Low Anterior Resection 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.

Read through this guide at least once before your surgery and use it as a reference in the days leading up to your surgery. Bring this guide with you every time you come to MSK, including the day of your surgery. You and your healthcare team will refer to it throughout your care.

Your Surgery

Date of surgery: ________________________________

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.”

Your Healthcare Team

Doctor: ________________________________

Nurse: ________________________________

Phone number: ________________________________

Your Caregiver

It’s important to choose a person to be your caregiver. They’ll learn about your surgery with you and help you care for yourself while you’re recovering after surgery. Write down your caregiver’s name below.

Caregiver: ________________________________
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About Your Surgery

Your Digestive System

Understanding how your digestive system works can be helpful as you prepare 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. They include your mouth, esophagus (food pipe), stomach, small intestine, colon (large intestine), rectum, and anus (see Figure 1).

After your food has been chewed and swallowed, it moves into your esophagus. This is a long, muscular tube that serves as a passageway for food as it travels 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 what 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.

![Figure 2: Ileostomy stoma](image)

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

Write down your questions and be sure to ask your healthcare provider.
Getting Ready for Your Surgery

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

**About Drinking Alcohol**

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

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

- If you drink alcohol regularly, you may be at risk for other complications during and after your surgery. These include bleeding, infections, heart problems, and a longer hospital stay.

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

- Be honest with your healthcare providers about how much alcohol you drink.

- Try to stop drinking alcohol once your surgery is planned. If you develop a headache, nausea (feeling like you’re going to throw up), increased anxiety, or can’t sleep after you stop drinking, tell your healthcare provider right away. These are early signs of alcohol withdrawal and can be treated.

- Tell your healthcare provider if you can’t stop drinking.

- Ask your healthcare provider questions about drinking and surgery. As always, all of your medical information will be kept confidential.

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

- I take a blood thinner. Some examples are aspirin, heparin, warfarin (Coumadin®), clopidogrel (Plavix®), enoxaparin (Lovenox®), dabigatran (Pradaxa®), apixaban (Eliquis®), and rivaroxaban (Xarelto®). There are others, so be sure your healthcare provider knows all the medications you’re taking.

- I take prescription medications (medications prescribed by a healthcare provider), including patches and creams.

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

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

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

- I have sleep apnea.

- I have had a problem with anesthesia (medication to make you sleep during surgery) in the past.

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

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

- I drink alcohol.

- I smoke.

- I use recreational drugs.
About Smoking
If you smoke, you can have breathing problems when you have surgery. Stopping even for a few
days before surgery can help. If you smoke, your 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 device) for sleep apnea, bring it with you the day of your surgery.

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

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

• **Read this guide.** It will help you know what to expect before, during, and after your surgery.
  If you have questions, write them down. You can ask your 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’re able to get out of bed and walk,
  the quicker you’ll be able to 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 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’ll meet with a nurse practitioner (NP) who works 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.

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

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

**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 become familiar with it.

Be sure to ask your WOC nurse any questions you or your family have about your ileostomy.

**Identify Your Caregiver**

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

**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 or read *A Guide for Caregivers* (www.mskcc.org/pe/guide_caregivers).

**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 have completed one already, or if you 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 nurse if you’re interested in completing a health care proxy. You can also read the resources *Advance Care Planning* (www.mskcc.org/pe/advance_care_planning) and *How to Be a Health Care Agent* (www.mskcc.org/pe/health_care_agent) for information about health care proxies, other advance directives, and being a health care agent.
Exercise

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

Follow a Healthy Diet

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

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 Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E, located 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 Herbal Remedies and Cancer Treatment, located in the “Educational Resources” section of this guide.

Watch a Virtual Tour

This video will give you an idea of what to expect when you come to Memorial Hospital (MSK’s main hospital) on the day of your surgery.

www.mskcc.org/pe/day_your_surgery

Buy Bowel Preparation Supplies

You’ll need to do a bowel preparation 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 get this from your local pharmacy. You don’t need a prescription.
- 1 (64-ounce) bottle of a clear liquid. For examples of clear liquids, read the “Follow a Clear Liquid Diet” section.
Buy Clear Liquids
You’ll need to follow a clear liquid diet before your surgery. Now is a good time to buy your supplies. For a list of clear liquids you can drink, read the section “Follow 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 Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E, located 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 healthcare 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.

While you’re following a clear liquid diet, make sure to check your blood sugar level often. 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>
</tr>
<tr>
<td><strong>Sweets</strong></td>
<td>• Gelatin (such as Jell-O®)</td>
</tr>
<tr>
<td></td>
<td>• Flavored ices</td>
</tr>
<tr>
<td></td>
<td>• Hard candies (such as Life Savers®)</td>
</tr>
<tr>
<td><strong>Drinks</strong></td>
<td>• Clear fruit juices (such as lemonade, apple, cranberry, and grape juices)</td>
</tr>
<tr>
<td></td>
<td>• Soda (such as ginger ale, 7-Up®, Sprite®, and seltzer)</td>
</tr>
<tr>
<td></td>
<td>• Sports drinks (such as Gatorade®)</td>
</tr>
<tr>
<td></td>
<td>• Black coffee</td>
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<tr>
<td></td>
<td>• Tea</td>
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<tr>
<td></td>
<td>• Water</td>
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<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.

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

**At 5:00 PM on the day before your surgery**, start drinking the MiraLAX mixture. The MiraLAX 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 the container is empty.
- 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.

Sleep

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

Instructions for Eating Before Your Surgery

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

Instructions for Drinking Before Your Surgery

Finish the ClearFast preop® drink your healthcare provider gave you 2 hours before your scheduled arrival time. Do not drink anything else, including water.

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.
• Don’t put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne.
• Leave valuable items (such as credit cards, jewelry, and your checkbook) at home.
• 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 sweat pants).
☐ 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 device), 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. Your healthcare team will use it to teach you how to care for yourself after surgery.

Where to Park

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

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

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

Once You’re in the Hospital

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

You’ll be asked to say and spell your name and birth date many times. This is for your safety. People with the same or a similar name may be having surgery on the same day.

Get Dressed for Surgery

When it’s time to change for surgery, you’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 you if you’ve had any problems with anesthesia in the past, including nausea or pain.
- Talk with you about your comfort and safety during your surgery.
• Talk with you about the kind of anesthesia you will have.
• Answer your questions about your anesthesia.

Get Ready for Your Surgery

Once your nurse has seen you, 1 or 2 visitors can keep you company as you wait for your surgery to start. When it’s time for your surgery, you’ll need to remove your hearing aids, dentures, prosthetic device(s), wig, and religious articles, if you have them.

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

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

For Caregivers

When it’s time for your loved one’s surgery, you’ll go to the waiting area. A staff member will call you with updates during the surgery. They’ll also call you when the surgery is over.

For more information about what to expect, read the resource Information for Family and Friends for the Day of Surgery, located in the “Educational Resources” section of this guide.

During Your Surgery

After you’re fully asleep, a breathing tube will be placed through your mouth and into your windpipe to help you breathe. A urinary (Foley) catheter will also be placed to drain urine (pee) from your bladder.

Once your surgery is finished, your incisions will be closed with stitches (sutures), staples, Dermabond® (surgical glue), or Steri-Strips™ (surgical tape). You may also have a bandage over your incisions.

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

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

Write down your questions and be sure to ask your healthcare provider.
In the Post-Anesthesia Care Unit (PACU)

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

A nurse will be monitoring your body temperature, pulse, blood pressure, and oxygen levels. You may be getting oxygen through a thin tube that rests below your nose or a mask that covers your nose and mouth. You’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 healthcare 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.

Visitors

Your visitors can see you briefly in the PACU, usually within 90 minutes after your surgery is over. A member of the nursing staff will explain the guidelines to them.

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 4 days. Your healthcare 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 nurses will teach you how to care for yourself while you’re recovering from your surgery. You can help yourself recover more quickly by doing the following things:

- **Read your recovery pathway.** Your 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’re able to get out of bed and walk, the quicker you’ll be able to get back to your normal activities.

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

**Managing Your Pain**

You’ll have some pain after your surgery. At first, you’ll get your pain medication through an 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 cough, breathe deeply, 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 *How to Use Your Incentive Spirometer*, located in the “Educational Resources” section of this guide.

- Do coughing and deep breathing exercises. A member of your care team will teach you how to do them.
Eating and Drinking

For the first few days after your surgery, you won’t be able to eat solid foods. You’ll follow a clear liquid diet. After that, you’ll slowly go back to eating solid foods. Read your pathway and talk with your healthcare 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.

If you have questions about your diet, ask to see a clinical dietitian nutritionist.

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 (www.mskcc.org/pe/caring_ileostomy_colostomy).

Leaving the Hospital

By the time you're ready to leave the hospital, your incisions will have started to heal. Before you leave, look at your incisions with your caregiver and one of your healthcare providers. Knowing what they look like will help you notice any changes later.

On the day of your discharge, plan to leave the hospital between 8:00 AM and 10:00 AM. Before you leave, one of your healthcare providers 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 healthcare team will give you more information.

At Home

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

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. But, 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®) will ease aches and discomfort.
  
  – Follow your healthcare provider’s instructions for stopping your prescription pain medication.
  
  – Don’t take more of any medication than the amount directed on the label or as instructed by your healthcare provider.
  
  – 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. But, taking too much can harm your liver. Don’t take more than 1 medication that contains acetaminophen without talking with a member of your healthcare 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 okay 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 okay.

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 (www.mskcc.org/pe/caring_ileostomy_colostomy).

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.
• Not feel complete. After having a bowel movement, you may still feel like you have to go.

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. But, 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 (about 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. But, 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 leave the hospital. Call your surgeon’s office after you’re discharged from the hospital 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.

The first step in coping is to talk about how you feel. Family and friends can help. Your healthcare providers can reassure, support, and guide you. It’s always a good idea to let us know how you, your family, and your friends are feeling emotionally. Many resources are available to you and your family. 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.
Using MyMSK

MyMSK (my.mskcc.org) is your MSK patient portal account. You can use MyMSK to send and receive messages from your healthcare team, view your test results, see your appointment dates and times, and more. 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 healthcare provider’s office for an enrollment ID to sign up. You can also watch our video How to Enroll in the Patient Portal: MyMSK (www.mskcc.org/pe/enroll_mymsk). For help, contact the MyMSK Help Desk by emailing mymsk@mskcc.org or calling 800-248-0593.

When to Contact Your Healthcare Provider

Contact your healthcare provider if you have:

- YA fever of 100.5 °F (38 °C) or higher
- Pain in your abdomen, nausea, and vomiting
- 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
- Difficulty urinating (peeing)
- Pain at your incision that isn’t eased by pain medication
- Bleeding from your rectum
- No output for 2 hours (if you have an ileostomy)
- 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
- Any questions or concerns

Monday through Friday from 9:00 AM to 5:00 PM, contact your healthcare provider.

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

Write down your questions and be sure to ask your healthcare provider.
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 if you're interested in donating blood or platelets.

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

Chaplaincy Service
212-639-5982
Our chaplains are available to listen, help support family members, pray, contact community clergy or faith groups, or simply be a comforting companion and a spiritual presence. Anyone can request spiritual support, regardless of formal religious affiliation. The interfaith chapel is located near Memorial Hospital's main lobby and is open 24 hours a day. If you have an emergency, call 212-639-2000 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. 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 gives 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
The Integrative Medicine Service offers many services to complement traditional medical care, including music therapy, mind/body therapies, dance and movement therapy, yoga, and touch therapy.

MSK Library
library.mskcc.org
212-639-7439
You can visit our library website or speak with the library reference staff to find more information about your specific cancer type. You can also visit LibGuides on MSK’s library website at libguides.mskcc.org.
Patient and Caregiver 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 helps women who are dealing with cancer-related sexual health challenges, including premature menopause and fertility issues. For more information, or to make an appointment, call 646-888-5076.
- Our Male Sexual and Reproductive Medicine Program helps men who are dealing with cancer-related sexual health challenges, including erectile dysfunction. For more information, or to make an appointment, call 646-888-6024.

Social Work
212-639-7020
Social workers help patients, family, and friends deal with issues that are common for people with cancer. They provide individual counseling and support groups throughout the course of treatment and can help you communicate with children and other family members. Our social workers can also help refer you to community agencies and programs, as well as financial resources if you’re eligible.
Tobacco Treatment Program
212-610-0507
If you want to quit smoking, MSK has specialists who can help. Call for more information.

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

Access-A-Ride
new.mta.info/accessibility/paratransit
877-337-2017
In New York City, the MTA offers a shared ride, door-to-door service for people with disabilities who aren’t able to take the public bus or subway.

Air Charity Network
www.aircharitynetwork.org
877-621-7177
Provides travel to treatment centers.

American Cancer Society (ACS)
www.cancer.org
800-ACS-2345 (800-227-2345)
Offers a variety of information and services, including Hope Lodge, a free place for patients and caregivers to stay during cancer treatment.

Cancer and Careers
www.cancerandcareers.org
646-929-8032
A resource for education, tools, and events for employees with cancer.

CancerCare
www.cancercare.org
800-813-4673
275 Seventh Avenue (Between West 25th & 26th Streets)
New York, NY 10001
Provides counseling, support groups, educational workshops, publications, and financial assistance.

Cancer Support Community
www.cancersupportcommunity.org
888-793-9355
Provides support and education to people affected by cancer.
**Caregiver Action Network**  
www.caregiveraction.org  
800-896-3650  
Provides education and support for those who care for loved ones with a chronic illness or disability.

**Corporate Angel Network**  
www.corpangelnetwork.org  
866-328-1313  
Offers free travel to treatment across the country using empty seats on corporate jets.

**Gilda's Club**  
www.gildasclubnyc.org  
212-647-9700  
A place where men, women, and children living with cancer find social and emotional support through networking, workshops, lectures, and social activities.

**Good Days**  
www.mygooddays.org  
877-968-7233  
Offers financial assistance to pay for copayments during treatment. Patients must have medical insurance, meet the income criteria, and be prescribed medication that is part of the Good Days formulary.

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

**Joe's House**  
www.joeshouse.org  
877-563-7468  
Provides a list of places to stay near treatment centers for people with cancer and their families.

**LGBT Cancer Project**  
www.lgbtcancer.org  
212-673-4920  
Provides support and advocacy for the LGBT community, including online support groups and a database of LGBT-friendly clinical trials.

**LegalHealth**  
www.legalhealth.org  
212-613-5000  
Provides free legal help to New Yorkers experiencing serious or chronic health problems and financial hardship.

**LIVESTRONG Fertility**  
www.livestrong.org/fertility  
855-744-7777  
Provides reproductive information and support to cancer patients and survivors whose medical treatments have risks associated with infertility.
Look Good Feel Better Program  
www.lookgoodfeelbetter.org  
800-395-LOOK (800-395-5665)  
This program offers workshops to learn things you can do to help you feel better about your appearance. For more information or to sign up for a workshop, call the number above or visit the program’s website.

Medicine Assistance Tool  
www.medicineassistancetool.org  
A search engine with information about programs that can help people with financial need get access to medications.

National Cancer Institute  
www.cancer.gov  
800-4-CANCER (800-422-6237)

National LGBT Cancer Network  
www.cancer-network.org  
212-675-2633  
Provides education, training, and advocacy for LGBT cancer survivors and those at risk.

Needy Meds  
www.needymeds.org  
800-503-6897  
Lists Patient Assistance Programs for brand and generic name medications.

Patient Access Network Foundation  
www.panfoundation.org  
866-316-7263  
Helps people with insurance pay their out-of-pocket medical costs.

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  
Helps people get medications they have trouble affording.

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.
This section contains the educational resources that were referred to throughout this guide. These resources will help you get ready for your surgery and recover safely after surgery.

Write down your questions and be sure to ask your healthcare provider.

Notes

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Call! Don’t Fall!

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

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

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.

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.

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.**

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<thead>
<tr>
<th>Common Medications Containing Aspirin</th>
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<tbody>
<tr>
<td><strong>Aggrenox®</strong></td>
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<tr>
<td><strong>Alka Seltzer®</strong></td>
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<td><strong>Anacin®</strong></td>
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<td><strong>Arthritis Pain Formula</strong></td>
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<td><strong>Arthritis Foundation Pain Reliever®</strong></td>
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<td><strong>ASA Enseals®</strong></td>
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<td><strong>ASA Suppositories®</strong></td>
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<td><strong>Ascriptin® and Ascriptin A/D®</strong></td>
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<td><strong>Aspergum®</strong></td>
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<td><strong>Asprimox®</strong></td>
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<td>Tablets and Caplets</td>
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<td>Axotal®</td>
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<td>Excedrin® Migraine</td>
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<td>Norwich® Aspirin</td>
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<td>Tenol-Plus®</td>
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<td>Azdone®</td>
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<td>Fiorgen®</td>
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<td>PAC® Analgesic Tablets</td>
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<td>Trigesic®</td>
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<td>Bayer® (most formulations)</td>
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<td>Fiorinal® (most formulations)</td>
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<td>Orphengesic®</td>
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<tr>
<td>Talwin® Compound</td>
</tr>
<tr>
<td>BC® Powder and Cold formulations</td>
</tr>
<tr>
<td>Fiortal®</td>
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<tr>
<td>Painaid®</td>
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<tr>
<td>Vanquish® Analgesic Caplets</td>
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<tr>
<td>Bufferin® (most formulations)</td>
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<tr>
<td>Gelpirin®</td>
</tr>
<tr>
<td>Panasal®</td>
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<tr>
<td>Wesprin® Buffered</td>
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<tr>
<td>Buffets II®</td>
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<tr>
<td>Genprin®</td>
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<tr>
<td>Percodan® Tablets</td>
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<tr>
<td>Zee-Seltzer®</td>
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<tr>
<td>Buffex®</td>
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<tr>
<td>Gensan®</td>
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<tr>
<td>Persistin®</td>
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<tr>
<td>ZORprin®</td>
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</tbody>
</table>

### Common NSAID Medications That Don’t Contain Aspirin

<table>
<thead>
<tr>
<th>Common NSAID Medications That Don’t Contain Aspirin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advil®</td>
</tr>
<tr>
<td>Duexis®</td>
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<tr>
<td>Mefenamic Acid</td>
</tr>
<tr>
<td>PediaCare Fever®</td>
</tr>
<tr>
<td>Advil Migraine®</td>
</tr>
<tr>
<td>Etodolac®</td>
</tr>
<tr>
<td>Meloxicam</td>
</tr>
<tr>
<td>Piroxicam</td>
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<tr>
<td>Aleve®</td>
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<tr>
<td>Feldene®</td>
</tr>
<tr>
<td>Menadol®</td>
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<tr>
<td>Ponstel®</td>
</tr>
<tr>
<td>Anaprox DS®</td>
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<tr>
<td>Fenoprofen</td>
</tr>
<tr>
<td>Midol®</td>
</tr>
<tr>
<td>Relafen®</td>
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<tr>
<td>Ansaid®</td>
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<tr>
<td>Flurbiprofen</td>
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<tr>
<td>Mobic®</td>
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<tr>
<td>Saleto 200®</td>
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<tr>
<td>Arthrotec®</td>
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<tr>
<td>Genpril®</td>
</tr>
<tr>
<td>Motrin®</td>
</tr>
<tr>
<td>Sulindac</td>
</tr>
<tr>
<td>Bayer® Select Pain Relief Formula Caplets</td>
</tr>
<tr>
<td>Ibuprofen</td>
</tr>
<tr>
<td>Nabumetone</td>
</tr>
<tr>
<td>Toradol®</td>
</tr>
<tr>
<td>Celebrex®</td>
</tr>
<tr>
<td>Indomethacin</td>
</tr>
<tr>
<td>Nalfon®</td>
</tr>
<tr>
<td>Treximet®</td>
</tr>
<tr>
<td>Celecoxib</td>
</tr>
<tr>
<td>Indocin®</td>
</tr>
<tr>
<td>Naproxen</td>
</tr>
<tr>
<td>Vicoprofen®</td>
</tr>
<tr>
<td>Children’s Motrin®</td>
</tr>
<tr>
<td>Ketoprofen</td>
</tr>
<tr>
<td>Naprosyn®</td>
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<tr>
<td>Vimovo®</td>
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<tr>
<td>Clinoril®</td>
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<tr>
<td>Keterolac</td>
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<tr>
<td>Nuprin®</td>
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<tr>
<td>Voltaren®</td>
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<tr>
<td>Daypro®</td>
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<tr>
<td>Lodine®</td>
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<tr>
<td>Orudis®</td>
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<tr>
<td>Diclofenac</td>
</tr>
<tr>
<td>Meclofenamate</td>
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<tr>
<td>Oxaprozin</td>
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</table>
## Products Containing Vitamin E

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

<table>
<thead>
<tr>
<th>Medications Containing Acetaminophen</th>
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</thead>
<tbody>
<tr>
<td>Acephen®</td>
</tr>
<tr>
<td>Aceta® with Codeine</td>
</tr>
<tr>
<td>Acetaminophen with Codeine</td>
</tr>
<tr>
<td>Aspirin-Free Anacin®</td>
</tr>
<tr>
<td>Arthritis Pain Formula® Aspirin-Free</td>
</tr>
<tr>
<td>Datril®</td>
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<tr>
<td>Di-Gesic®</td>
</tr>
<tr>
<td>Endocet®</td>
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<tr>
<td>Excedrin P.M.®</td>
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<tr>
<td>Fiorcet®</td>
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<tr>
<td>Fitorcecin®</td>
</tr>
<tr>
<td>Lorcet®</td>
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<tr>
<td>Loratab®</td>
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<tr>
<td>Naldegesic®</td>
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<tr>
<td>Norco®</td>
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<tr>
<td>Panadol®</td>
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<tr>
<td>Percocet®</td>
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<tr>
<td>Primlev®</td>
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<tr>
<td>Repan®</td>
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<tr>
<td>Tempra®</td>
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<tr>
<td>Vanquish®</td>
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<tr>
<td>Vicodin®</td>
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<tr>
<td>Wygesic®</td>
</tr>
<tr>
<td>Xartemis XR®</td>
</tr>
<tr>
<td>Xodol®</td>
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<tr>
<td>Zydone®</td>
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</tbody>
</table>

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>
</tr>
</thead>
<tbody>
<tr>
<td>APAP</td>
</tr>
<tr>
<td>Acetamin</td>
</tr>
</tbody>
</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.
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.
How to Use Your Incentive Spirometer

This information will help you learn how to use your incentive spirometer.

About Your Incentive Spirometer

An incentive spirometer is a device that will expand your lungs by helping you to breathe more deeply and fully. The parts of your incentive spirometer are labeled in Figure 1.

Figure 1. Incentive Spirometer
Use your incentive spirometer after your surgery and do your deep breathing and coughing exercises. This will help keep your lungs active throughout your recovery and prevent complications such as pneumonia.

If you have an active respiratory infection (such as pneumonia, bronchitis, or COVID-19) do not use the device when other people are around.

How To Use Your Incentive Spirometer

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

Please visit www.mskcc.org/pe/incentive_spirometer_video 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’re using your incentive spirometer, make sure to breathe through your mouth. If you breathe through your nose, the incentive spirometer won’t work properly. You can hold 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 doesn’t stay between the arrows, you’re breathing either too fast or too slow.

5. When you get it as high as you can, hold your breath for 10 seconds, or as long as possible. While you’re holding your breath, the piston will slowly fall to the base of the spirometer.

6. Once the piston reaches the bottom of the spirometer, breathe out slowly through your mouth. Rest for a few seconds.

7. Repeat 10 times. Try to get the piston to the same level with each breath.

8. After each set of 10 breaths, try to cough, holding a pillow over your incision, as needed. Coughing will help loosen or clear any mucus in your lungs.

9. Put the marker at the level the piston reached on your incentive spirometer. This will be your goal next time.

Repeat these steps every hour that you’re awake.

Cover the mouthpiece of the incentive spirometer when you aren’t using it.
How to Use Your MyMSK Goals to Discharge Checklist

When your surgery is over, you’ll focus on getting well enough to leave the hospital. To help you track how you’re doing, we will send a Goals to Discharge Checklist to your MyMSK account. 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.

How do I use it?

- You must be signed up for MyMSK, MSK’s patient portal. You can access MyMSK at my.mskcc.org. If you’re not sure if you signed up for MyMSK or you don’t remember how to use it, please ask a member of your healthcare team or call 646-227-2593 for help.
- The morning after your surgery you will receive an email informing you that you have a new assessment to be completed. Click the link in the email or go to MyMSK and log in (see Figure 1).
- Select the MSK Engage section (see Figure 2).
- Select the Assessment labeled “Goals to Discharge” (see Figure 3).

You can update your Goals to Discharge checklist as often as you need to.
What happens to the information I enter?

- Your responses will be sent to your surgical care team. They will review your responses to make sure your recovery is going as expected.

What if I have questions?

- If you have any questions about your Goals to Discharge checklist before your surgery, please contact Program Manager, Michael Hannon at 646-888-7464.

- If you have any questions about your surgery, or questions after you’ve had your surgery, contact a member of your surgical care team.

For more resources, visit [www.mskcc.org/pe](http://www.mskcc.org/pe) to search our virtual library.
Information for Family and Friends for the Day of Surgery

This information explains what to expect on the day of your friend or family member’s surgery at Memorial Hospital, Memorial Sloan Kettering (MSK)’s main hospital.

Before the Surgery

After they get to the hospital, we’ll ask the patient to provide contact information for the person who will meet 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, we’ll also ask them to provide contact information for the person who will be taking them home.

Once the patient checks in, they’ll go to the Presurgical Center (PSC) to be examined before their surgery. Sometimes they may need to wait before they’re admitted to the PSC.

In the PSC, a nurse will do a full exam of the patient. When the operating room (OR) is ready, a member of the surgical team will come take the patient into the OR. They’ll get the patient ready for surgery. This can take 15 to 90 minutes. Then, the surgery will start.

To keep patients and staff safe and healthy during the COVID-19 pandemic, we may change our visitor policy more often than usual. Visit www.mskcc.org/visit for the most up-to-date information. Please remember the following:

• Don’t bring food or drinks into the hospital. Patients can’t eat or drink before their surgery or procedure.
If the patient brought any valuables, such as a cellphone, iPod, or iPad, keep them safe for them during surgery.

Sometimes surgeries can be delayed. We make every effort to tell you when this happens.

During the Surgery

Surgery updates
A nurse liaison will keep you updated on the progress of the patient’s surgery. They will:

- Give you information about the patient.
- Get you ready 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, you can use a hospital courtesy phone. These are located on the walls all around the hospital. Dial 2000 and ask for beeper 9000. Please be patient because this can take up to 2 minutes.
- Ask the information desk staff to contact the nurse liaison for you.

After Surgery

Meeting with the surgeon
When the patient’s surgery is over, we’ll call you and ask you to go back to the information desk. They’ll tell you where to go to meet with the surgeon.

After meeting with the surgeon, go back to the information desk and let them know you’ve finished your meeting.

Visiting the patient in the PACU
After surgery, the patient will be taken to the PACU. When patients first get to the
PACU, they’re usually sleepy and want to rest. We ask that you wait 90 minutes before calling the PACU to check on the patient. This gives them time to wake up and get comfortable.

If your family member is an inpatient (staying in the hospital), you’ll be allowed a one-time 30-minute visit. This can be coordinated when you speak with the nurse to find the best time for you and the patient.

- Please wear a mask.
- Make sure your cellphone is on silent before entering.
- Use an alcohol-based hand sanitizer (such as Purell®) or wash your hands before entering. There are hand sanitizer stations located throughout the hospital.
- Don’t bring food or flowers into the PACU.
  - We can store flowers in the flower room (located on the entrance floor of Memorial Hospital) until patients are allowed to have them. Flowers are usually allowed when the patient moves to their inpatient room.

While visiting the patient 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’ll be moved to an inpatient room.

- If the patient moves to an inpatient room, a staff member will let you know the room number and the phone number to the nursing station on that floor. They’ll also let you know the visiting hours for that floor.
- If the patient is going home the same day, a responsible care partner must take
them home.

We’ll give you a card with the PACU phone number. Please choose 1 person who we should call for updates.

Visit [www.mskcc.org/visit](http://www.mskcc.org/visit) for more information about MSK’s visitor policy.
What You Can Do to Avoid Falling

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

About Falls

Falls can be very harmful, but there are many ways you can prevent them. Falls can delay your treatment and can make your hospital stay longer. They can also cause you to need more tests, such as magnetic resonance imaging (MRI). Ongoing cancer treatment may also increase your chances of falling and getting hurt.

Things That Can Make You Fall

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

- Are 60 years old or older
- Have fallen before
- Are afraid of falling
- Feel weak, tired, or forgetful
- Have numbness or tingling in your legs or feet
- Have trouble walking or are unsteady
- Can’t see well
- Can’t hear well
- Feel dizzy, lightheaded, or confused
• Use a walker or cane
• Have depression (strong feelings of sadness) or anxiety (strong feelings of worry or fear)
• Have had a recent surgery with anesthesia (medication that makes you sleep)
• Take certain medications, such as:
  ○ Laxatives (pills to cause a bowel movement)
  ○ Diuretics (water pills)
  ○ Sleeping pills
  ○ Medications to prevent seizures
  ○ Some medications for depression and anxiety
  ○ Pain medications, such as opioid medications
  ○ Intravenous (IV) fluids (fluids into your vein)
  ○ Any medication that makes you feel sleepy or dizzy

How to Avoid Falling During Your MSK Appointments

The following are tips to help you stay safe and avoid falling while you’re at MSK:

• Come to your appointment with someone who can help you get around.
• If you use an assistive device such as a wheelchair or cane, bring it to your appointment.
• Wear safe, supportive shoes. Examples include shoes that have a low heel height, a thin, firm midsole, a slip-resistant sole, and laces or Velcro® to close the shoe. Don’t wear shoes with an open back. For more information on choosing safe shoes, read the resource How to Choose Safe Shoes to Prevent Falling (www.mskcc.org/pe/safe_shoes).
• Ask a member of our staff, such as a security guard or person at the front desk, for help while you’re at MSK. They can also bring you a wheelchair to use
during your appointment.

- Have someone help you while you’re in the dressing room or bathroom. If you don’t have anyone with you, tell the person at the reception desk. They will find a nurse to help you.
- Use the grab bars while you’re in the bathroom.
- When getting up after lying down, sit at the side of the bed or exam table before you stand up
- When getting up after sitting, don’t rush and take your time to stand up, so you don’t lose your balance.
- If you feel dizzy or weak, tell someone. If you’re in a bathroom, look for a call bell that you can use to call for help.

How to Avoid Falling at Home

The following are tips to help you stay safe and avoid falling at home:

- Set up your furniture so that you can walk around without anything blocking your way.
- Use a nightlight or keep a flashlight close to you at night.
- Remove rugs and other loose items from your floor. If you have a rug covering a slippery floor, make sure the rug doesn’t have any loose or fringed edges.
- If your bathroom isn’t close to your bedroom (or wherever you spend most of your time during the day), get a commode. A commode is a type of portable toilet that you can put anywhere in your home. Place it nearby so you don’t have to walk to the bathroom.
- Put grab bars and handrails next to your toilet and inside your shower. Never use towel racks to pull yourself up. They aren’t strong enough to hold your weight.
- Put anti-slip stickers on the floor of your tub or shower.
- Buy a shower chair and a hand-held shower head so you can sit while taking a shower.
• When getting up after you’re lying down, sit for a few minutes before you stand up.

• Place items in your kitchen and bathroom cabinets at shoulder height so you don’t have to reach too high or bend too low.

• When you’re at an appointment with your provider at MSK, tell them about all the medications you take. Some medications can increase your risk of falling. This includes prescription and over-the-counter medications.

• Stay physically active. Doing simple daily activities, such as walking, can help you stay strong and move around better.

If you’re concerned about your risk for falling, talk with your healthcare provider.

Additional Resources

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