



About Your Lumpectomy and Axillary Surgery

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About Your Surgery

This guide will help you prepare for your lumpectomy and axillary 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.

Lumpectomy is a surgery that removes a malignant (cancerous) tumor from your breast. It removes only the tumor and a small area of normal tissue around it. A lumpectomy is a breast conserving surgery that allows you to keep your breast shape and, usually, your nipple.

This guide contains information about several types of breast surgeries. The surgery you are having is called a:

- Lumpectomy and sentinel lymph node biopsy
- Lumpectomy and sentinel lymph node biopsy; possible axillary lymph node dissection
- Lumpectomy and axillary node dissection
- Other _____

About Your Lymphatic System

Understanding how your lymphatic system works can be helpful, especially if you are having a sentinel lymph node biopsy or an axillary node dissection. Your lymphatic system is made up of:

- Lymph nodes, which are small, bean-shaped structures located along your lymphatic vessels (see Figure 1). Your lymph nodes filter out bacteria, viruses, cancer cells, and other waste products.
- Lymphatic vessels, which are tiny tubes, similar to blood vessels, which carry fluid to and from your lymph nodes.
- Lymphatic fluid, which is the clear fluid that travels through your lymphatic system. It carries cells that help fight infections and other diseases.

The lymph nodes in your armpit may be examined during your surgery to determine if the cancer has spread. In most cases, lymph nodes are examined by performing a sentinel lymph node biopsy.

A sentinel lymph node biopsy is the removal of the first node(s) in your armpit that receives drainage from the breast tumor. This node(s) is identified by injecting a special dye into your breast. If you are having a sentinel lymph node biopsy, you may have lymphatic mapping as part of your surgery. More information about this procedure is included later in this guide.

After the sentinel lymph node(s) is removed, it may be examined by the pathologist during your surgery. If any cancer cells are found in the sentinel node(s), an axillary lymph node dissection may then be performed. An axillary lymph node dissection is the removal of most or all of the nodes found in your armpit. The number of nodes varies from person to person.

Breast Seed Localization

Some people may also need to have a breast seed localization. This is a procedure in which a tiny metal seed is placed into abnormal breast tissue to help your surgeon find the tissue during your surgery. If you are having a breast seed localization, your nurse will give you more information about it.

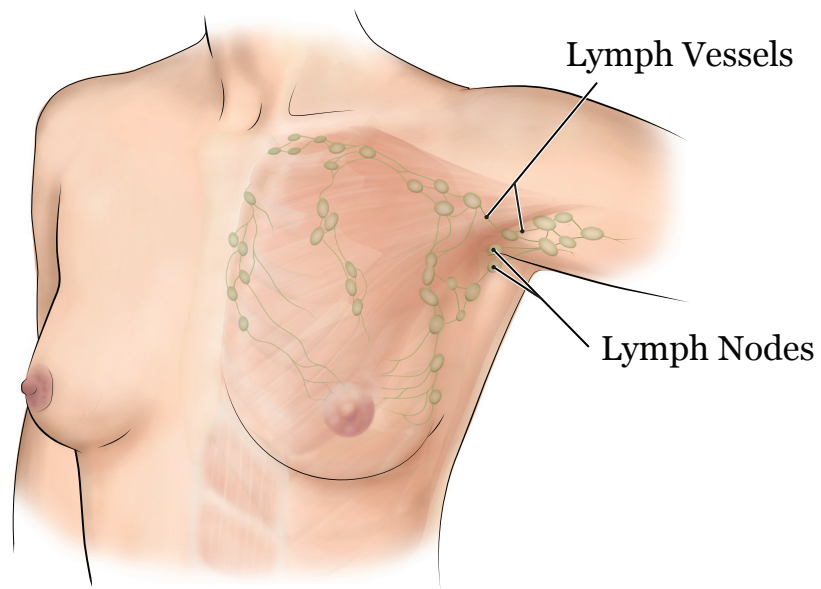


Figure 1. Normal lymph drainage

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Preparing for Your Surgery

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

Preventing Pregnancy

If there is any chance that you could become pregnant before your surgery, be sure to use a form of birth control that does not have hormones. For example you may use a male condom, a diaphragm, or a Copper T IUD. If you have any questions about birth control, or for help deciding the type of birth control that's right for you, talk with your healthcare provider.

Fertility Preservation

Many women should avoid becoming pregnant during their treatment. If your doctor has told you to avoid pregnancy for some time and you want to have children in the future, you may want to consider banking your eggs. For more information, ask your nurse for the resource *Fertility Preservation: Options for Women Who Are Starting Cancer Treatment*.

About Drinking Alcohol

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

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

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.

- 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.

About Sleep Apnea

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

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

Within **30** Days of Your Surgery

Presurgical Testing (PST)

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

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

Tell your nurse practitioner if you are breastfeeding or pumping your breastmilk for your child.

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

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

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

Complete a Health Care Proxy Form

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

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

Identify Your Caregiver

Your caregiver plays an important role in your care. They will learn about your surgery with you from your healthcare provider. Your caregiver will need to be present after your surgery for the discharge instructions so that they are able to help you care for yourself at home. Your caregiver will also need to take you home after your surgery.

Arrange for Someone to Take You Home

You must have a responsible care partner take you home after your procedure. Make sure to plan this before the day of your procedure.

If you don't have someone to take you home, call one of the agencies below. They will send someone to go home with you. There's usually a charge for this service, and you will need to provide transportation.

Agencies in New York

Partners in Care: 888-735-8913

Caring People: 877-227-4649

Agencies in New Jersey

Caring People: 877-227-4649

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 with your doctor or nurse about meeting with a dietitian.

Buy a 4% Chlorhexidine Gluconate (CHG) Solution Antiseptic Skin Cleanser (Such as Hibiclens®)

4% CHG solution is a skin cleanser that kills germs for 24 hours after you use it. Showering with it before your surgery will help lower your risk of infection after surgery. You can buy a 4% CHG solution antiseptic skin cleanser before leaving the Evelyn H. Lauder Breast Center or at your local pharmacy without a prescription.

7 Days Before Your Surgery

Follow Your Healthcare Provider's Instructions for Taking Aspirin

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

Follow your healthcare provider's instructions. **Don't stop taking aspirin unless they tell you to.** For more information, read *Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E*, located in the "Medications" section of this guide.

Stop Taking Vitamin E, Multivitamins, Herbal Remedies, and Other Dietary Supplements

Stop taking vitamin E, multivitamins, herbal remedies, and other dietary supplements 7 days before your surgery. These things can cause bleeding. For more information, read *Herbal Remedies and Cancer Treatment*, located in the "Medications" section of this guide.

2 Days Before Your Surgery

Stop Taking Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

Stop taking nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen (e.g., Advil®, Motrin®), Stop taking NSAIDs, such as ibuprofen (Advil®, Motrin®) and naproxen (Aleve®), 2 days before your surgery. These medications can cause bleeding. For more information, read *Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E*, located in the "Medications" section of this guide.

1 Day Before Your Surgery

Note the Time of Your Surgery

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

Lymphatic Mapping with Sentinel Lymph Node Biopsy

If you are having a sentinel lymph node biopsy, you may have lymphatic mapping as part of your surgery. The mapping will be performed the day before or the morning of your surgery. If you are also having breast seed localization, it may be scheduled before your lymphatic mapping.



Use this area to write in the time and date of your lymphatic mapping:

Date: _____ Time: _____

Lymphatic Mapping

During your lymphatic mapping, you will lie on an exam table while you receive an injection of a small amount of a radioactive liquid near the site of the cancer. During the injection, you may feel a stinging or burning sensation. The radioactive liquid will travel to the sentinel node(s) so they can be seen later during your nuclear medicine scan. While you wait for your scan, you can either stay in the hospital or leave for a while. However, you must return on time for your scan, so be sure to note the time you're told to return.

When it's time for your scan, your technologist will take you to the scanning room. You will lie on a narrow table while they take a series of pictures. Each picture takes 5 minutes, and you must lie very still during this time. If you feel uncomfortable staying in any position for 5 minutes, ask your technologist to count down the time for you. The scan will take 10 to 15 minutes.

The pictures taken during your scan will show the flow of the radioactive liquid and which lymph nodes absorb the radioactive dye. This information will be used by your surgeon as a guide (or map) to determine the location of the sentinel node(s).

If you are having surgery the same day as your mapping, you will be escorted from the scanning room to the operating room. In most other cases, you will go home after the mapping.

Sentinel Node Biopsy

Your sentinel lymph node biopsy will take place during surgery. After you are asleep from the anesthesia, your surgeon will inject a small amount of blue dye underneath your nipple or near the site of the cancer. This dye will travel in your lymphatic fluid to the sentinel node(s), staining them blue.

If you had lymphatic mapping, your surgeon will also use a small device that measures radioactivity from the liquid that was injected. Once the sentinel node(s) are located, your surgeon will make a small incision. The sentinel nodes will be blue from the blue dye, allowing your surgeon to see them. They will remove the sentinel node(s) and they will be examined by the Pathology department to see if they contain cancer cells.

If the sentinel nodes do contain cancer cells, you may need to have additional lymph nodes removed. This is called an axillary lymph node dissection.

Because blue dye was used during your procedure, your skin, urine, and stool may be a bluish-green color for 24 to 48 hours.

Shower With a 4% CHG Solution Skin Cleanser (Such as Hibiclens)

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

1. Use your normal shampoo to wash your hair. Rinse your head well.
2. Use your normal soap to wash your face and genital area. Rinse your body well with warm water.
3. Open the 4% CHG solution bottle. Pour some into your hand or a clean washcloth.
4. Move away from the shower stream. Rub the 4% CHG solution gently over your body from your neck to your feet. Don't put it on your face or genital area.
5. Move back into the shower stream to rinse off the 4% CHG solution. Use warm water.

6. Dry yourself off with a clean towel after your shower.
7. Don't put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne after your shower.

Sleep

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

Instructions for Eating Before Your Surgery



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

The Morning of Your Surgery

Instructions for Drinking Before Your Surgery



You can drink a total of 12 ounces of water between midnight and 2 hours before your scheduled arrival time. Do not drink anything else.



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

Shower With a 4% CHG Solution Antiseptic Skin Cleanser (Such as Hibiclens)

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

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

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 small sip of water. Depending on what medications you take and the surgery you're having, this may be all, some, or none of your usual morning medications.

Things to Remember

- Don't put on any lotion, cream, deodorant, make-up, 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 button-down or loose fitting top.
- A supportive bra, such as a sports bra, to wear after your surgery.
- 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.
- A case for your personal items, such as eyeglasses, hearing aid(s), dentures, prosthetic device(s), wig, and religious articles, if you have it.
- Your Health Care Proxy form, if you have completed one.
- This guide. Your healthcare team will use this guide to teach you how to care for yourself after your surgery.
- _____
- _____
- _____

Once You've Arrived for Your Surgery

You will be asked to state and spell your name and birth date 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 Your 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 your surgery. Tell your nurse the dose of any medications (including patches and creams) you took after midnight and the time you took them.

Meet With Your Anesthesiologist

Your anesthesiologist will:

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

Marking Your Surgical Site

In addition to being asked your name and birth date, you may also be asked the name of your surgeon, what operation you are having, and which side is being operated on. Your surgeon or another member of the surgical team will use a marker to initial the site on your body that will be operated on. This is for your safety and ensures that all members of your surgical team understand the plan for your surgery.

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.

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

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

Notes

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.

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What to Expect

When you wake up after your surgery, you will be in the Post-Anesthesia Care Unit (PACU) or your recovery room. You will stay there until you are awake and your pain is under control.

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.

After your stay in the PACU or your recovery room, you can go home with your caregiver.

Commonly Asked Questions

How do I care for my incision?

You and your caregiver should look at your incision(s) daily. Call your doctor if you see any redness or drainage from your incision(s).

Your incision(s) will be closed with sutures (stitches) under your skin. These sutures dissolve on their own, so they do not need to be removed.

- If you go home with small pieces of surgical tape (Steri-Strips™) on your incision(s), they will usually loosen and fall off by themselves. If not, your surgeon or nurse may remove them when they see you at your follow-up appointment. If they haven't fallen off within 14 days, you may remove them.
- If you go home with glue over your incision, it will also loosen and peel off, similarly to the Steri-Strips.

When can I shower?

You can shower 24 hours after your surgery. Taking a warm shower is relaxing and can help decrease discomfort.

When you are ready to shower, remove your bra and any gauze pads that are covering the incision(s). If you have Steri-Strips on your incision(s), do not remove them. Gently wash your incision(s) with soap and water, letting the shower water run over them. Pat the areas dry with a clean towel.

You can leave your incision(s) uncovered, unless you have drainage. If you have drainage, call your doctor's office. If it feels more comfortable, you can place a clean gauze pad over your incision(s).

Do not take tub baths, swim, or use hot tubs or saunas until you discuss it with your doctor at the first appointment after your surgery. Also, speak with your doctor or nurse before you use deodorant, lotion, powder, or perfume anywhere near your surgery site.

Will I be able to eat?

You can resume eating when you go home after surgery. Eating a balanced diet high in protein will help you heal after surgery. Your diet should include a healthy protein source at each meal, as well as fruits, vegetables, and whole grains. If you have questions about your diet, ask to see a dietitian.

Will I have pain when I am home?

The length of time each person has pain or discomfort varies. You will be given a prescription for pain medication before you go home. Follow the guidelines below to manage your pain.

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

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

How can I prevent constipation?

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

Is it normal to feel new sensations?

As you are healing, you may feel a several different sensations in your breast or arm. Tenderness, numbness, and twinges are common examples.

These sensations usually come and go, and will lessen over time, usually within the first few months after surgery. However, some may last months, even 5 years or longer. This is because the nerves are the slowest part of your body to heal. Most people report that the sensations are not severe or distressing.

As you continue to heal, you may feel scar tissue along your incision site. It will feel hard. This is common and will soften over the next several months.

Will I have a drain when I go home?

A drain will be placed only if you have an axillary lymph node dissection. The drain is a soft catheter that is inserted near the incision in your armpit to drain extra fluid. If you have a drain placed during your surgery, your nurse will give you additional information to help you take care of it at home.

When can I resume my normal routine?

You can resume most activities right away. It is best to pace yourself as you return to your daily routine.

Should I perform any exercises after surgery?

The scar tissue that forms around your surgical site can limit the range of motion of your arm and shoulder. Review the resource *Exercises after your Sentinel Lymph Node Biopsy or Lumpectomy*, located in this section. It has exercises that you can do to help you regain motion in your arm and shoulder.

If you have had an axillary lymph node dissection, your nurse will give you additional information on what exercises to do.

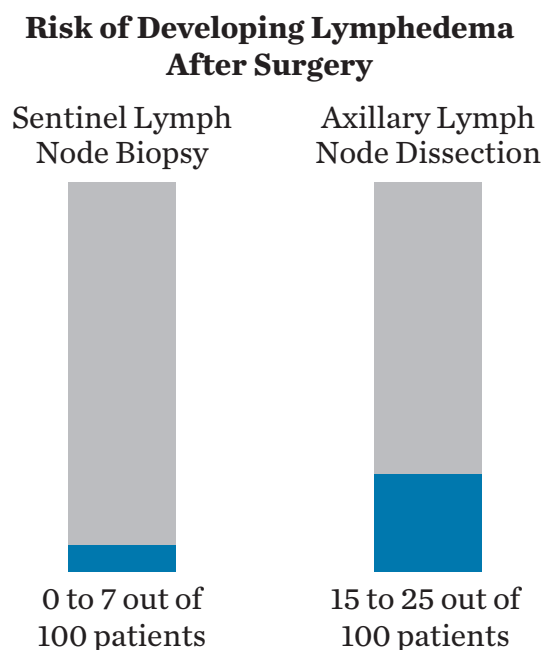
Before starting strenuous exercises, such as running, jogging or lifting weights, speak with your surgeon.

When is it safe for me to drive?

You may resume driving after surgery as long as you are not taking prescription pain medication that may make you drowsy. You should also have full range of motion of your arm and be able to comfortably turn the steering wheel.

Am I at risk for lymphedema?

If you have had your axillary lymph nodes removed, the way fluid circulates in your arm may have changed. This means you are at risk for lymphedema. Lymphedema is an abnormal swelling that can occur in your arm, hand, breast, or torso on the side where your lymph nodes were removed.



Most women will not develop lymphedema, but some will. It's difficult to determine the risk of developing lymphedema because:

- There is no standard test for diagnosing lymphedema.
- Disruption of lymph nodes affects people differently.
- Lymphedema can develop soon after surgery, or years later.
- Current cases of lymphedema can be caused by older treatment methods.

During a sentinel lymph node biopsy, between one and a few lymph nodes are removed to check for cancer. With a sentinel lymph node biopsy, studies show the risk of developing lymphedema is very low. Out of 100 people who have a sentinel lymph node biopsy, between 0 and 7 people will develop lymphedema.

During an axillary lymph node dissection, a wider incision is made and more lymph nodes are removed from the armpit. This is done to remove additional lymph nodes that may have cancer. The risk of getting lymphedema after this procedure is higher. Out of 100 people who have an axillary lymph node dissection, between 15 and 25 people will develop lymphedema.

How can I reduce my risk of developing lymphedema?

There is no way to know who will develop lymphedema, but there are things you can do to reduce your risk:

- Try to maintain your normal weight, or safely work towards a more ideal body weight.
- Exercise and stretch your muscles on a regular basis. When you resume exercise and activity, make sure to build up slowly and gradually. If you feel discomfort, stop and take a break. Talk with your surgeon, nurse, or physical therapist about which exercises are right for you.
- Try to minimize your risk of infection to your hand and arm. Ask your doctor or nurse how best to care for cuts, scratches, and burns.

If you have had an axillary dissection, you will receive additional information in the resource called *Hand and Arm Guidelines After Your Axillary Lymph Node Dissection*.

What are the signs of lymphedema?

Some mild swelling after surgery is normal and will go away with time. You may also feel pain or other sensations, such as twinges and tingling, after surgery. These feelings are common and are not necessarily signs of lymphedema.

If you're at risk of developing lymphedema, it's a good idea to watch for signs of it developing. For example:

- A feeling of heaviness or aching in your breast, arm, hand, or fingers.
- The skin of your arm, hand, or breast feels tight.
- Decreased flexibility in your arm, hand, or fingers.
- Swelling or changes in your skin, such as tightness or pitting (skin that stays indented after being pressed).

If you have any signs of lymphedema, or you're not sure, it's important you talk with your doctor or nurse so that a correct diagnosis can be made.

When can I resume sexual activity?

You can resume sexual activity when you feel ready. Having sexual relations will not harm your surgical area.

It may be helpful to let your partner see your incision soon after surgery. This may decrease any anxiety you both may feel. Your partner might worry that touching the incision(s) will hurt you. Let your partner know what is and is not comfortable. Avoid putting pressure on the surgical site in the first weeks after surgery. Try placing a small pillow or towel over the surgical area. If you have any questions, talk to your nurse.

You may have concerns about the effects of cancer and your treatment on how you look or on your sexuality. Our Female Sexual Medicine and Women's Health Program is available to help you. For more information or to make an appointment, call 646-888-5076.

If there is any chance you can become pregnant, be sure to use contraception (birth control). However, you cannot use any form of hormonal birth control. Instead, use a male condom or a diaphragm each time you have sex. You can also have your gynecologist place a Copper T intrauterine device (IUD) in your uterus. This type of IUD can be kept in place for as long as 10 years, or it can be removed earlier.

Continue to use birth control throughout your treatment and until your doctor tells you it is safe to attempt pregnancy. Additional information can be found in the resource *Sexual Activity During Cancer Treatment: Information for Women*.

How can I cope with my feelings?

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

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

Please see the "Resources" section of this guide for a list of additional support services.

How long until I have the pathology results?

The pathology report usually takes 7 to 10 business days.

When is my first appointment after my surgery?

Your follow-up appointment will be 1 to 2 weeks after your surgery.

What if I have other questions?

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

Doctor _____ Telephone _____

Nurse _____ Telephone _____

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



When to Contact Your Healthcare Provider

Contact your healthcare provider if you have:

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

Notes

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

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

Notes _____

MSK Support Services

Admitting Office

212-639-7606

Call if you have questions about your hospital admission, including requesting a private room.

Anesthesia

212-639-6840

Call if you have questions about anesthesia.

Blood Donor Room

212-639-7643

Call if you're interested in donating blood or platelets.

Bobst International Center

888-675-7722

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

Chaplaincy Service

212-639-5982

Our chaplains are available to listen, help support family members, pray, contact community clergy or faith groups, or simply be a comforting companion and a spiritual presence. Anyone can request spiritual support, regardless of formal religious affiliation. The interfaith chapel is located near Memorial Hospital's main lobby and is open 24 hours a day. If you have an emergency, call 212-639-2000 and ask for the chaplain on call.

Counseling Center

646-888-0200

Many people find counseling helpful. We provide counseling for individuals, couples, families, and groups, as well as medications to help if you feel anxious or depressed. To make an appointment, ask your healthcare provider for a referral or call the number above.

Food Pantry Program

646-888-8055

The food pantry program gives food to people in need during their cancer treatment. For more information, talk with your healthcare provider or call the number above.

Integrative Medicine Service

646-888-0800

The Integrative Medicine Service offers many services to complement traditional medical care, including music therapy, mind/body therapies, dance and movement therapy, yoga, and touch therapy.

MSK Library

library.mskcc.org

212-639-7439

You can visit our library website or speak with the library reference staff to find more information about your specific cancer type. You can also visit LibGuides on MSK's library website at libguides.mskcc.org.

Patient and Caregiver Education

www.mskcc.org/pe

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

Patient and Caregiver Peer Support Program

212-639-5007

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

Patient Billing

646-227-3378

Call if you have questions about preauthorization with your insurance company. This is also called preapproval.

Patient Representative Office

212-639-7202

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

Perioperative Nurse Liaison

212-639-5935

Call if you have questions about MSK releasing any information while you're having surgery.

Private Duty Nursing Office

212-639-6892

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

Resources for Life After Cancer (RLAC) Program

646-888-8106

At MSK, care doesn't end after active treatment. The RLAC Program is for patients and their families who have finished treatment. This program has many services, including seminars, workshops, support groups, counseling on life after treatment, and help with insurance and employment issues.

Sexual Health Programs

Cancer and cancer treatments can have an impact on your sexual health. MSK's Sexual Health Programs can help you take action and address sexual health issues before, during, or after your treatment.

- Our Female Sexual Medicine and Women's Health Program helps women who are dealing with cancer-related sexual health challenges, including premature menopause and fertility issues. For more information, or to make an appointment, call 646-888-5076.
- Our Male Sexual and Reproductive Medicine Program helps men who are dealing with cancer-related sexual health challenges, including erectile dysfunction. For more information, or to make an appointment, call 646-888-6024.

Social Work

212-639-7020

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

Tobacco Treatment Program

212-610-0507

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

Virtual Programs

www.mskcc.org/vp

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

For more online information, visit the "Cancer Types" section of www.mskcc.org.

External Support Services

Access-A-Ride

new.mta.info/accessibility/paratransit

877-337-2017

In New York City, the MTA offers a shared ride, door-to-door service for people with disabilities who aren't able to take the public bus or subway.

Air Charity Network

www.aircharitynetwork.org

877-621-7177

Provides travel to treatment centers.

American Cancer Society (ACS)

www.cancer.org

800-ACS-2345 (800-227-2345)

Offers a variety of information and services, including Hope Lodge, a free place for patients and caregivers to stay during cancer treatment.

Cancer and Careers

www.cancerandcareers.org

646-929-8032

A resource for education, tools, and events for employees with cancer.

CancerCare

www.cancercare.org

800-813-4673

275 Seventh Avenue (Between West 25th & 26th Streets)

New York, NY 10001

Provides counseling, support groups, educational workshops, publications, and financial assistance.

Cancer Support Community

www.cancersupportcommunity.org

888-793-9355

Provides support and education to people affected by cancer.

Caregiver Action Network

www.caregiveraction.org

800-896-3650

Provides education and support for those who care for loved ones with a chronic illness or disability.

Corporate Angel Network

www.corpangelnetwork.org

866-328-1313

Offers free travel to treatment across the country using empty seats on corporate jets.

Gilda's Club

www.gildasclubnyc.org

212-647-9700

A place where men, women, and children living with cancer find social and emotional support through networking, workshops, lectures, and social activities.

Good Days

www.mygooddays.org

877-968-7233

Offers financial assistance to pay for copayments during treatment. Patients must have medical insurance, meet the income criteria, and be prescribed medication that is part of the Good Days formulary.

Healthwell Foundation

www.healthwellfoundation.org

800-675-8416

Provides financial assistance to cover copayments, health care premiums, and deductibles for certain medications and therapies.

Joe's House

www.joeshouse.org

877-563-7468

Provides a list of places to stay near treatment centers for people with cancer and their families.

LGBT Cancer Project

www.lgbtcancer.org

212-673-4920

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

LegalHealth

www.legalhealth.org

212-613-5000

Provides free legal help to New Yorkers experiencing serious or chronic health problems and financial hardship.

LIVESTRONG Fertility

www.livestrong.org/fertility

855-744-7777

Provides reproductive information and support to cancer patients and survivors whose medical treatments have risks associated with infertility.

Look Good Feel Better Program

www.lookgoodfeelbetter.org

800-395-LOOK (800-395-5665)

This program offers workshops to learn things you can do to help you feel better about your appearance. For more information or to sign up for a workshop, call the number above or visit the program's website.

Medicine Assistance Tool

www.medicineassistancetool.org

A search engine with information about programs that can help people with financial need get access to medications.

National Cancer Institute

www.cancer.gov

800-4-CANCER (800-422-6237)

National LGBT Cancer Network

www.cancer-network.org

212-675-2633

Provides education, training, and advocacy for LGBT cancer survivors and those at risk.

Needy Meds

www.needymeds.org

800-503-6897

Lists Patient Assistance Programs for brand and generic name medications.

Patient Access Network Foundation

www.panfoundation.org

866-316-7263

Helps people with insurance pay their out-of-pocket medical costs.

Patient Advocate Foundation

www.patientadvocate.org

800-532-5274

Provides access to care, financial assistance, insurance assistance, job retention assistance, and access to the national underinsured resource directory.

RxHope

www.rxhope.com

877-267-0517

Helps people get medications they have trouble affording.

This section contains important information about what medications, herbal remedies, and other dietary supplements you'll need to stop taking before your surgery. Read through this section before your surgery so you're ready.

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

Notes _____

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

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

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

Instructions Before Your Surgery

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

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

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

- If you take vitamin E or a supplement that contains vitamin E, stop taking it 7 days before your surgery or as directed by your healthcare provider.
- If you take an NSAID or a medication that contains an NSAID, stop taking it 48 hours (2 days) before your surgery or as directed by your healthcare provider.

Examples of Medications

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

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

Common Medications Containing Aspirin			
Aggrenox®	Cama® Arthritis Pain Reliever	Heartline®	Robaxisal® Tablets
Alka Seltzer®	COPE®	Headrin®	Roxiprin®
Anacin®	Dasin®	Isollyl®	Saleto®
Arthritis Pain Formula	Easprin®	Lanorinal®	Salocol®
Arthritis Foundation Pain Reliever®	Ecotrin® (most formulations)	Lortab® ASA Tablets	Sodol®
ASA Enseals®	Empirin® Aspirin (most formulations)	Magnaprin®	Soma® Compound Tablets
ASA Suppositories®	Epromate®	Marnal®	Soma® Compound with Codeine Tablets
Ascriptin® and Ascriptin A/D®	Equagesic Tablets	Micrainin®	St. Joseph® Adult Chewable Aspirin
Aspergum®	Equazine®	Momentum®	Supac®
Asprimox®	Excedrin® Extra-Strength Analgesic	Norgesic Forte® (most formulations)	Synalgos®-DC Capsules

	Tablets and Caplets		
Axotal®	Excedrin® Migraine	Norwich® Aspirin	Tenol-Plus®
Azdone®	Fiorgen®	PAC® Analgesic Tablets	Trigesic®
Bayer® (most formulations)	Fiorinal® (most formulations)	Orphengesic®	Talwin® Compound
BC® Powder and Cold formulations	Fiortal®	Painaid®	Vanquish® Analgesic Caplets
Bufferin® (most formulations)	Gelpirin®	Panasal®	Wesprin® Buffered
Buffets II®	Genprin®	Percodan® Tablets	Zee-Seltzer®
Buffex®	Gensan®	Persistin®	ZORprin®

Common NSAID Medications That Don't Contain Aspirin

Advil®	Duexis®	Mefenamic Acid	PediaCare Fever®
Advil Migraine®	Etodolac®	Meloxicam	Piroxicam
Aleve®	Feldene®	Menadol®	Ponstel®
Anaprox DS®	Fenoprofen	Midol®	Relafen®
Ansaid®	Flurbiprofen	Mobic®	Saletto 200®
Arthrotec®	Genpril®	Motrin®	Sulindac
Bayer® Select Pain Relief Formula Caplets	Ibuprofen	Nabumetone	Toradol®
Celebrex®	Indomethacin	Nalfon®	Treximet®
Celecoxib	Indocin®	Naproxen	Vicoprofen®
Children's Motrin®	Ketoprofen	Naprosyn®	Vimovo®
Clinoril®	Ketorolac	Nuprin®	Voltaren®
Daypro®	Lodine®	Orudis®	
Diclofenac	Meclofenamate	Oxaprozin	

Products Containing Vitamin E			
Amino-Opt-E	Aquavit	E-400 IU	E complex-600
Aquasol E	D'alpha E	E-1000 IU Softgels	Vita-Plus E

Most multivitamins contain vitamin E. If you take a multivitamin, check the label.

About Acetaminophen

Acetaminophen (Tylenol®) is generally safe to take during your cancer treatment. It doesn't affect platelets, so it won't increase your chance of bleeding. But, talk with your healthcare provider before taking acetaminophen if you're getting chemotherapy.

Medications Containing Acetaminophen			
Acephen®	Esgic®	Percocet®	Vanquish®
Aceta® with Codeine	Excedrin P.M.®	Primlev®	Vicodin®
Acetaminophen with Codeine	Fiorcet®	Repan®	Wygesic®
Aspirin-Free Anacin®	Lorcet®	Roxicet®	Xartemis XR®
Arthritis Pain Formula® Aspirin-Free	Lortab®	Talacen®	Xodol®
Datril®	Naldegescic®	Tempra®	Zydone®
Di-Gesic®	Norco®	Tylenol®	
Endocet®	Panadol®	Tylenol® with Codeine No. 3	

Read the labels on all your medications

Acetaminophen is safe when used as directed. But, there's a limit to how much you can take in a day. It's possible to take too much without knowing because it's in many different prescription and over-the-counter medications. It's often an ingredient in pain relievers, fever reducers, sleep aids, and cough, cold, and allergy

medications.

The full name acetaminophen isn't always written out. Look for the common abbreviations listed below, especially on prescription pain relievers.

Common Abbreviations for Acetaminophen		
APAP	AC	Acetaminop
Acetamin	Acetam	Acetaminoph

Always read and follow the label on the product you're taking. Don't take more than 1 medication that contains acetaminophen at a time without talking with a member of your healthcare team.

Herbal Remedies and Cancer Treatment

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

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

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

You can continue to use herbs in your food and drinks, such as using spices in cooking and drinking tea. However, you must stop taking herbal supplements before your treatment. Herbal supplements are stronger than the herbs you would use in cooking.

Common Herbal Supplements and Their Effects

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

Echinacea

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

Garlic

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

Gingko (also known as *Gingko biloba*)

- Can increase your risk of bleeding.

Ginseng

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

Turmeric

- Can make chemotherapy less effective.

St. John's Wort

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

Valerian

- Can increase the effects of sedation or anesthesia.

Herbal formulas

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

This information doesn't cover all herbal remedies or possible side effects. Talk with your healthcare provider if you have any questions or concerns.

For more information about herbs and botanicals, visit the Memorial Sloan Kettering (MSK) Integrative Medicine Service website at www.aboutherb.com.

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

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

Notes _____

Exercises After Your Sentinel Lymph Node Biopsy or Lumpectomy

This information explains exercises you can do to regain your range of motion after your sentinel lymph node biopsy or lumpectomy.

You can do these exercises on the first day after your surgery, as long as your surgeon tells you it's safe.

Deep Breathing Exercise

Deep breathing can help you relax and ease discomfort and tightness around your incision (surgical cut). This is also a good exercise to help relieve tension.

To do this exercise, sit comfortably in a chair and take a slow, deep breath in through your nose. Let your chest and belly expand. Now, breathe out slowly through your mouth. You can repeat this several times.

Shoulder Rolls

The shoulder roll is a good exercise to start off with since it provides a gentle stretch to your chest and shoulder muscles. Do this exercise at least once a day or as directed by your healthcare provider

1. Stand or sit comfortably with your arms relaxed at your sides (see Figure 1).
2. In a circular motion, bring your shoulders forward, up, backward, and down 10 times. Try to make the circle as large as you can and get both of your shoulders to move at the same time.

- If you have some tightness across your incision or chest, begin with small circles and increase the size as the tightness lessens. You may feel more tightness with the backward direction than the forward direction, which you'll do next. This will get better with practice.

3. Now, switch directions and do 10 shoulder rolls in the forward direction. Bring your shoulders backward, up, forward, and down.

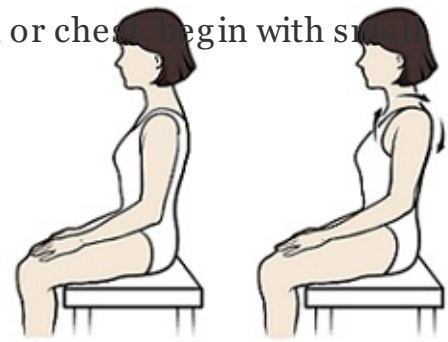


Figure 1. Shoulder rolls exercise

Reaching Up

Reaching up is an exercise that will stretch your chest and shoulder muscles and help you regain full range of motion. Do this exercise once a day.

1. Stand or sit comfortably with your arms relaxed at your sides.
2. Keeping your elbows straight, slowly bring both arms up at a diagonal until you can reach straight up (see Figure 2). Hold this position for 10 seconds.

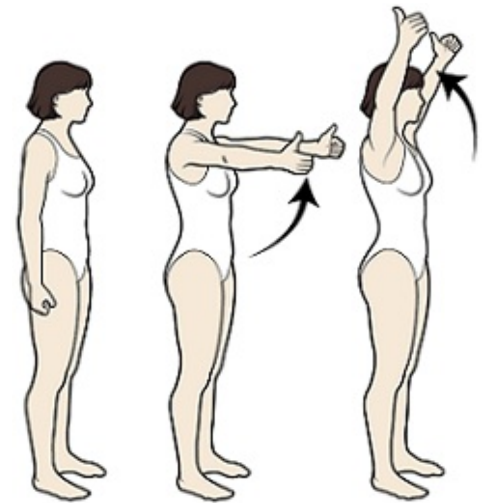


Figure 2. Reaching up exercise

- If you have tightness across your incision or chest, bring your arms up only to the point where you feel a gentle and comfortable stretch. This will get better with practice and you will be able to reach higher as the tightness decreases.

If you have any questions, call your doctor or nurse.

Sexual Activity During Cancer Treatment: Information for Women

This information provides guidance for women on sexual activity during cancer treatment.

Most women can be sexually active throughout their cancer treatment, but it's important to do so safely. If you have any questions about the information below, speak with your doctor or nurse. If you have any concerns about how to follow these suggestions based on your religious observances, we advise you to speak with your religious leader.

Use Birth Control to Prevent Pregnancy

It's important to prevent pregnancy while you're getting cancer treatment. If you become pregnant with an egg that has been damaged by exposure to radiation, chemotherapy, or other anticancer medications, or if an embryo or fetus is exposed to these treatments during its development, you may have an increased risk for miscarriage or birth defects. Becoming pregnant can also prevent you from receiving the best diagnostic tests and treatments for your cancer, as these may harm a fetus.

If there is any chance you could become pregnant, use birth control (contraception) throughout your cancer treatment. Don't rely on your partner withdrawing before ejaculation ("pulling out") or on avoiding sex during fertile times of your menstrual cycle (the "rhythm method"). These methods are not effective in preventing pregnancy.

It's important to pick a birth control method that is effective and fits your lifestyle. Make an appointment with your healthcare provider (HCP), who manages your gynecologic care and speak with them about an option that's best for you.

No matter what method you choose, use your birth control as instructed or you may become pregnant. If you have any problems with your birth control, talk with your HCP to find another option.

Types of birth control

Nonhormonal birth control

The following forms of birth control don't contain hormones and are safe for most women.

Copper intrauterine device (IUD)

A copper IUD is a small, T-shaped device your HCP places inside your uterus. It can stay in place for 10 years or it can be removed earlier. Copper IUDs may cause heavier blood flow during your monthly periods, so check with your oncologist (cancer doctor) to see if this is safe for you.

Male condoms

Male condoms can prevent pregnancy and protect you from sexually transmitted infections (STIs), including HIV. If this is your only form of birth control, have your partner use a condom each time you have vaginal sex. See the section "Barrier Devices" for information on buying and using condoms.

Female condoms are not effective in preventing pregnancy.

Surgical sterilization

Surgical sterilization is a permanent method of birth control for people who are sure that they don't want any (more) children. One type of surgical sterilization is a tubal ligation (having your "tubes tied") which permanently blocks your fallopian tubes. Another type is the placement of a device in your fallopian tubes to block them.

Hormonal birth control

These forms of birth control contain hormones, either a combination of estrogen

and progestin, or progestin alone. Hormonal birth control is very effective in preventing pregnancy, but does not protect against STIs, including HIV.

Some medical conditions make it unsafe to use hormonal birth control, so they aren't right for everyone. Women who shouldn't take hormonal birth control include those with a hormone-sensitive tumor (such as certain kinds of breast cancer), a personal or family history of blood clots, a history of migraines with aura, impaired liver function, and those who are 35 years of age or older and smoke. There are other medical conditions that also make it unsafe to use hormonal birth control, so talk with your oncologist and HCP to see if hormonal birth control is right for you and which type is best.

There are several different kinds of hormonal birth control.

Birth control pill

These pills are taken once a day. Skipping a day or more may increase your chance of becoming pregnant.

Injectable contraception (Depo-Provera®)

This is a shot your HCP gives you every 12 weeks.

Implantable contraception (Implanon®, Explanon®)

This is a small rod your HCP implants under the skin of your arm. It can stay in place for 3 years or be removed earlier.

Intrauterine device (LNG IUD, Mirena®, Skyla®)

This is a small, T-shaped device your HCP places inside your uterus. It releases the hormone progestin. The Skyla® IUD can stay in place for 3 years and the Mirena® IUD can stay in place for 5 years, but they can be removed earlier.

Other considerations

Continue to use birth control for a period after your treatment ends in order to prevent pregnancy.

- If you're getting chemotherapy or radiation directed to an area near your ovaries, continue to use birth control for at least 1 year after your treatment

ends. This allows time for damaged eggs to clear from your body.

- If you're getting targeted or immunotherapy, the amount of time you should use birth control will vary based on the medication you're taking. Ask your doctor or nurse how long you should continue to use birth control after treatment.

If you plan to have children after your treatment, ask your doctor when it will be safe for you to start trying. Depending on your situation, your doctor may recommend you wait more or less time.

Some cancer treatments may affect your fertility (the ability to become pregnant with a biological child). If you have questions about this, ask your doctor or nurse.

Protect Yourself from Infection

If you or your partner have sex with multiple partners, and you don't use barrier devices (see the section "Barrier Devices"), you're at risk for STIs, including HIV. In addition, certain cancer treatments can cause low blood cell counts for long periods of time, which may increase your risk of infection. Your doctor or nurse will tell you if this is a concern for you.

To prevent infection:

- Wash your hands and genitals before and after having vaginal, oral, or anal sex.
- To protect yourself from STIs (including HIV), consider using a condom each time you have vaginal, oral, or anal sex throughout your treatment, even if you're using another form of birth control.
 - Your partner can use a condom, or you can use a female condom. The female condom is a polyurethane pouch placed inside your vagina before sex. Don't use a male and female condom at the same time. Female condoms are not an effective form of birth control, so you should not rely on them to prevent pregnancy.
- If you use sex toys, wash them with hot soapy water every time you use them.
- If you're expected to have very low blood cell counts for a long period of time,

your doctor or nurse may recommend that you use a barrier device during sex, such as condoms or dental dams. See the section “Barrier Devices” for more information.

- In some situations, your doctor may recommend for you to avoid sex that involves penetration or contact with mucous membranes while your blood counts are low. This includes vaginal, oral, and anal sex or inserting fingers, vibrators, or sex toys into your vagina or anus.
- Hugging, cuddling, gentle touching, and kissing skin are other ways you can be intimate with your partner during this time.
- Chemotherapy and radiation to the pelvis may cause your vagina to become dry and irritated. This may cause pain during vaginal sex and lead to infection. If you have vaginal discomfort, use a condom with a water-based lubricant. Ask your nurse for information on vaginal moisturizers and lubricants to help with vaginal dryness. You may also want to avoid vaginal sex until your tissues heal.
- Some women develop vaginal yeast infections during treatment, especially if they are taking steroids or antibiotics. Symptoms include vaginal itching, irritation, and white and lumpy discharge (like cottage cheese). If you think you have a yeast infection, avoid sexual activity and call your doctor or nurse.

If you had a stem cell transplant, you’re at an increased risk of infection for many months after your treatment. Until your doctor tells you that your immune system has recovered:

- Use a latex condom each time you have vaginal, oral, or anal sex.
- Use a condom or dental dam any time your partner’s saliva, vaginal secretions, or semen could enter your mouth. See the section “Barrier Devices” for more information.
- Do not perform any sexual activity that could expose your mouth to feces.

Consider Steps to Avoid Exposing Your Partner to Chemotherapy and Other Anticancer Medications

We don't know how much anticancer medication gets into a woman's vaginal fluids or if this poses any risk to a sexual partner. If this is a concern for you or your partner, you may want to use a barrier device whenever your partner may have contact with your vaginal fluids. You can use a condom for vaginal or anal sex and a dental dam when you're receiving oral sex. This will prevent your partner, regardless of age or sex, from being exposed to any medication that may be in your vaginal fluids.

We don't know how long these medications may be in vaginal fluids, but you could use barrier devices each day you receive anticancer treatment and for 1 week afterward.

Make sure to use condoms throughout your treatment if needed for birth control or to protect yourself from infection. See the section "Barrier Devices" for more information.

Barrier Devices

Condoms

- You can buy condoms at any drug store. We recommend latex condoms, but if you or your partner is allergic to latex, use polyurethane condoms.
- Spermicides don't provide any added protection.
- You can use lubricated condoms or use a separate water- or silicone-based lubricant.
- Before you use a condom, check the expiration date on the wrapper. Expired condoms are more likely to break.
- To use a condom correctly (instructions for your male partner):
 1. Be careful when opening and handling the condom. Don't use your teeth, scissors, or other sharp objects to open the wrapper. Don't use the condom if it is torn, brittle, or stiff.
 2. Wait until your penis becomes firm before putting on the condom.

3. While pinching the tip of the condom, unroll it over your penis as far as it will go. The extra space at the tip is needed to collect your semen.
 4. Smooth out any air bubbles because they can cause the condom to break.
 5. After you have ejaculated, but before your penis becomes soft, hold the base of the condom (where the ring is) and carefully pull your penis out of your partner so that nothing spills.
 6. Carefully slide off the condom and throw it in the trash.
- A condom can tear if it is too tight or it can fall off if it is too loose. If this happens while you are having vaginal sex, and you are of childbearing age, consider taking emergency contraception if you're not using another form of birth control. Emergency contraception includes levonorgestrel (Plan B®), also known as the “morning-after pill.”

Dental dams

- A dental dam is a thin, rectangular sheet of latex or silicone that covers the genitals of a woman receiving oral sex.
- You can buy these online, get them from the New York City Department of Health and Mental Hygiene, or make one out of a condom.
- If you want to make a dental dam out of a condom, cut off the tip and cut down the side of the tube to make a sheet.
 - You may want to avoid condoms with a spermicide or lubricant, as the taste may be unpleasant.
- To use a dental dam, hold the sheet over your vulva or anus while your partner is giving you oral sex.

Resources

Memorial Sloan Kettering (MSK) Female Sexual Medicine and Women's Health Program

646-888-5076

Call for help with issues related to female sexual function.

American Cancer Society

Sex and the Woman with Cancer

www.cancer.org

Call 1-800-227-2345 to request printed material.

American Congress of Obstetricians and Gynecologists

www.acog.org/patients

New York City Department of Health and Mental Hygiene

www1.nyc.gov/nyc-resources/service/1428/condom-information

Has information on getting and using male and female condoms.

Planned Parenthood

www.plannedparenthood.org