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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
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.

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.
• 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 a Ride Home

You must have someone 18 years or older take you home after your surgery. If you don’t have a caregiver, we recommend you call one of the agencies below. They will send someone to go home with you. However, there’s usually a charge for this service, and you’ll need to provide a means of transportation.

In New York:
Partners in Care: 888-735-8913
Prime Care: 212-944-0244

In New York or 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.

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 Hibiclens® Skin Cleanser

Hibiclens is a skin cleanser that kills germs for 24 hours after using it (see Figure 2). Showering with Hibiclens before your surgery will help reduce your risk of infection after surgery. You can pick up Hibiclens® before leaving the Evelyn H. Lauder Breast Center (BAIC), or from your local pharmacy without a prescription.

7 Days Before Your Surgery

Stop Taking Certain Medications

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

Stop Taking Herbal Remedies and Other Supplements

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

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.

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.
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 Hibiclens

The night before your surgery, shower using Hibiclens.

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.
3. Open the Hibiclens bottle. Pour some solution into your hand or a washcloth.
4. Move away from the shower stream to avoid rinsing off the Hibiclens too soon.
5. Rub the Hibiclens gently over your body from your neck to your feet. Don’t put the Hibiclens on your face or genital area.

6. Move back into the shower stream to rinse off the Hibiclens.

7. Dry yourself off with a clean towel after your shower.

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

**Sleep**

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

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**Instructions for eating and drinking before your surgery**

- Do not eat anything after midnight the night before your surgery. This includes hard candy and gum.
- Between midnight and up until 2 hours before your scheduled arrival time, you may drink a total of 12 ounces of water (see figure).
- Starting 2 hours before your scheduled arrival time, do not eat or drink anything. This includes water.

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**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.

Don’t 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 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.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>Doctor/Nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication</td>
<td>Dose</td>
<td>Doctor/Nurse</td>
</tr>
</tbody>
</table>
Medication | Dose | Doctor/Nurse
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Medication | Dose | Doctor/Nurse
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**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.
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 to 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 lower your platelet count, which can increase your risk of bleeding. Whether you’re just starting chemotherapy or you’ve been getting 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 of the medications you’re taking, both prescription and over-the-counter (not prescription).

<table>
<thead>
<tr>
<th>Common Medications that Contain Aspirin</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aggrenox®</strong></td>
</tr>
<tr>
<td><strong>Alka Seltzer®</strong></td>
</tr>
<tr>
<td><strong>Anacin®</strong></td>
</tr>
<tr>
<td><strong>Arthritis Pain Formula</strong></td>
</tr>
<tr>
<td><strong>Arthritis Foundation Pain Reliever®</strong></td>
</tr>
<tr>
<td><strong>ASA Enseals®</strong></td>
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<tr>
<td><strong>ASA Suppositories®</strong></td>
</tr>
<tr>
<td><strong>Ascriptin® and Ascriptin A/D®</strong></td>
</tr>
<tr>
<td><strong>Aspergum®</strong></td>
</tr>
<tr>
<td><strong>Asprimox®</strong></td>
</tr>
<tr>
<td><strong>Axotal®</strong></td>
</tr>
<tr>
<td><strong>Azdone®</strong></td>
</tr>
<tr>
<td><strong>Bayer® (most formulations)</strong></td>
</tr>
</tbody>
</table>
Common Medications that are NSAIDs that Don’t Contain Aspirin

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

Products that Contain 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, be sure to 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. However, talk with your doctor before taking acetaminophen if you’re getting chemotherapy.
Medications that Contain Acetaminophen

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Brand Name 1</th>
<th>Brand Name 2</th>
<th>Brand Name 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acephen®</td>
<td>Di-Gesic®</td>
<td>Norco®</td>
<td>Tylenol®</td>
</tr>
<tr>
<td>Aceta® with Codeine</td>
<td>Esgic®</td>
<td>Panadol®</td>
<td>Tylenol® with Codeine No. 3</td>
</tr>
<tr>
<td>Acetaminophen with Codeine</td>
<td>Excedrin P.M.®</td>
<td>Percocet®</td>
<td>Vanquish®</td>
</tr>
<tr>
<td>Aspirin-Free Anacin®</td>
<td>Fiorcet®</td>
<td>Repan</td>
<td>Vicodin®</td>
</tr>
<tr>
<td>Arthritis Pain Formula® Aspirin-Free</td>
<td>Lorcet®</td>
<td>Roxicet®</td>
<td>Wygesic®</td>
</tr>
<tr>
<td>Darvocet-N 100®</td>
<td>Lortab®</td>
<td>Talacen®</td>
<td>Zydone®</td>
</tr>
<tr>
<td>Datril®</td>
<td>Naldegescic®</td>
<td>Tempra®</td>
<td></td>
</tr>
</tbody>
</table>

Read the labels on all your medications

Acetaminophen is safe when used as directed, but there’s a limit to how much you can take in 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’re 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. Look for the common abbreviations listed below, especially on prescription pain relievers.

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

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 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 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.
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) 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.

<table>
<thead>
<tr>
<th>Sentinel Lymph Node Biopsy</th>
<th>Axillary Lymph Node Dissection</th>
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<tbody>
<tr>
<td>0 to 7 out of 100 patients</td>
<td>15 to 25 out of 100 patients</td>
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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 a 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 a 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 to 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.

Call your doctor or nurse 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
Exercises after Your Sentinel Lymph Node Biopsy or Lumpectomy

This information describes how to perform exercises to help you 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, exhale slowly through your mouth. You can repeat this several times.

**Shoulder Rolls**

The shoulder roll is a good beginning exercise, 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.

**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.

- If you have tightness across your incision or chest, only bring your arms up 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.

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If you have any questions or concerns, talk with a member of your healthcare team. You can reach them Monday through Friday from 9:00 AM to 5:00 PM at _______________________. After 5:00 PM, during the weekend, and on holidays, please call _______________________. If there’s no number listed, or you’re not sure, call 212-639-2000.
Sexual Activity During Cancer Treatment: Information for Women

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

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

If you become pregnant with an egg that has been damaged by exposure to radiation, chemotherapy, or other anticancer medications, you are at risk for having a miscarriage or for your fetus having 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 treatment. Do not 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 is important to pick a birth control method that is effective and fits your lifestyle. Make an appointment with the healthcare provider who manages your gynecologic care (HCP), and speak with him or her to choose an option that is best for you. No matter what method you choose, use 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.
Nonhormonal birth control
The following forms of birth control do not contain hormones and are safe for most women.

Diaphragm
A diaphragm is a small reusable rubber or silicone cup that you cover with spermicide and place inside your vagina each time you have sex. You insert the diaphragm 1 to 6 hours before vaginal sex. Keep it in place for at least 6 hours after you have sex and then remove and clean it. Do not leave the diaphragm in your vagina for more than 24 hours because this can cause an infection. Your HCP will determine what size you need.

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

Condoms (used by a male partner)
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” below for information on buying and using condoms.

Surgical sterilization
There are a number of surgical methods that provide permanent sterilization if you are certain you don’t want any (more) children. One is a tubal ligation (having your “tubes tied”). Another 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
are not right for everyone. Women who should not take hormonal birth control include those with a hormone-sensitive tumor, 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 to your oncologist and HCP to see if this method is right for you and which type is best.

Hormonal forms of birth control include the following:

**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**
If you are getting chemotherapy or radiation directed to an area near your ovaries, continue to use birth control for at least 1 year after your treatment has ended. This allows time for damaged eggs to clear from your body. If you plan to have children after your treatment, ask your doctor when it is safe for you to start trying. Depending on your situation, your doctor may recommend you wait more or less time.

Some treatments may affect your fertility (the ability to become pregnant with a biologic 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, you are at risk for sexually transmitted infections (STIs), including HIV, if you do not use barrier protection. 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 are 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. Do not 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 are expected to have very low blood cell counts for a long period of time, your doctor or nurse may advise you to use a barrier device during sex (condoms or dental dams). See the section “Barrier Devices” for more information.
  - In some situations, you may even be advised 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 or abstain from vaginal sex until the tissues heal. Ask your nurse for information on vaginal moisturizers and lubricants to help with vaginal
dryness.

- 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 have had a transplant you are at 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 do not 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, consider using a barrier device whenever your partner may have contact with your vaginal fluids—a condom for vaginal or anal sex and a dental dam when you are receiving oral sex. This will prevent your partner, regardless of his or her 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 have chemotherapy and for 1 week afterward.

However, as mentioned above, use condoms throughout 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 do not 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. Do not use your teeth, scissors, or other sharp objects to open the wrapper. Do not 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—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 emergency contraception if you are 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, you may want to avoid those with a spermicide or lubricant, as the taste may be unpleasant. Cut off the tip and cut down the side of the tube to make a sheet.
- 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 Female Sexual Medicine and Women’s Health Program  
646-888-5076  
For help with issues related to female sexual function.

American Cancer Society: Sexuality for the Woman With Cancer  
Call 1-800-227-2345 to request printed material.

American Congress of Obstetricians and Gynecologists  
[www.acog.org/patients](http://www.acog.org/patients)

National Cancer Institute: Sexuality and Reproductive Issues  
[www.cancer.gov/cancertopics/pdq/supportivecare/sexuality/Patient](http://www.cancer.gov/cancertopics/pdq/supportivecare/sexuality/Patient)  
Call 1-800-4-CANCER to request printed materials.

Planned Parenthood  
[www.plannedparenthood.org](http://www.plannedparenthood.org)

New York City Department of Health and Mental Hygiene  
[www1.nyc.gov/nyc-resources/service/1428/condom-information](http://www1.nyc.gov/nyc-resources/service/1428/condom-information)  
Has information on getting and using male and female condoms.
This section includes 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

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

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

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

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

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

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

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

**Patient-to-Patient Support Program**
212-639-5007
You may find it comforting to speak with a cancer survivor or caregiver who has been through a similar treatment. Through our Patient-to-Patient Support Program, we are able to offer you a chance to speak with former patients and caregivers.

**Patient Billing**
646-227-3378
Call Patient Billing with any questions regarding preauthorization with 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 Nurse Liaison
212-639-5935
Call if you have any questions about MSK releasing any information while you are having surgery.

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

Resources for Life After Cancer (RLAC) Program
646-888-8106
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 help referring you to community agencies and programs, as well as financial resources if you’re eligible.

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

For additional online information, visit LIBGUIDES on MSK’s library website at http://library.mskcc.org or the breast cancer section of 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 25\textsuperscript{th} & West 26\textsuperscript{th} Streets)
New York, NY 10001
Provides counseling, support groups, educational workshops, publications, and financial assistance.

**Cancer Support Community**
www.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.org  
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/fertility-services  
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.org  
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.

SHARE  
www.sharecancersupport.org  
866-891-2392  
Offers support groups for survivors of breast, metastatic breast, and ovarian cancer in Manhattan, Queens, Brooklyn, and Staten Island.