About Your Low Anterior Resection Surgery

About Your Surgery

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This guide will help you prepare 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 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 begin 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 is not 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 last portion of the colon, known as the rectum. Your rectum serves as a holding area for these waste products until they are eliminated through your anus.

Low Anterior Resection (LAR)

LAR is a surgery that is done to treat cancer of the rectum. The part of your rectum containing the cancer is removed. The remaining part of your rectum is reconnected to your colon so that you will be able to move your bowels in the usual way.

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 one or more incisions (surgical cuts) on your belly.

- When one long incision is made on the belly, this is called open surgery. The part of the rectum containing the cancer is removed thorough the incision.

- When several small incisions are made on the belly, this is called minimally invasive surgery. Small surgical instruments and a video camera are inserted into the incisions to remove the part of the rectum containing the cancer. Some surgeons use a robotic device to assist with the surgery.
Once the part of your rectum containing the cancer is removed, the remaining part of your rectum is 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**

Some people will need to have an ileostomy for a short time after LAR surgery. An ileostomy is a small opening in the abdomen where stool can leave the body. It keeps solid waste from passing through the colon and rectum, which allows the anastomosis to heal. During surgery, a part of the small intestine is brought out through the opening in the abdomen. This is called a stoma. It is pink or red, and looks shiny and moist. Stool and gas leave the body through the stoma and go into a plastic pouch that covers the stoma.

In most cases, your surgeon will know before your surgery if you will need a temporary ileostomy. However, the final decision will be made at the time of your surgery. If you will have a temporary ileostomy, a wound, ostomy, continence (WOC) nurse will help teach you how to care for it before and after your surgery.

If you have a temporary ileostomy, it will be closed a few months after your surgery. A permanent ileostomy is rarely needed.
The information in this section will help you prepare for your surgery. Read through this section when your surgery is scheduled and refer to it as your surgery date gets closer. It contains important information about what you need to do before your surgery. Write down any questions you have and be sure to ask your doctor or nurse.
Preparing for Your Surgery

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

About Drinking Alcohol

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

- Stopping alcohol suddenly can cause seizures, delirium, and death. If we know you are at risk for these complications, we can prescribe medications to help prevent them.

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

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

- Be honest with your healthcare provider about how much alcohol you drink.
- Try to stop drinking alcohol once your surgery is planned. If you develop a headache, nausea, increased anxiety, or cannot sleep after you stop drinking, tell your doctor right away. These are early signs of alcohol withdrawal and can be treated.
- Tell your healthcare provider if you cannot stop drinking.
- Ask us any questions you have about drinking and surgery. As always, all of your medical information will be kept confidential.

About Smoking

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

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

- I take a blood thinner. Some examples are heparin, warfarin (Coumadin®), clopidogrel (Plavix®), enoxaparin (Lovenox®), and tinzaparin (Innohep®). There are others, so be sure your doctor knows all the medications you’re taking.
- I take prescription medications, including patches and creams.
- I take any over-the-counter medications, herbs, vitamins, minerals, or natural or home remedies.
- I have a pacemaker, automatic implantable cardioverter-defibrillator (AICD), or other heart device.
- I have sleep apnea.
- I have had a problem with anesthesia in the past.
- I am allergic to certain medication(s) or materials, including latex.
- I am not willing to receive a blood transfusion.
- I drink alcohol.
- I smoke.
- I use recreational drugs.
About Sleep Apnea

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

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

Within 30 Days of Your Surgery

Presurgical Testing

Before your surgery, you will have presurgical testing (PST). The date, time, and location of your PST appointment will be printed on the appointment reminder from your surgeon’s office. You can eat and take your usual medications the day of your PST appointment.

During your appointment, you will meet with a nurse practitioner who works closely with anesthesiology staff (doctors and specialized nurses who will be giving you medication to put you to sleep during your surgery). Your nurse practitioner will review your medical and surgical history with you. You will have tests, including an electrocardiogram (EKG) to check your heart rhythm, a chest x-ray, blood tests, and any other tests necessary to plan your care. Your nurse practitioner may also recommend you see other healthcare providers.

Your nurse practitioner will discuss which medications you should take the morning of your surgery. To help you remember, we’ve left space for you to write these medications down in the “Take Your Medications” section of this guide.

Bring the following things with you to your PST appointment:

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

Use the space below to write in any notes about your PST appointment.
Meet With a Wound, Ostomy, Continence (WOC) Nurse

If you will have a temporary ileostomy, you will meet with a WOC nurse during your PST appointment. A WOC nurse is a registered nurse who specializes in wound and ostomy care. They will teach you and your family how to care for your ileostomy and help you become more independent. Your WOC nurse will also show you the pouch that will cover your stoma so that you can become familiar with it.

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

Complete a Health Care Proxy Form

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

If you are interested in completing a Health Care Proxy form, talk with your nurse. If you have completed one already, or if you have any other advance directive, bring it with you to your next appointment.

Do Breathing and Coughing Exercises

Practice taking deep breaths and coughing before your surgery. You will be given an incentive spirometer to help expand your lungs. For more information, read How to Use Your Incentive Spirometer, located in the “After Your Surgery” section of this guide. If you have any questions, ask your nurse or respiratory therapist.

Exercise

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

Eat a Healthy Diet

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

10 Days Before Your Surgery

Stop Taking Vitamin E

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

You will need to purchase the following supplies for your bowel preparation at your local pharmacy. You do not need a prescription from your doctor.

- 1 (238-gram) bottle of polyethylene glycol (MiraLAX®)
- 1 (64-ounce) bottle of a clear liquid (see the clear liquid diet menu in the “Start Bowel Preparation” section of this guide)

This is also a good time to stock up on clear liquids to drink the day before your surgery. For a list of clear liquids that you can drink, see the table in the “Start Bowel Preparation” section of this guide.

7 Days Before Your Surgery

Stop Taking Certain Medications

If you take aspirin, ask your surgeon whether you should continue. Aspirin and medications that contain aspirin can cause bleeding. For more information, read Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), located in this section.

Stop Taking Herbal Remedies and Supplements

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

Watch a Virtual Tour

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

www.mskcc.org/pe/day-your-surgery

2 Days Before Your Surgery

Stop Taking Certain Medications

Stop taking nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen (e.g., Advil®, Motrin®) and naproxen (e.g., Aleve®). These medications can cause bleeding. For more information, read Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), located in this section.

To reduce your risk of infection, avoid shaving or waxing your abdominal area.
**Day Before Your Surgery**

**Start Bowel Preparation**

You will need to start your bowel preparation 1 day before your surgery. You will also need to follow a clear liquid diet the day before your surgery. Examples of clear liquids are listed in the table below.

During your bowel preparation:

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

<table>
<thead>
<tr>
<th>Food/Beverage</th>
<th>Drink</th>
<th>Do Not Drink</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Soups</strong></td>
<td>• Clear broth, bouillon</td>
<td>Any products with any particles of dried food or seasoning</td>
</tr>
<tr>
<td></td>
<td>• Clear consommé</td>
<td></td>
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<tr>
<td></td>
<td>• Packaged vegetable, chicken, or beef broth mixes</td>
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</tr>
<tr>
<td><strong>Sweets and Desserts</strong></td>
<td>• Gelatin, such as Jell-O®</td>
<td>All others</td>
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<tr>
<td></td>
<td>• Flavored ices</td>
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<tr>
<td></td>
<td>• Hard candies such as Lifesavers®</td>
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</tr>
<tr>
<td><strong>Beverages</strong></td>
<td>• Clear fruit juices, such as white cranberry, white grape, apple</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Soda, such as 7-Up®, Sprite®, ginger ale, seltzer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Gatorade®</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Black coffee</td>
<td>• Juices with pulp</td>
</tr>
<tr>
<td></td>
<td>• Tea</td>
<td>• Nectars</td>
</tr>
<tr>
<td></td>
<td>• Water</td>
<td>• Milk or cream</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Alcoholic beverages</td>
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</table>

On the morning 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.

The MiraLAX will cause frequent bowel movements, so be sure to be near a bathroom the evening before your surgery or procedure.

**At 5:00 PM on the day before your surgery**, start drinking the MiraLAX bowel preparation. Drink 1 (8-ounce) glass of the mixture every 15 minutes until the container is empty. When you’re finished drinking the MiraLAX, drink 4 to 6 glasses of clear liquids. You can continue to drink clear liquids until midnight the night before your surgery, but it is not required.

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.
Note the Time of Your Surgery

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

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

Date: ______________ Time: ______________

On the day of your surgery, go to the main hospital at 1275 York Avenue between East 67th and East 68th Streets. Take the B elevator to the 6th Floor to the Presurgical Center (PSC).

Shower With Hibiclens®

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

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

Sleep

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

Do not eat or drink after midnight.

The Morning of Your Surgery

Shower With Hibiclens

Shower using Hibiclens just before you leave for the hospital. Use the Hibiclens the same way you did the night before. Do not use any other soap. Do not put on any lotion, cream, powder, deodorant, makeup, or perfume after your shower.
Take Your Medications as Instructed

If your doctor or nurse practitioner instructed you to take certain medications the morning of your surgery, take only those medications with a sip of water. Depending on what medications you take and the surgery you're having, this may be all, some, or none of your usual morning medications.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>Doctor/Nurse</th>
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**Two hours before your scheduled arrival time, drink the Clearfast® carbohydrate drink your doctor or nurse gave you. After you finish the Clearfast, do not eat or drink anything else. This includes water, hard candy, and gum.**

Things to Remember

- Don’t put on any lotion, cream, deodorant, makeup, powder, or perfume.

- Don’t wear any metal objects. Remove all jewelry, including body piercings. The equipment used during your surgery can cause burns if it touches metal.

- Leave valuables, such as credit cards, jewelry, or your checkbook, at home.

- Before you are taken into the operating room, you will need to remove your eyeglasses, hearing aids, dentures, prosthetic device(s), wig, and religious articles, such as a rosary.

- If you wear contact lenses, wear your glasses instead.

- ____________________________________________________________

- ____________________________________________________________

- ____________________________________________________________

- ____________________________________________________________
What to Bring

☐ A pair of loose-fitting pants (sweat pants are a good choice).

☐ Brief-style underwear that is 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 accommodate this swelling.

☐ Only the money you may need for a newspaper, bus, taxi, or parking.

☐ Your portable music player, if you choose. However, someone will need to hold this item for you when you go into surgery.

☐ Your breathing machine for sleep apnea (such as your CPAP), if you have one.

☐ Your incentive spirometer, if you have one.

☐ If you have a case for your personal items, such as eyeglasses, hearing aid(s), dentures, prosthetic device(s), wig, and religious articles such as a rosary, bring it with you.

☐ Your Health Care Proxy form, if you have completed one.

☐ This guide. Your healthcare team will use this guide to teach you how to care for yourself after your surgery.

Parking When You Arrive

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

There are also other garages located on East 69th Street between First and Second Avenues, East 67th Street between York and First Avenues, and East 65th Street between First and Second Avenues.
Once You’re in the Hospital

You will be asked to state and spell your name and date of birth many times. This is for your safety. People with the same or similar names may be having surgery on the same day.

Get Dressed for Surgery

When it is time to change for surgery, you will get a hospital gown, robe, and nonskid socks to wear.

Meet With Your Nurse

You will meet with your nurse before surgery. Tell your nurse the dose of any medications (including patches and creams) you took after midnight and the time you took them.

Meet With Your Anesthesiologist

Your anesthesiologist will:

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

Prepare for Surgery

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

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

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

Your anesthesiologist may also put an epidural catheter (thin, flexible tube) in your spine (back). This will be used to give you pain medication. The medication is delivered into your epidural space, which is the area just outside your spinal cord. It will give you pain relief with fewer side effects, such as nausea, vomiting, and sleepiness. This is similar to what is given to women when they have babies.

Once you are fully asleep, a breathing tube will be placed through your mouth into your windpipe to help you breathe. You will also have a urinary catheter placed to drain urine from your bladder.
Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

This information will help you identify medications that contain aspirin and other nonsteroidal anti-inflammatory drugs (NSAIDs). It’s important to stop these medications before many cancer treatments.

Aspirin, other NSAIDs (such as ibuprofen), and vitamin E can increase your risk of bleeding during cancer treatment. These medications affect your platelets, which are blood cells that clot to prevent bleeding.

Read the section “Examples of Medications” to see if your medications contain aspirin, other NSAIDs, or vitamin E.

If you take aspirin, medications that contain aspirin, other NSAIDs, or vitamin E, tell your doctor or nurse. They will tell you if you need to stop taking these medications before your treatment. You will also find instructions in the information about the treatment you’re having.

Before Your Surgery

If you’re having surgery, follow the instructions below.

- Stop taking medications that contain vitamin E 10 days before your surgery or as directed by your doctor.
- Stop taking medications that contain aspirin 7 days before your surgery or as directed by your doctor. If you take aspirin because you’ve had a problem with your heart or you’ve had a stroke, be sure to talk with your doctor.
before you stop taking it.

- Stop taking NSAIDs 48 hours before your surgery or as directed by your doctor.

**Before Your Radiology Procedure**

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

- Stop taking medications that contain vitamin E 10 days before your procedure, or as directed by your doctor.
- If your doctor tells you to stop taking aspirin, stop taking it 5 days before your procedure or as directed by your doctor. If you take aspirin because you’ve had a problem with your heart or you’ve had a stroke, be sure talk with your doctor before you stop taking it.
  - If you take low dose aspirin (81 mg), you may not need to stop it before your procedure. Your doctor will tell you if you should stop taking low dose aspirin.
- Stop taking NSAIDs 24 hours before your procedure or as directed by your doctor.

**Before and During Your Chemotherapy**

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

**Examples of Medications**

Medications are often called by their brand name, which can make it hard to know their ingredients. To help you identify medications that contain aspirin, other NSAIDs, and vitamin E, please review the lists below.

These lists include the most common products, but there are others. Check with your healthcare provider if you aren’t sure. Always be sure your doctor knows all
the medications you’re taking, both prescription and over-the-counter.

**Common medications that contain aspirin**

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

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

### Products with Vitamin E

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

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

### About Acetaminophen

Acetaminophen (Tylenol®) is generally safe to take during your cancer treatment. It doesn’t affect platelets, so it won’t increase your chance of bleeding. However, talk with your doctor before taking acetaminophen if you’re getting chemotherapy.
The following common medications contain acetaminophen.

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

Read the labels on all your medications

Acetaminophen is safe when used as directed, but there is a limit to how much you can take in 1 day. It’s possible to take too much acetaminophen without knowing because it’s in many different medications.

Make sure to always read and follow the label on the product you are taking. Acetaminophen is a very common ingredient found in over-the-counter and prescription medications. It’s often an ingredient in pain relievers, fever reducers, sleep aids, and cough, cold, and allergy medications.

The full name acetaminophen isn’t always written out, so look for these common abbreviations, especially on prescription pain relievers:

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

Do not take more than 1 medication that contains acetaminophen at a time without talking with a member of your healthcare team.
Herbal Remedies and Cancer Treatment

This information explains herbal remedies and how they can affect your cancer treatment.

One week before you have surgery or start chemotherapy or radiation therapy, you must stop taking any herbal or botanical home remedies or other dietary supplements. This is because they can:

- Interact with your other medications.
- Increase or lower your blood pressure.
- Thin your blood and increase your risk of bleeding.
- Make radiation therapy less effective.
- Increase the effects of sedation or anesthesia (medications to make you sleepy).

You can continue to use herbs in your food and drinks, such as spices in cooking, but you must stop taking them in supplemental form before your treatment. Herbal supplements are stronger than the herbs you would use in cooking.

Common Herbal Supplements and Their Effects

These are some commonly used herbs and their side effects on cancer treatments.

**Echinacea**

- Can cause an allergic reaction, such as a rash or difficulty breathing.
- Can lower the effects of medications used to weaken the immune system.
Garlic

- Can lower your blood pressure, fat, and cholesterol levels.
- Can increase your risk of bleeding.

Gingko (also known as *Gingko biloba*)

- Can increase your risk of bleeding.

Ginseng

- Can lower the effects of sedation or anesthesia.
- Can increase your risk of bleeding.
- Can lower your blood glucose (sugar) level.

Turmeric

- Can make chemotherapy less effective.

St. John’s Wort

- Can interact with medications given during surgery.
- Can make your skin more sensitive to radiation or laser treatment.

Valerian

- Can increase the effects of anesthesia or sedation.

Herbal formulas

- Herbal formulas contain different herbs. We don’t know their side effects. You must also stop taking these products 1 week before treatment. Do not start taking herbal formulas again until your doctor tells you it’s safe.

This information does not cover all herbal remedies or possible side effects. Speak with your healthcare provider if you have any questions or concerns.

For more information about herbs and botanicals, visit the Memorial Sloan Kettering (MSK) Integrative Medicine Service website at www.aboutherbs.com.
Information for Family and Friends for the Day of Surgery

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

Before the Surgery

After arriving at the hospital, the patient will be asked to provide contact information for the person who will be meeting with the surgeon after the surgery. This is the same person who will get updates from the nurse liaison during the surgery. If the patient is having an outpatient procedure, they will also be asked to provide contact information for the person who will be taking them home.

Once the patient is checked in, they will go to the Presurgical Center (PSC) to be examined before surgery. Sometimes, they may need to wait before they are admitted to the PSC.

In the PSC, the nurse will do an exam. One person can come along to the PSC, but other visitors should wait in the waiting area. If the patient wants, other visitors may join them when the nurse has finished the exam.

When the operating room (OR) is ready, a member of the surgical team will come to escort the patient into the OR. They will prepare the patient for surgery, which can take 15 to 90 minutes. Then, the surgery will begin.

Please remember the following:

- **Do not bring food or drinks to the waiting area.** Patients are not allowed to eat or drink before their surgery or procedure.

- Our patients are at high risk for infection. Please do not visit if you have any cold or flu symptoms (fever, sneezing, sniffles, or a cough). We may ask you
to wear a mask if there are any concerns about your health.

- If the patient brought any valuables, such as a cell phone, iPod, or iPad, please keep them safe for them during surgery.

- Sometimes, surgeries may be delayed. We make every effort to tell you when this happens.

**During the Surgery**

After the patient is taken to the OR, please wait in the main lobby on the 1st floor, where you will be updated by the nurse liaison. While you’re waiting, here are some things you can do:

- Food and drinks are available in the cafeteria and gift shop. You can also bring your own food and eat it in the cafeteria.

- The coat-check room is located at the bottom of the escalator on the ground level. It’s open Monday through Friday from 11:00 am to 4:00 pm.

- Wireless Internet access is available in most areas of the hospital. The wifi network name is MSK_guest. You can also use the computers in the room off the main lobby.

- Please be courteous and mindful of others while using your cell phone. Use the designated area to accept and make calls on your cell phone. It may be useful to bring your phone charger to the hospital.

- The Mary French Rockefeller All Faith Chapel is an interfaith chapel located in room M106 near the main lobby on the 1st floor. It’s open at all times for meditation and prayer.

- The Patient Recreation Pavilion is open daily from 9:00 am to 8:00 pm for patients and their visitors. Children are allowed in the pavilion as long as they are supervised by an adult. The pavilion has arts and crafts, a library, an outdoor terrace, and scheduled entertainment events. To get to the pavilion, take the M elevators to the 15th floor.

**Surgery updates**

A nurse liaison will keep you updated on the progress of surgery. They will:

- Give you information about the patient.
• Prepare you for your meeting with the surgeon.

• Arrange for you to visit the patient in the Post Anesthesia Care Unit (PACU).

To contact the nurse liaison:

• From inside the hospital, use a hospital courtesy phone. Dial 2000 and ask for beeper 9000. Please be patient, as this can take up to 2 minutes.


• Ask the information desk staff to contact the nurse liaison for you.

**After the Surgery**

**Meeting with the surgeon**

When the patient’s surgery is completed, we will call you and ask you to return to the concierge desk to tell you where to go to meet with the surgeon.

After you have met with the surgeon, return to the concierge desk and tell them that you have finished your consultation.

**Visiting the patient in the PACU**

After surgery, the patient will be taken to the PACU. It can take up to 90 minutes before the patient is ready to have visitors. You can use this time to take a walk or just relax in the waiting area until the patient is ready to see you.

When the patient is able to have visitors, a staff member will take you to the PACU for one brief visit. No one is allowed to stay overnight with the patient in the PACU, except for caregivers of pediatric patients.

Please follow these guidelines before your visit:

• Silence your cell phone.

• Apply an alcohol-based hand sanitizer (such as Purell®) before entering. There are hand sanitizer stations located throughout the hospital.

• Do not bring food or flowers into the PACU.

Please remember that only a limited number of visitors can go into the PACU. This is to keep the area quiet and allow the patients to rest and receive care.
While visiting in the PACU

- Speak quietly.
- Respect other patients’ privacy by staying at the bedside of your friend or family member.
- If any PACU patient needs special nursing attention, we may ask you to leave or to delay your visit.

The nurse will update you with the plan of care for the patient, such as whether the patient is staying overnight and when they will be moved to an inpatient room. If the patient is staying overnight, you may visit them again in the PACU. If the patient is going home the same day, a caregiver must take them home.

After your visit, a staff member will escort you back from the PACU.

We will give you a card with the PACU phone number. Please choose one person to call for updates.
The information in this section will tell you what to expect after your surgery, both during your hospital stay and after you leave the hospital. You will learn how to safely recover from your surgery. Write down any questions you have and be sure to ask your doctor or nurse.
What to Expect

When you wake up after your surgery, you will be in the Post Anesthesia Care Unit (PACU). You will stay there until you are awake and your pain is under control. Most people return to their room after a few hours in the PACU, but some will need to stay there overnight for observation.

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

You will have a Foley® catheter in your bladder to monitor the amount of urine you are making. You will also have compression boots on your lower legs to help your circulation. They will be taken off when you are able to walk. You will also have 1 or 2 drains in your lower abdomen to drain extra fluid from the area. Most of the time, the drains are removed after a few days. If you will go home with a drain, your nurse will show you how to care for it.

You will be given medications to control your pain and keep you comfortable. There are different ways that these medications can be given.

- **Epidural catheter:** Some people may get pain medication through an epidural catheter in their spine.
- **Nerve block:** Some people may get a nerve block before or during surgery. In a nerve block, your doctor injects medication into some of your nerves to reduce pain after surgery.
- **Intravenous (IV) medications:** Some people may get pain medication straight into a vein through their IV line.
- **Oral medications:** Some people may get oral pain medications (medication that’s swallowed, such as pills).

You may have one or more of these after your surgery. They’re all effective methods to control your pain, and your doctor will talk with you before choosing the best one(s) for you.

Your visitors can see you briefly in the PACU, usually within 90 minutes after you arrive there. A member of the nursing staff will explain the guidelines to them. After your stay in the PACU, you will be taken to your hospital room in the inpatient unit. There, your nurse will tell you how to recover from your surgery. Below are examples of ways you can help yourself recover safely.

- **It is important to walk around after surgery.** Your nurse will help you get out of bed the day after your surgery. Your activity will be increased until you can walk the halls in the hospital without help. Walking every 2 hours is a good goal. This will help prevent blood clots in your legs and reduce your risk of pneumonia.
- **Use your incentive spirometer.** This will help your lungs expand, which prevents pneumonia. For more information, read *How to Use Your Incentive Spirometer*, located in this section.
Commonly Asked Questions

**Will I have pain after my surgery?**
You will have some pain from your incision(s) after your surgery. Your doctor and nurse will ask you about your pain often. You will be given medication to manage your pain as needed. If your pain is not relieved, tell your doctor or nurse. It is important to control your pain so you can cough, breathe deeply, use your incentive spirometer, and get out of bed and walk.

Once you can swallow liquids, you will get your pain medication by mouth. You will be given a prescription for pain medication before you leave the hospital.

**Will I need to change my diet after my surgery?**
For the first few days after your surgery, you will be given clear liquids. Then, your diet will progress to solid food. Your doctor will give you dietary guidelines to follow after your surgery. Your dietitian will go over these guidelines with you before you leave the hospital.

**How long will I be in the hospital?**
Most people are in the hospital for 4 to 6 days after having a low anterior resection surgery, but this will depend on the exact surgery that is done.

**Can I shower?**
You will be able to shower in the hospital and after you go home. Do not take tub baths or go swimming until your doctor says it is okay.

**How do I care for my incision(s)?**
The location and size of your incision(s) will depend on the type of surgery you had. It is normal to have numbness of the skin below the incision(s) because some of the nerves were cut, even if you had a nerve-sparing procedure. This sensation will lessen over time.

Your incision(s) will be closed with sutures, staples, or surgical glue. By the time you are ready to leave the hospital, your surgical incision will have begun to heal. You and your caregiver should look at your incision with your nurse before you leave the hospital so you know what it looks like. If you have sutures or staples, they are usually removed the morning you leave the hospital. This is done in your hospital bed and is not painful. If you go home with your staples or sutures in place, you will need to come back to the clinic to have them removed.

Tape strips called Steri-Strips™ will be placed across your incision(s) to make sure it stays closed. After about 14 days, these will loosen and you can remove them. Your incision(s) will stay closed.

Change your bandages at least once a day and more often if they become wet with drainage. If any liquid is draining from your incision, you should write down the amount and color. Call your doctor’s office and speak with the nurse about any drainage from your incision. When there is no longer any drainage coming from your incision(s), they can be left uncovered.
You should check your incision(s) every day for any signs of infection until your doctor tells you it has healed. Call your doctor if you develop any of the following signs of a wound infection:

- Redness
- Swelling
- Increased pain
- Warmth at the incision site
- Foul-smelling or pus-like drainage from your incision
- A temperature of 101°F (38.3°C) or higher

To prevent infection, do not let anyone touch your incision(s). Clean your hands with soap and water or an alcohol-based hand sanitizer before you touch your incision(s).

When you take a shower, gently wash your incision(s) with a fragrance-free, liquid soap. If you have Steri-Strips or surgical glue on your incision(s), do not scrub it or use a washcloth on it. This could irritate your incision(s) and prevent it from healing. While it is safe to take a shower, do not let your incision(s) be wet for too long. When you are finished with your shower, gently pat your incision(s) with a clean towel. Allow it to air dry completely before getting dressed.

**Will I have pain when I am home?**

The length of time each person has pain or discomfort varies. Some people may have soreness or tightness at their incision, or muscle aches for up to 6 months or longer. This does not mean that something is wrong. Follow the guidelines below to manage your pain.

- Take your medications as directed and as needed.
- Call your doctor if the medication prescribed for you doesn’t relieve your pain.
- Don’t drive or drink alcohol while you are taking prescription pain medication.
- Pain medication should help you as you resume your normal activities. Take enough medication to make sure you can gradually increase your activities. Pain medication is most effective 30 to 45 minutes after taking it.
- Keep track of when you take your pain medication. It will not be as effective if you allow your pain to increase. Taking it when your pain first begins is more effective than waiting for the pain to get worse.

As your incision(s) heals, you will have less pain and need less pain medication. A mild pain reliever such as acetaminophen (Tylenol) or ibuprofen (Advil) will relieve aches and discomfort. However, large quantities of acetaminophen may be harmful to your liver. Do not take more acetaminophen than the amount directed on the bottle or as instructed by your doctor or nurse.

**If I have a temporary ileostomy, how do I care for it?**

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*, located in this section.
What should I expect if I have a temporary ileostomy?

It is very important that you stay well hydrated while you have a temporary ileostomy. You can become dehydrated if the amount of stool you are making is more than what you eat or drink. Drink 8 to 10, (8-ounce) glasses of liquids a day. Call your doctor if you have any of the following signs or symptoms of dehydration:

- Excessive thirst
- Dry mouth
- Dry skin
- Fatigue
- Loss of appetite
- Feeling dizzy when you stand
- Headache
- Leg cramps

While you have a temporary ileostomy, you are at risk for having a bowel obstruction. A bowel obstruction happens when the intestine is partly or completely blocked. The blockage prevents food, liquids, and gas from moving through the intestines in the normal way. The blockage can be caused by food, scar tissue, or a twist in the intestine. Call your doctor 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
- Decreased or no output from your ileostomy

What exercises do I need to do if I have a temporary ileostomy?

If you have a temporary ileostomy, you will need to strengthen your anal sphincter muscles by doing Kegel exercises. These muscles help you hold back stool until you get to a toilet. Strengthening these muscles will help prevent incontinence, the inability to control your bladder or bowels, after your ileostomy is closed.

Start doing Kegel exercises right after your surgery. Continue to do them after your ileostomy is closed to keep your anal sphincter muscles strong.

You can do Kegel exercises while you are sitting, standing, and walking. To do Kegel exercises:

1. Tighten your buttock muscles like you are trying to hold back a bowel movement. Hold this position for 5 to 10 seconds.
2. Release and rest. Repeat 10 times.
3. Do this exercise 4 times a day.
How will my bowel function change after surgery?

Your body will still be able to turn food into solid waste after your surgery. However, most people have changes in their normal bowel function after this surgery. You may have more bowel movements than usual, or feel an urgent need to have a bowel movement. This is because the holding area for your waste is now smaller. You may have “cluster” bowel movements, which occur several times an hour, several times a week.

You may be instructed to take a fiber supplement such as Metamucil® starting 4 weeks after your surgery. This is gentle fiber that adds bulk to solid waste, which stretches the rectum. This stretching takes place over many months, but eventually, your bowel movements should become less frequent and less urgent. Your surgeon may also prescribe medications to help regulate your bowel movements.

If you have soreness around your anus from frequent bowel movements:

- Soak in warm water 2 to 3 times a day.
- Apply zinc oxide ointment or Desitin® to the skin around your anus.
- Do not use harsh toilet paper. Use a nonalcohol wipe instead, such as a baby wipe.
- Take medication, if your doctor prescribes it.

For more information, read Managing Bowel Function After Your Low Anterior Resection, located in this section.

What other changes should I expect from my surgery?

The nerves that control sexual function lie within the pelvis. You may worry that they will be damaged. Surgeons at MSK have special training to reduce this risk. Only a small number of people experience changes in sexual function as a result of this surgery. If you have any concerns about sexual function, talk with your surgeon.

The nerves that control urination also lie within the pelvis. There is a small chance that you may have changes in urinary function. Your surgeon will make every effort to protect these nerves. However, a small number of people lose urinary control for a short period of time after surgery. If this happens to you, you may need to use a catheter for a longer amount of time after your surgery. Permanent loss of urinary control is uncommon. Your surgeon will discuss this risk with you.

When can I resume my normal activities?

Doing your normal activities is an important part of regaining your strength. However, follow the guidelines below:

- Do not lift anything heavier than 10 pounds (4.5 kilograms), strain, or do strenuous exercise for at least 6 weeks after your surgery.
- Walking is a good way to increase your endurance. You can climb stairs but try to limit how often you do this for the first week you are home. Do not go out by yourself until you are sure of what you can do.
- Rest as needed, but if you cannot sleep at night, it may be a sign that you are resting too much during the day.
**When can I resume sexual activity?**
Your surgeon will tell you when you can resume sexual activity.

**When is it safe for me to drive?**
Do not drive until your surgeon tells you it is okay. This will be some time after your first follow-up appointment after your surgery. If you are still taking your prescribed pain medication, your surgeon may want you to wait longer before driving. The pain medication can slow your reflexes and responses, making it unsafe to drive. Also, braking requires use of the abdominal muscles, so driving may increase your discomfort.

**When will I get my 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 5 business days after your surgery. Your surgeon will discuss the results of the tests with you and recommend whether you need any additional treatments.

**What type of follow-up care will I receive after I leave the hospital?**
Your surgeon will want to see you 1 to 3 weeks after you leave the hospital. If you do not have an appointment before you leave the hospital, call your surgeon’s office to schedule it.

At this visit, your surgeon will check your incision(s) and overall condition. At other follow-up visits, you may have blood tests, x-rays, or colonoscopies.

It is important that you go to all of your follow-up visits after your surgery. You can call your doctor or nurse if you have any questions in between these visits.

If you need more treatment, it can be done at MSK or at a facility near your home. Your surgeon will plan your care with the doctors in charge of these treatments.

**How can I cope with my feelings?**
After surgery for a serious illness, you may have new and upsetting feelings. Many people say they felt sad, worried, nervous, irritable, or angry at one time or another. You may find that you cannot control some of these feelings. If this happens, it’s a good idea to seek emotional support.

The first step in coping is to talk about how you feel. Family and friends can help. Your nurse, doctor, and social worker can reassure, support, and guide you. It is always a good idea to let these professionals know how you, your family, and your friends are feeling emotionally. Many resources are available to you. Whether you are in the hospital or at home, your nurses, doctors, and social workers are here to help you and your family and friends handle the emotional aspects of your illness.
What if I have other questions?

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

Surgeon: __________________________ Telephone: __________________________

Nurse: ______________________________ Telephone: __________________________

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

Call Your Doctor or Nurse if You Have:

• A temperature of 101° F (38.3° C) or higher
• Abdominal pain, nausea, or 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
• Pain at your incision that is not relieved 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
How to Use Your Incentive Spirometer

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

About Your Incentive Spirometer

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

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

**How To Use Your Incentive Spirometer**

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

Please visit [mskcc.org/pe/incentive_spirometer](http://mskcc.org/pe/incentive_spirometer) to watch this video.

**Setting up your incentive spirometer**

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

**Using your incentive spirometer**

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

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

To use your incentive spirometer, follow the steps below.

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

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

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

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

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

Repeat these steps every hour that you are awake.

Cover the mouthpiece of the incentive spirometer when you are not using it.
Caring for Your Ileostomy or Colostomy

This information will help you care for your ileostomy or colostomy.

An ostomy is an opening created during surgery. A piece of your intestine is brought to the outside of your abdomen (belly) so that bowel movements (stool) and gas can exit your body. The part of your intestine that’s on the outside of your body is called a stoma. Your stoma will look red and moist, similar to the inside of your mouth. Your stoma will be swollen right after surgery, but the size will decrease in 6 to 8 weeks. You won’t feel any pain or pressure within your stoma. You also won’t feel any sensations of heat or cold.

Some ostomies are permanent, while others are temporary. Your surgeon will tell you if your ostomy is permanent or temporary.

Having an ostomy is a big change for most people. We have written this resource with the help of people who have an ostomy. We hope it will help prevent problems and give you tips that can make your daily life easier. Your wound, ostomy, continence (WOC) nurse will go over this information with you.

Types of Ostomies

An ostomy can be made out of the small intestine or colon (large intestine). When a piece of the small intestine is used to create an ostomy, it’s called an ileostomy. When a piece of the colon is used to create an ostomy, it’s called a colostomy.

The consistency of your bowel movements from your ostomy will depend on the part of your intestine that’s used to create the ostomy. Your bowel movements may be liquid, soft, or solid.

The most common types of ostomies are:
Ileostomy

- Created from the part of the small intestine called the ileum.
- Bowel movements are loose or watery.
- Stoma is usually located on the right lower side of the abdomen.

Ascending colostomy

- Created out of the ascending colon.
- Bowel movements are loose or watery.
- Stoma is usually located on the right side of the abdomen.

Descending colostomy

- Created out of the descending colon.
- Bowel movements are usually soft.
- Stoma is usually located on the left side of the abdomen.

Sigmoid colostomy

- Created out of the last part of the colon.
- Bowel movements can be soft or firm.
- Stoma is usually located on the left side of the abdomen.

Loop ostomy

- Can be made out of any part of the small intestine or colon.
- There are 2 openings in the stoma instead of 1. Many times, only 1 opening can be seen. This type of ostomy is often temporary.

In some surgeries, a second opening is created on the abdomen called a mucous fistula. It secretes left over bowel movements or a mucus-like fluid and leads to the rectum. If you have a mucous fistula, your WOC nurse will teach you how to care for it while you’re in the hospital. Usually, a small pouch or dressing is placed over the mucous fistula. It will need to be cleaned with water and emptied. Once there is no drainage, the mucus fistula can be covered with a pad.
Learning to Care for Your Ostomy

Your WOC nurse and nursing staff will teach you how to care for your stoma and ostomy while you’re in the hospital. When you’re discharged from the hospital, you’ll be given the basic supplies you need to care for your ostomy. During your post-operative appointment, a WOC nurse will re-evaluate your ostomy supplies and will show you how to order them. There’s a list of medical suppliers at the end of this resource.

Your WOC nurse and nursing staff will also arrange for a visiting nurse to come to your home after you’re discharged from the hospital. They will teach you how to care for your stoma and adjust to being home. If you have any questions or problems once you’re home, call your WOC nurse or social worker.

Pouching systems

After your surgery, you will wear an odor-proof pouching system over your ostomy. The pouching system is made up of a skin barrier (wafer) and a collection pouch. There are many different sizes and styles of pouching systems. Most pouching systems are either a 1-piece system in which the pouch is attached to the skin barrier, or a 2-piece system in which the pouch can be taken off of the skin barrier. With both types, the pouch attaches to your abdomen by the skin barrier and is fitted over and around your stoma to collect your bowel movements and gas. The skin barrier protects the skin around your stoma from getting irritated by bowel movement leakage.

Your WOC nurse will help you find the best pouching system for your stoma. As the size of your stoma changes, you may need to change your pouching system.

Some people find it helpful to buy a fitted waterproof mattress cover, bed pads, or cloth under-pads to place over the mattress and bed sheets. This protects the bed in case the pouch accidentally leaks during the night.

Emptying your pouch

Empty your pouch when it’s almost halfway full. The pouch shouldn’t become overly full. Your WOC nurse will teach you how to empty your pouch.
If you squeeze every bit of air out your pouch, the sides are likely to stick together and make it more difficult to collect bowel movements. There are lubricants to help keep this from happening. This is more of an issue if your bowel movements are thicker. If your bowel movements are thinner, you can use a thickening product in the pouch to help thicken them. Your WOC nurse will help you determine which product you should use.

**Changing your pouching system**

Your WOC nurse will teach you how to change your pouching system. Generally, you should change your pouching system every 3 to 5 days. If you have leakage, change it immediately. This is to protect the skin around your stoma from getting irritated from bowel movement leakage. If you have any leakage or irritation that has lasted for a few days, call your WOC nurse.

**Lifestyle Issues**

**Body image and depression**

After people learn that they have cancer, they often view their bodies in a different way. Surgery, chemotherapy, and radiation therapy can change the way a body looks and works. This may be especially true when someone has a new ostomy. Some people feel disgust. This is normal given the shame in many cultures of talking about bowel movements. Other people feel sadness at the loss or change in their bodies. They view their ostomy with negative thoughts and feelings. However, others view their ostomy more positively and see it as an answer to difficult symptoms, such as bowel incontinence (trouble controlling your bowel movements), or as the path to survival. You may have both positive and negative feelings. As you adjust to living with an ostomy and get used to how it looks and works, you’ll feel better about your body. It may help you cope better if you:

- Look at your stoma to help you get comfortable with it.
- Remind yourself about the positive aspects of your ostomy.
- Talk with other people with ostomies. You may learn good coping techniques and this may help you regain a sense of normalcy.
- Get counseling to help you improve your body image, feelings, and quality of life. At Memorial Sloan Kettering (MSK), counseling is available from
social workers and at the Counseling Center. You can reach the Social Work Department at 212-639-7020 and the Counseling Center at 646-888-0200.

**Nutrition**

Your doctor will give you dietary guidelines to follow after your surgery. You’ll also meet with a dietitian while you’re in the hospital to review these guidelines.

Below are some recommended guidelines if you have an ileostomy:

- **Stay hydrated**
  - Drink 8 to 10 (8-ounce) glasses of liquids a day.
  - Limit your intake of caffeine and alcohol. They can dehydrate you.
  - Limit foods high in fiber and high in simple sugars (such as glucose, sucrose, fructose), as they can dehydrate you.

- **Keep in mind that the foods that upset your stomach before your surgery will have the same effect after your surgery.** If you feel bloating and pain after eating a certain food, remove it from your diet. Try eating it again in a few weeks. If you’re still having pain and bloating after eating this food, avoid it.

- **Some people with ostomies choose to limit gas by regulating their diet.** The following can increase gas:
  - Foods such as cabbage and broccoli
  - Carbonated beverages
  - Drinking through a straw
  - Chewing gum

- **If you have tried limiting gas and still have a problem, talk with your WOC nurse.** They may suggest using pouches with charcoal filters. The filter can help prevent the buildup of gas and avoid inflation of the pouch. Some people also find it useful to use pouches with filters for airplane travel.
  - Don’t prick your pouch to release built-up gas because this will destroy the pouch’s odor proof system.
  - Don’t scrub your pouch with water. This will deactivate the filter.
• If you’re constipated (having fewer bowel movements than what’s normal for you):
  ○ Drink more liquids.
  ○ Eat foods that are high in fiber, such as fruits, vegetables, and bran.
  ○ Walk around.

**If you have an ileostomy, don’t take any kind of laxative.** It can cause severe dehydration and other problems.

**Medication**

If you have an ileostomy, your body may not be able to completely absorb some medications. This happens because your bowel is shortened and some medications are absorbed slowly. This happens most often with:

• Pills with enteric coating (a special coating that prevents pills from being absorbed until they reach the small intestine)
• Sustained-release or extended release medications (designed to release a medication in the body slowly over an extended period of time)

Ask your doctor if you’re taking these types of medications. If you see a tablet in your pouch that isn’t absorbed, call your doctor.

Don’t crush pills unless your doctor or pharmacist says you can do so. Taking crushed pills can cause problems with digestion.

**Exercise**

Talk with your doctor about what exercise is right for you. For most people, walking and light stretching are good exercises to do while recovering from surgery. You should avoid lifting or pushing anything heavier than 10 pounds for 2 to 3 months after your surgery. This includes housework such as vacuuming or mowing the lawn. If this will be a problem for you, talk with your doctor.

Don’t do sit-ups, pushups, or any strenuous exercise for 2 to 3 months after your surgery. This will help prevent a hernia (bulging of an organ or tissue) or weakening of a muscle near your stoma. It will also help prevent a stomal hernia (bulging out of your stoma).
Odor control
Pouching systems are designed to be odor proof. Unless you’re leaking bowel movements underneath the wafer, there should be no odor while the pouching system is attached. However, if odor is a problem for you, there are deodorants that you can put into the pouch to help. Some examples are drops, charcoal tablets, or lubricating gel. You may need to experiment to find one that works best for you. There are also deodorants you can take orally (by mouth) to decrease your bowel movement’s odor. Check with your doctor or nurse before using any of these.

Many pouches have a built-in charcoal filter. This vents the gas and filters it at the same time to prevent odor. There are also filters that can be bought separately and attached to the pouch, or you can apply a small plastic vent on each pouch. This vent allows gas to be released without opening the pouch.

Some people find it useful to empty the pouch at bedtime. This is done because gas could continue to build overnight and fill the pouch.

Sexual activity
Talk with your doctor about when it’s safe to resume sexual activity. Generally, this is after your incision is healed, about 2 months after your surgery. As long as excessive pressure isn’t placed on your stoma, there should be no harm done to it. Do not use your stoma as a sexual orifice.

For many people, returning to a normal sex life will come naturally. This happens as your concerns decrease and your feelings about your body become more positive. Try to stay intimate with your partner as much as possible. Use kind words, meaningful touch, and hugs.

Check to see if your pouching system fits well and if there’s any odor. Some people prefer to cover their pouching system with a cloth band or wrap, shirt, or lingerie during sexual activity. You can buy ready-made covers from many ostomy supply companies. Some companies also make a pouch with a cotton cover attached to it.

You may also plan your sexual activity for times when you’re less likely to be actively draining or after irrigation. For more information about irrigation, see the section titled “Frequently Asked Questions About Ostomy Care”.
Talk with your doctor or nurse if surgery or radiation therapy caused changes that make it hard to have sex. Examples are erectile dysfunction (difficulty getting or keeping an erection) in men or vaginal dryness, pain, or tightness in women. If these problems don’t get better, you can talk with a sexual health specialist. MSK has a Sexual Health Program to help people address the impact of their disease and treatment on sexuality.

The United Ostomy Associations of America, Inc. (www.ostomy.org or 800-826-0826) has information on sex for both men and women with ostomies.

Other good sources of information are the following resources published by the American Cancer Society. You can get these resources by calling 800-ACS-2345 (800-227-2345) or by going to the links below.

*Sexuality for the Man With Cancer:*

*Sexuality for the Woman With Cancer:*

**Showering, bathing, and swimming**

You can shower with your pouching system on or off. However, if you have an ileostomy, you may want to keep the pouch on during the shower due to possible drainage of bowel movements while showering. You can also use waterproof tape around the edges of the wafer. Depending on your skin and the type of pouch, you can place a piece of plastic over the whole pouching system to keep it from getting wet, but this isn’t always necessary.

When you take a bath or swim, keep your pouching system on. Most people can wear the same swimsuit they wore before their surgery. However, it may not be possible to wear hip-high swimsuits for men or hip-high, two-piece swimsuits for women.

**Work**

You can go back to work as soon as you feel ready and your doctor approves. Unless you tell them, people won’t know that you have an ostomy. It’s highly unlikely that the pouching system will be visible. You will probably be able to wear most of the same clothes you wore before your surgery.
Travel

Bring extra pouching systems with you wherever you go, even if it’s only a short trip or a doctor’s appointment. If you’re going to be away from home for several hours, think about where you’re going and mentally prepare yourself. Some people feel anxiety the first few times they travel. If you feel anxious, you may be able to lower your stress by thinking ahead. First, think about where the bathroom is located and what you may need. Second, get the supplies you plan to take with you. Place 2 of every item in a travel bag. This way, if you have an emergency or are away from home longer than you expect, you will be prepared. Remember to bring:

- Pouches
- Wafers
- Clamps (if you have a pouching system with a clamp closure)
- Paper towels

When you’re traveling by air:

- Pack your ostomy supplies in at least 2 places, such as in your carry-on and checked luggage.
- Take extra supplies in case you’re stranded where supplies may not be available.
- You may want to bring a letter from your doctor stating your need for ostomy supplies, as well as a private area be used in case of an extended search by TSA agents.
- If you’re traveling to a foreign country, it’s a good idea to have ostomy information written in that language. One of the 70 member associations of the International Ostomy Association may be able to help with this translation, as well as with locating supplies while visiting their country. For more information, visit www.ostomyinternational.org.
- You may want to carry photocopies of the catalogue pages displaying and explaining your equipment for TSA agents.
- The United Ostomy Association of America web site, (www.uoaa.org) has information and helpful ‘travel tips’ that can be printed and used.
Call Your Doctor or Nurse if You:

- Vomit
- Have a colostomy and haven’t had a bowel movement for 3 days
- Have an ileostomy and haven’t had a bowel movement for 3 to 6 hours
- Develop abdominal pain or symptoms of dehydration (this is more common for those with an ileostomy), including:
  - Increased thirst
  - Dry mouth
  - Loss of appetite
  - Weakness
  - Decreased urine output
  - Dark amber colored urine
  - Muscle, abdominal, or leg cramps
  - Feeling faint
  - More bowel movements than usual or changes in consistency
  - Increased frequency of emptying pouch

Frequently Asked Questions About Ostomy Care

What is irrigation and will I be able to do it?
Irrigation is a type of enema that eliminates the need for wearing a pouching system over the stoma. This means you wouldn’t have any bowel movements between the irrigations. Irrigation is done every day or every other day. People who have a sigmoid colostomy may be able to irrigate. Most people who have had an abdominal perineal resection have a sigmoid colostomy. People with an ileostomy should never irrigate because it can cause dehydration.
You also cannot irrigate:

- If you have a stomal hernia (bulge around the stoma).
- While you’re getting chemotherapy.
- While you’re getting radiation therapy.

Ask your doctor or WOC nurse for more information about irrigation.

**What color should my stoma be?**

Your stoma should be a deep pink or red color at all times. While it’s working to move bowel movements out of your body, you may notice a slight change in its color. This should only be for a few seconds to a minute. If your stoma looks dark red, grey, brown, or black, call your doctor immediately.

**Is it normal for my stoma to bleed when I touch it or change my pouching system?**

Your stoma has many blood vessels, so it may bleed easily with touch or irritation. It’s common to have a small amount of blood on the tissue when cleaning your stoma. The bleeding should stop on its own within a few minutes. If you’re on a blood thinner or aspirin, you may bleed more easily and for a longer period of time. If you bleed a lot or if the bleeding doesn’t stop after 5 to 10 minutes, apply pressure to the area and call your doctor. If you notice blood in your bowel movements or coming from the inside of your stoma, call your doctor immediately.

**The area around my stoma seems to bulge. Is this normal?**

If you have a change in the curve around your stoma, tell your doctor or WOC nurse. You may have a stomal hernia. This happens because the abdominal wall muscle is weak and causes a bulge to form in the area around the stoma. Your doctor or WOC nurse will examine you to see if you have a stomal hernia.

People with a stomal hernia don’t usually have any symptoms. Surgery isn’t needed unless you have a complication, including a blockage or twisting of the herniated bowel.
If you have any of the following symptoms, call your doctor or nurse:

- Nausea
- Vomiting
- Pain
- Abdominal bloating, and lack of gas and bowel movements in your pouch

If you have a stomal hernia, your WOC nurse can measure you for a custom-made hernia support belt. These belts don’t cure the hernia, but they can prevent it from getting worse by giving it support. A girdle or biking shorts with a hole cut out for your pouch may also work well as an alternative to the custom-fitted hernia belt.

**How do I wear a belt over my stoma?**

Try to wear the belt above or below your stoma. If the belt is worn directly over your stoma, it can cause:

- Irritation
- Bleeding
- An overgrowth of tissue

While you’re wearing the belt, position your pouch downward or to the side. You can also fold it, depending on your preference.

**What do I do if I have leakage of bowel movements under my wafer?**

If you’re having leakage, tell your WOC nurse. You may need a different pouching system that fits better to avoid this problem.

**Is there anything I should do to prepare for tests, such as scans with contrast dye?**

Always take an extra set of supplies when going to the doctor for tests because you may have to remove your pouching system.

If you live 1 hour or longer away from the hospital, be ready to change or empty your bag during the trip home. The contrast dye may empty into your pouch in 1
or 2 hours, but it can take longer.

**Do I need to wear gloves when I change my pouching system?**

This is a personal choice. There is no risk of infection from changing your pouching system. However, some people prefer to wear gloves because some bowel movements could come in contact with your fingers.

**If I have an ileostomy, is it normal to still pass bowel movements or mucous from my rectum?**

Depending on the type of surgery you had, you may pass left over bowel movements or mucous from your rectum. This should decrease over time, but it may be useful to wear a pad and apply a zinc ointment (such as Desitin®) around your anus to prevent irritation.

**What should I do if I am admitted to the hospital?**

If you’re admitted to the hospital, you may want to bring 1 or 2 extra sets of supplies with you, just in case they stock a different product or they have run out of the product you use.

**Support Groups**

You may find it helpful to join our ostomy group for colorectal patients. This is a live, online support group in which people can share their experiences and provide practical and emotional support for one another. Discussions are guided by a social worker and nurse. The group is open to everyone, including non-MSK patients. The group is held every other month on the 3rd Thursday of the month from 4:00 PM to 5:00 PM. To learn more about the program or to register for the program contact virtualprograms@mskcc.org.

On the United Ostomy Associations of America (UOAA) website, you can search for UOAA-affiliated online and in-person support groups for people with ostomies. To find a group, go to www.ostomy.org/supportgroups.shtml.

Local hospitals may also offer ostomy support groups.
Ordering Supplies

Speak with your WOC nurse about ordering supplies. They are familiar with the latest products on the market. You can also call companies to ask for samples of their products.

Mail order medical supply companies

Listed below are some mail order medical supply companies. Some accept Medicare and other types of insurance. Call the company directly to ask if they take your insurance. If they don’t, call your insurance company to get a list of suppliers that do. These companies will mail the supplies to you every month. You don’t usually need a prescription to order the supplies. The company will work with your doctor’s office and your insurance company. These companies offer a wide variety of products. Call and ask for their catalogue or view it online.

Byram Healthcare
877-902-9726
www.byramhealthcare.com

CCS Medical
800-260-8193
www.ccsmed.com

Edgspark Medical Supplies
888-394-5375
www.edgepark.com

Landauer Metropolitan
800-631-3031
www.landmetro.com
(Accepts Medicaid in New York State)

Liberty Medical
800-723-9558
www.libertymedical.com

McKesson Medical-Surgical
800-453-5180
You can also buy ostomy supplies at local pharmacies and medical supply stores. However, the prices may be higher due to a low volume of supplies or because they may not take your insurance.

**Ostomy product manufacturers**

Listed below are companies that make ostomy products such as skin barriers, pouches, and other ostomy accessories (such as pastes, powder, and rings). Many of these companies also have a WOC nurse on staff to answer questions. Feel free to call and ask for samples of products.

*Coloplast Corporation*
800-533-0464  
www.coloplast.us

*ConvaTec Professional Services*
800-422-8811  
www.convatec.com

*Cymed*
800-582-0707  
www.cymed-ostomy.com

*Hollister, Inc.*
888-740-8999  
www.hollister.com

*Marlen Manufacturing & Development Company*
216-292-7060  
www.marlenmfg.com

*Nu-Hope Laboratories, Inc.*
800-899-5017  
www.nu-hope.com
MSK Support Services

Resources for Life After Cancer (RLAC) Program
646-888-8106
At MSK, care doesn’t end after active treatment. The RLAC Program is for patients and their families who have finished treatment. This program has many services, including seminars, workshops, support groups, counseling on life after treatment, and help with insurance and employment issues.

Social Work Department
212-639-7020
Social workers help patients and their families 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 refer you to community agencies and programs, as well as financial resources if you’re eligible.

Sexual Health Program
For women: 646-888-5076
For men: 646-422-4359
MSK’s Sexual Health Program helps patients address the sexual impact of their disease and treatment. You can meet with a specialist before, during, or after your treatment.

Resources

Books
100 Questions & Answers about Colorectal Cancer
Authors: David Bub, Susannah L. Rose, and W. Douglas Wong
Boston, MA: Jones and Bartlett Publishers; 2003

The Ostomy Book: Living Comfortably with Colostomies, Ileostomies, and Urostomies
Authors: Barbara Dorr Mullen and Kerry Anne McGinn
Boulder, CO: Bull Publishing; 2008

The Complete Financial, Legal, and Practical Guide for Living With Cancer, HIV, and
Other Life-Challenging Conditions
Author: David Landay

Positive Options for Living with Your Ostomy: Self-Help and Treatment
Authors: Craig A. White and Robert W. Beart Jr.
Alameda, CA: Hunter House; 2002

The Human Side of Cancer: Living With Hope, Coping With Uncertainty
Authors: Jimmie Holland and Sheldon Lewis

Organizations

Cancercare
800-813-HOPE (800-813-4673)
www.cancercare.org
National nonprofit organization that provides free help to people with all cancers. Services include counseling, education, information, and financial assistance.

Caregiver Action Network
caregiveraction.org
Provides support to caregivers of those who are ill, elderly, or disabled. Works to provide caregivers with support, empowerment, education, and advocacy.

Colon Cancer Alliance (CCA)
877-422-2030 (toll-free helpline)
www.ccalliance.org
National nonprofit patient advocacy organization dedicated to screening, access, awareness, advocacy, and research related to colon cancer.

Crohn’s and Colitis Foundation of America
800-932-2423
ww.ccfa.org
Works to find a cure for and prevent Crohn’s disease and ulcerative colitis. Aims to improve the quality of life for people living with these diseases through research, education, and support.
C3Life.com
www.c3life.com
Website dedicated to helping people with ostomies live their lives to the fullest. Online community includes a discussion forum, recipes, blogs, hints, and tips.

Gilda’s Club New York City
195 West Houston St.
New York, NY 10014
212-647-9700
www.gildasclubnyc.org
Provides meeting places for people living with cancer and their family and friends. Gives people a place where they can meet others to build support systems. Offers free support and networking groups, lectures, workshops, and social events.

International Ostomy Association (IOA)
www.ostomyinternational.org
Works to improve the quality of life for people who have ostomies or related surgeries.

National Ovarian Cancer Coalition (NOCC)
888-682-7426
www.ovarian.org
Works to increase awareness of ovarian cancer and to improve the survival rate and quality of life for women with ovarian cancer.

NCI’s Cancer Information Service
800-4 CANCER (800-422-6237)
www.cancer.gov/aboutnci/cis
A federally funded cancer education program that provide accurate, up-to-date, and reliable information on cancer that is easy to understand.

Ovarian Cancer National Alliance (OCNA)
866-399-6262 (toll free)
www.ovariancancer.org
Works to put ovarian cancer on the agenda of policy makers and women’s health leaders.
United Ostomy Associations of America, Inc. (UOAA)
800-826-0826
www.ostomy.org
A volunteer-based health organization that supports people who have had or will have intestinal or urinary diversions. This includes providing education, information, support, and advocacy.

Women’s Cancer Network
312-578-1439
www.wcn.org
Works to inform women around the world about gynecologic cancers. Provides a personalized risk assessment tool to assess risk for gynecologic and breast cancers.

Wound, Ostomy, Continence Nurses Society
888-224-WOCN (888-224-9626)
www.wocn.org
Members are experts in the care of people with wounds, ostomies, and continence disorders.
Managing Bowel Function After Your Low Anterior Resection

This information describes the changes in bowel function that you may experience after your low anterior resection surgery.

After your surgery, your body will still have the ability to turn food into solid waste. However, you will have a new holding area for your stool. Your body will need time to adjust to this change.

If you have a temporary ileostomy or colostomy, do not follow the instructions in this resource until your doctor says it’s okay.

Changes in Bowel Movements

You can expect to have changes in your bowel movements for 6 to 12 months after your surgery. Your bowel movements may:

- Be more frequent
- Come in “clusters.” These are bowel movements that may occur several times an hour, several times a week
- Occur every other day
- Not feel complete; you may have the feeling that you still 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

Diet

Foods may affect you differently than before your surgery. Certain foods may
make you have bowel movements immediately after eating. You will need to test foods and see how you react to them. If you need help with your diet, call 212-639-7312 to speak with a dietitian.

It is important that you drink a total of 6 to 8 (8-ounce) glasses of noncaffeinated liquids a day. You can also drink tea, coffee, and other caffeinated liquids. However, these are extra liquids. Do not count them as part of your 6 to 8 glasses of liquids per day requirement.

**Fiber supplements**

Fiber supplements, such as Metamucil® or Citrucel®, will add bulk to solid waste. This helps stretch your new or remaining rectal space. Your doctor or nurse will suggest a fiber supplement. Take it with water or juice. Unless you are given other instructions, add 1 rounded teaspoon of the supplement to a single glass of liquid twice a day at the end of a meal.

**Medication**

If you are having many bowel movements, your doctor may prescribe medication to slow your bowel down. This may help decrease the feeling that you need to go right away, and may cut down on your number of bowel movements.

Take your medication before meals. Your doctor will tell you the dose and schedule. If you do not have a bowel movement for 2 days, contact your doctor or nurse.

**Exercises**

There are 2 exercises that may help you gain better control of the muscle in your anus. When you tighten this muscle, it holds in stool and gas. When you relax it, stool and gas can pass. Ask your doctor or nurse if you should do the exercises described below and when you should start.

- Tighten the muscle as you would if you did not want to pass gas. Hold it for 15 seconds, and then relax. Do this 10 to 20 times each day.
- When you feel the urge to have a bowel movement, see if you can hold it for a little while. Gradually increase the amount of time you wait before having a bowel movement.
Skin Care

The area around your anus may be sore and irritated if you have multiple bowel movements. This can happen from frequent wiping.

To help with any discomfort:

- Clean the area around your anus gently with warm water. Avoid soap or wipes because they can make your skin more irritated.
- Sit in a warm tub of water 3 to 4 times a day.
- Apply a thin layer of cream, such as Balmex® or Desitin®, to your anus as needed to prevent skin breakdown.
This section contains a list of MSK support services, as well as the resources that were referred to throughout this guide. These resources will help you prepare for your surgery and recover safely. Write down any questions you have and be sure to ask your doctor or nurse.
MSK Resources

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

**Anesthesia**
212-639-6840
Call with questions about anesthesia.

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

**Bobst International Center**
888-675-7722
MSK welcomes patients from around the world. If you are an international patient, call for help.

**Chaplaincy Service**
212-639-5982
At MSK, our chaplains are available to listen, help support family members, pray, contact community clergy or faith groups, or simply be a comforting companion and a spiritual presence. Anyone can request spiritual support, regardless of formal religious affiliation. The interfaith chapel is located near the main lobby of Memorial Hospital, and is open 24 hours a day. If you have an emergency, call the hospital operator and ask for the chaplain on call.

**Counseling Center**
646-888-0200
Many people find counseling helpful. We provide counseling for individuals, couples, families, and groups, as well as medications to help if you feel anxious or depressed.

**Integrative Medicine Service**
646-888-0800
Integrative Medicine Service offers patients many services to complement traditional medical care, including music therapy, mind/body therapies, dance and movement therapy, yoga, and touch therapy.

**Look Good Feel Better Program**
800-227-2345
Learn techniques to help you feel better about your appearance by taking a workshop or visiting the program online at www.lookgoodfeelbetter.org.

**Patient-to-Patient Support Program**
212-639-5007
You may find it comforting to speak with a cancer survivor or caregiver who has been through a similar treatment. Through our Patient-to-Patient Support Program, we are able to offer you a chance to speak with former patients and caregivers.
Patient Billing
646-227-3378
Call Patient Billing with any questions about preauthorization from your insurance company. This is also called preapproval.

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

Perioperative Clinical Nurse Specialist
212-639-5935
Call if you have any questions about MSK releasing any information while you are having surgery.

Private Nursing Options
212-639-6892
Patients may request private nurses or companions. Call for more information.

Resources for Life After Cancer (RLAC) Program
646-888-8106
At MSK, care doesn’t end after active treatment. The RLAC Program is for patients and their families who have finished treatment. This program has many services, including seminars, workshops, support groups, counseling on life after treatment, and help with insurance and employment issues.

Social Work
212-639-7020
Social workers help patients, family, and friends deal with issues that are common for cancer patients. They provide individual counseling and support groups throughout the course of treatment, and can help you communicate with children and other family members. Our social workers can also refer you to community agencies and programs, as well as financial resources if you’re eligible.

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

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

Access-A-Ride
web.mta.info/nyct/paratran/guide.htm
877-337-2017
In New York City, the MTA offers a shared ride, door-to-door service for people with disabilities who are unable to take the public bus or subway.

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

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

Cancer and Careers
www.cancerandcareers.org
A comprehensive resource for education, tools, and events for employees with cancer.

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

Cancer Support Community
http://cancersupportcommunity.org
Provides support and education to people affected by cancer.

Caregiver Action Network
www.caregiveraction.org
800-896-3650
Provides education and support for those who care for loved ones with a chronic illness or disability.

Corporate Angel Network
www.corpangelnetwork.org
866-328-1313
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.gooddaysfromcdf.org  
877-968-7233  
Offers financial assistance to pay for copayments during treatment. Patients must have medical insurance, meet the income criteria, and be prescribed medication that is part of the Good Days formulary.

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

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

**LGBT Cancer Project**  
http://lgbtcancer.com  
Provides support and advocacy for the LGBT community, including an online support groups and a database of LGBT friendly clinical trials.

**LIVESTRONG Fertility**  
www.livestrong.org/we-can-help/livestrong-fertility  
855-844-7777  
Provides reproductive information and support to cancer patients and survivors whose medical treatments have risks associated with infertility.

**National Cancer Institute**  
www.cancer.gov

**National Cancer Legal Services Network**  
www.nclsn.org  
Free cancer legal advocacy program.

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

**Needy Meds**  
www.needymeds.com  
Lists Patient Assistance Programs for brand and generic name medications.

**NYRx**  
www.nyrxplan.com  
Provides prescription benefits to eligible employees and retirees of public sector employers in New York State.
Partnership for Prescription Assistance  
www.pparx.org  
888-477-2669  
Helps qualifying patients without prescription drug coverage get free or low-cost medications.

Patient Access Network Foundation  
www.panfoundation.org  
866-316-7263  
Provides assistance with copayments for patients with insurance.

Patient Advocate Foundation  
www.patientadvocate.org  
800-532-5274  
Provides access to care, financial assistance, insurance assistance, job retention assistance, and access to the national underinsured resource directory.

RxHope  
www.rxhope.com  
877-267-0517  
Provides assistance to help people obtain medications that they have trouble affording.

The Ostomy Association  
www.ostomy.org

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