Patient & Caregiver Education

About Your Lymphovenous Bypass (LVB) Surgery for Lymphedema

This guide will help you get ready for your lymphovenous bypass (LVB) surgery at Memorial Sloan Kettering (MSK). It will also help you understand what to expect during your recovery.

Read through this guide at least once before your surgery and use it as a reference in the days leading up to your surgery.

Bring this guide with you every time you come to MSK, including the day of your surgery. You and your healthcare team will refer to it throughout your care.

Your Care Team

Doctor: _________________________________________________

Phone number: __________________________________________

Fax number: ____________________________________________

Nurse: _________________________________________________

Your Caregiver

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

Caregiver: ______________________________________________

Phone number: __________________________________________
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About Your Surgery

About Lymphedema

Lymphedema is swelling caused by a buildup of lymph fluid. Your limb (arm or leg) with lymphedema is called your affected limb.

Sometimes, lymphedema happens when lymph nodes are removed during surgery or lymphatic vessels (thin tubes that carry lymph fluid) become blocked by scar tissue after surgery. LVB surgery can be done to help treat lymphedema caused by blocked lymphatic vessels.

About LVB Surgery

LVB surgery is sometimes called lymphovenous anastomosis (LVA) surgery.

During your LVB surgery, your surgeon will use a microscope and small surgical tools to connect the part of your lymphatic vessel that’s not blocked to a nearby vein (see Figure 1). This lets your lymphatic fluid get past the blockage and flow away from your affected limb.

It’s very hard to know how much change you may have after your surgery. You may be able to see less swelling, your affected limb may feel different, or you may notice other small changes (such as your jewelry fitting differently). Different people will have different results. Your surgeon will talk with you about what to expect after surgery. Some people notice changes right away. Other people don’t notice any change for up to a year after their surgery.
The information in this section will help you get ready for your surgery. Read through this section when your surgery is scheduled and refer to it as your surgery date gets closer. It has important information about what you need to do before your surgery.

Write down your questions and be sure to ask your doctor or nurse.
Getting Ready for Your Surgery

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

About Drinking Alcohol

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

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

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

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

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

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

- I take a blood thinner. Some examples are aspirin, heparin, warfarin (Coumadin®), clopidogrel (Plavix®), enoxaparin (Lovenox®), dabigatran (Pradaxa®), apixaban (Eliquis®), and rivaroxaban (Xarelto®). There are others, so be sure your healthcare provider knows all the medications you’re taking.
- I take prescription medications (medications prescribed by a healthcare provider), including patches and creams.
- I take over-the-counter medications (medications I buy without a prescription), including patches and creams.
- I take dietary supplements, such as herbs, vitamins, minerals, or natural or home remedies.
- I have a pacemaker, automatic implantable cardioverter-defibrillator (AICD), or other heart device.
- I have sleep apnea.
- I have had a problem with anesthesia (medication to make you sleep during surgery) in the past.
- I am allergic to certain medication(s) or materials, including latex.
- I am not willing to receive a blood transfusion.
- I drink alcohol.
- I smoke.
- I use recreational drugs.
About Smoking

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

About Sleep Apnea

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

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

Within 30 Days of Your Surgery

See a Lymphedema Therapist

A lymphedema therapist is a physical or occupational therapist who specializes in treating lymphedema. Before your LVB surgery, you need to have regular appointments with a certified lymphedema therapist. The lymphedema therapist will work with you to decrease the swelling in your affected limb before 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 (NP) who works closely with anesthesiology staff (doctors and specialized nurses who will give you anesthesia during your surgery). Your NP will review your medical and surgical history with you. You will have tests, including an electrocardiogram (EKG) to check your heart rhythm, a chest x-ray, blood tests, and any other tests needed to plan your care. Your NP may also recommend that you see other healthcare providers.

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

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

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

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

If you don’t have someone to take you home after your surgery, 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

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 can’t communicate for yourself. The person you identify is called your health care agent.

For more information about health care proxies, other advance directives, and being a health care agent, read the resources Advance Care Planning (www.mskcc.org/pe/advance_care_planning) and How to Be a Health Care Agent (www.mskcc.org/pe/health_care_agent). You can find them online, or you can ask your nurse.

10 Days Before Your Surgery

Stop Taking Vitamin E

If you take vitamin E, stop taking it 10 days before your surgery. Vitamin E can cause bleeding. For more information, read Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), located in the “Educational Resources” section of this guide.

7 Days Before Your Surgery

Stop Taking Certain Medications

If you take aspirin, ask your doctor if you should keep taking it. 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 the “Educational Resources” section of this guide.
Stop Taking Herbal Remedies and Other Dietary Supplements

Stop taking herbal remedies and other dietary supplements 7 days before your surgery. If you take a multivitamin, ask your doctor or nurse if you should keep taking it. For more information, read Herbal Remedies and Cancer Treatment, located in the “Educational Resources” section of this guide.

Watch a Virtual Tour

This video will give you an idea of what to expect when you come to Josie Robertson Surgery Center (JRSC) on the day of your surgery.

www.mskcc.org/pe/surgery_josie

Days Before Your Surgery

Stop Taking Certain Medications

Stop taking nonsteroidal anti-inflammatory drugs (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 and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), located in the “Educational Resources” section of this guide.

Day Before Your Surgery

Note the Time of Your Surgery

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

The staff member will tell you what time to arrive at the hospital for your surgery. Use the area to the right to write down your surgery date and scheduled arrival time.

Surgery date: ______________
Scheduled arrival time: ____

The staff member will also remind you where to go. This will be the following location:

Josie Robertson Surgery Center (JRSC)
1133 York Avenue (between East 61st and East 62nd Streets)
New York, NY 10065

Sleep

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

The Morning of Your Surgery

Take Your Medications

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

Things to Remember

- Wear something comfortable and loose-fitting.
- If you wear contact lenses, wear your glasses instead. Wearing contact lenses during surgery can damage your eyes.
- Don’t wear any metal objects. Remove all jewelry, including body piercings. The equipment used during your surgery can cause burns if it touches metal.
- Don’t put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne.
- Leave valuable items (such as credit cards, jewelry, and your checkbook) at home.
- If you’re menstruating (have your monthly period), use a sanitary pad, not a tampon. You’ll get disposable underwear, as well as a pad if needed.
- Before you’re taken into the operating room, you will need to remove your hearing aids, dentures, prosthetic device(s), wig, and religious articles.
What to Bring

- Your breathing machine for sleep apnea (such as your CPAP machine), if you have one.
- Your Health Care Proxy form and other advance directives, if you have completed them.
- Your cell phone and charger.
- Only the money you may want for small purchases (such as a newspaper).
- A case for your personal items (such as eyeglasses, hearing aid(s), dentures, prosthetic device(s), wig, and religious articles), if you have one.
- Your portable music player, if you choose. However, someone will need to hold it for you when you go into surgery.
- This guide. Your healthcare team will use this guide to teach you how to care for yourself after your surgery.

Where to Park

You, your caregiver, and other visitors should park at the JRSC.

- If you’re arriving on Northbound FDR Drive, you will need to go around the block to pull into the driveway on southbound York Ave, between East 62nd and East 61st Streets.
- If you’re arriving on Southbound FDR Drive, take southbound York Avenue and pull into the driveway.

There are several options for parking at the JRSC. There is a valet service at the JRSC entrance. If you choose to use this service, the valet will park your car next door in the City Parking garage. The valet service is free, but you will need to pay the parking garage fee when you leave the JRSC. For more information about parking, call 646-888-7100.

If you choose not to use our valet service, there are nearby garages. You will have to pay to park in these garages.

Once You’re in the Hospital

Once you enter the JRSC, a concierge will greet you and direct you to the check-in area on the 3rd floor. When you get to the 3rd floor, a staff member will give you and your caregiver badges to wear. These badges will help your healthcare team know where you and your caregiver are so they can give updates on your progress. A staff member will also ask you for the name and contact information of the person who will take you home after your surgery.

If you have any dietary restrictions (such as kosher, halal, gluten free, or vegetarian), tell us when you check in. We will make sure we give you the food and drink you need.

After you check in, a member of your healthcare team will bring you and your caregiver to the presurgical center on the 6th floor.
**Get Dressed for Surgery**
When it’s time to change for surgery, you will get a hospital gown, robe, and nonskid socks to wear.

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

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

**Meet With Your Anesthesiologist**
Your anesthesiologist will:

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

**Get Ready for Your Surgery**
Once your nurse has seen you, 1 or 2 visitors can keep you company as you wait for your surgery to start. When it’s time for your surgery, your visitor(s) will be taken to the waiting area on the 3rd floor.

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 blood flow in your legs. If your surgery is on one of your legs, that leg won’t have a boot on it.

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.

**During Your Surgery**
After you’re fully asleep, a breathing tube will be placed through your mouth and into your windpipe to help you breathe.

First, your surgeon will inject (give you a shot of) green dye between the fingers or toes on your affected limb. The dye will travel through your lymphatic vessels so it’s easier for your surgeon to see them.

After your surgeon injects the dye, they will make about 1 to 5 small incisions (surgical cuts) on your affected limb. Each incision will be about 2 centimeters (¾ inch) long. They will use each incision to connect a lymphatic vessel to a nearby vein.

**Information for Caregivers and Visitors**
You’ll wait on the 3rd floor during the surgery. There is a café, WiFi, and charging stations available for you to use. Our Nursing/Family Liaison will bring you updates during the surgery. You will also be able to see where the patient is on the status board in the waiting room.

When the surgery is over, a member of the surgical care team will talk with you.
Once your surgery is finished, your surgeon will close your incisions with Steri-Strips™ (surgical tape) or 2 to 3 sutures (stitches).

Your breathing tube is usually taken out while you’re still in the operating room.
The information in this section will tell you what to expect after your surgery, both during your hospital stay and after you leave the hospital. You will learn how to safely recover from your surgery.

Write down your questions and be sure to ask your doctor or nurse.
In Your Recovery Room

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

You might have tiny green marks on your affected limb. These are from the dye used during your surgery. They will go away in about 1 week.

Managing Your Pain

Most people have very little pain after LVB surgery. If you have pain, tell your doctor or nurse. They may give you pain medication to help manage it.

Visitors

When you're ready, a staff member will bring your caregiver and other visitors to your room. This is usually within 90 minutes after you arrive there. A member of the nursing staff will explain the guidelines to them.

What to Expect

The length of time you're in the hospital after your surgery depends on your recovery. Most people are discharged from the hospital the same day as their surgery.

While you're in your recovery room, your nurse will help you get ready to go home. When you're awake, your nurse will:

- Encourage you to walk. If you had surgery on one of your legs, you can walk on your affected leg right away after your surgery.
- Give you something to eat and drink.
- Review your discharge instructions with you and your caregiver.
- Answer any questions you have.

Before you leave the hospital, look at your incisions with your nurse and caregiver. Knowing what your incisions look like will help you notice any changes later.

At Home

Caring for Your Incisions

Don't shower or get your incisions wet for 48 hours (2 days) after your procedure.

After 48 hours, you can shower as usual. Let the water run over your incisions when you shower. It's okay to get your stitches or Steri-Strips wet.
If you go home with stitches in your incisions, your doctor will take them out about 2 weeks after your surgery. If you go home with Steri-Strips on your incisions, they will loosen and fall off by themselves. If they haven't fallen off within 10 days, you can take them off.

**Caring for Your Affected Limb**

It’s important to take good care of your affected limb to help it heal. The instructions below are general. If your surgeon gives you different instructions, follow those. If you have any questions, call your surgeon’s office.

Avoid putting pressure on or near your incisions until your surgeon tells you it’s okay. For example, avoid sleeping on your affected side and don’t wear tight clothing.

**For the First 2 Weeks After Your Surgery:**

- Don’t visit your lymphedema therapist.
- Don’t wrap or massage your affected limb.
- Don’t lift, push, or pull anything heavier than 5 pounds (2.3 kilograms). A gallon of milk is about 8 pounds (3.3 kilograms). You will need help with things like doing laundry and carrying groceries.
- Keep your affected limb elevated as often as you can. It’s best to rest your limb on 2 pillows while you’re sitting or sleeping, if you can. This will help prevent swelling while you’re not wrapping your affected limb.
- Depending on where your incisions are, your surgeon may tell you to avoid raising your arm above your shoulder. Follow their instructions.

**Starting 2 Weeks After Your Surgery:**

- You can visit your lymphedema therapist.
- You can wrap your affected limb. It’s okay to wrap over your incisions.
- You can massage your affected limb, but don’t massage over your incisions.
- You can start using your compression garment again.
- Keep following the same lifting, pushing, and pulling restrictions. Don’t lift, push, or pull anything heavier than 5 pounds (2.3 kilograms).

**Starting 4 Weeks After Your Surgery:**

- You can wrap and massage over your incisions.
- You don’t need to follow any restrictions. You can go back to all your usual activities.
Going Back to Work

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

Using MyMSK

MyMSK (my.mskcc.org) is your MSK patient portal account. You can use MyMSK to send and receive messages from your healthcare team, view your test results, see your appointment dates and times, and more.

If you don’t already have a MyMSK account, you can sign up by going to my.mskcc.org. For more information about signing up for a MyMSK account, watch our video How to Enroll in the Patient Portal: MyMSK at www.mskcc.org/pe/enroll_mymsk. You can also contact the MyMSK Help Desk by emailing mymsk@mskcc.org or calling 800-248-0593.

Contact your doctor or nurse if:

- You have a fever of 100.5 °F (38 °C) or higher.
- The skin around your incision is warmer than normal.
- The skin around your incision is getting more red.
- The area around your incision is starting to swell.
- Swelling around your incision is getting worse.
- There’s new drainage (liquid) coming from your incision.
- You have any questions or concerns.

Monday through Friday from 9:00 AM to 5:00 PM, contact your doctor’s office.

After 5:00 PM, during the weekend, and on holidays, call 212-639-2000 and ask to speak to the doctor on call for your doctor.
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 doctor or nurse.
MSK Support Services

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

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

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

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

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 Memorial Hospital's main lobby 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 that counseling helps them. We provide counseling for individuals, couples, families, and groups, as well as medications to help if you feel anxious or depressed. To make an appointment, ask your healthcare provider for a referral or call the number above.

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

Integrative Medicine Service
646-888-0800
Integrative Medicine Service offers 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
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.
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 similar to 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 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 fertility issues and 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
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 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
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  
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  
Provides support and advocacy for the LGBT community, including online support groups and a database of LGBT-friendly clinical trials.

**LIVESTRONG Fertility**  
www.livestrong.org/we-can-help/fertility-services  
855-744-7777  
Provides reproductive information and support to cancer patients and survivors whose medical treatments have risks associated with infertility.

**National Cancer Institute**  
www.cancer.gov  
800-4-CANCER (800-422-6237)
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 get medications that they have trouble affording.
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 doctor or nurse.

Notes
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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.

**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>Aggrenox®</td>
</tr>
<tr>
<td>Alka Seltzer®</td>
</tr>
<tr>
<td>Anacin®</td>
</tr>
<tr>
<td>Arthritis Pain Formula</td>
</tr>
<tr>
<td>Arthritis Foundation Pain Reliever®</td>
</tr>
<tr>
<td>ASA Enseals®</td>
</tr>
<tr>
<td>ASA Suppositories®</td>
</tr>
<tr>
<td>Ascriptin® and Ascriptin A/D®</td>
</tr>
<tr>
<td>Aspergum®</td>
</tr>
<tr>
<td>Common Medications that are NSAIDs that Don’t Contain Aspirin</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>Advil®</td>
</tr>
<tr>
<td>Advil Migraine®</td>
</tr>
<tr>
<td>Aleve®</td>
</tr>
<tr>
<td>Anaprox DS®</td>
</tr>
<tr>
<td>Ansaid®</td>
</tr>
<tr>
<td>Arthrotec®</td>
</tr>
<tr>
<td>Bayer® Select Pain Relief Formula Caplets</td>
</tr>
<tr>
<td>Celebrex®</td>
</tr>
<tr>
<td>Celecoxib</td>
</tr>
<tr>
<td>Children’s Motrin®</td>
</tr>
</tbody>
</table>
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>Acetaminophen with Codeine</th>
<th>Esgic®</th>
<th>Panadol®</th>
<th>Tylenol® with Codeine No. 3</th>
</tr>
</thead>
<tbody>
<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>Loracet®</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>Naldegesic®</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 (plant-based) home remedies or other dietary supplements. This is because they can:

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

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

Common Herbal Supplements and Their Effects

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

**Echinacea**

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

Garlic

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

Gingko (also known as Gingko biloba)

• Can increase your risk of bleeding.

Ginseng

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

Turmeric

• Can make chemotherapy less effective.

St. John’s Wort

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

Valerian

• Can increase the effects of sedation or anesthesia.

Herbal formulas

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

This information doesn’t cover all herbal remedies or possible side effects. Talk with your healthcare provider if you have any questions or concerns.
For more information about herbs and botanicals, visit the Memorial Sloan Kettering (MSK) Integrative Medicine Service website at www.aboutherbs.com.
Understanding Lymphedema

- "Understanding Lymphedema" is also available in Portable Document Format (PDF, 463KB, 2pg.)

If you have ever had radiation, surgery for cancer, trauma, burns, infections, or other surgical procedures particularly involving the arms and legs or lymph nodes, lymphedema is something that you need to know about.

What is lymphedema?

Lymphedema (LIMF-eh-DEE-ma) is the buildup of lymph fluid in your body's tissues that can happen when lymph nodes are removed or damaged. Lymphedema can cause swelling anywhere in the body, but most often happens in the arms and/or legs. Lymphedema results from common cancer treatments such as surgery and radiation but can occur as a result of trauma, burns, infections or other surgical procedures. It can develop soon after treatment, or may show up many months, years, or even decades later.

Photos courtesy of Lymphedema Therapy, Woodbury, NY

Lymphedema can:

- lead to infections
- cause pain and discomfort
- be a long-term condition
- be controlled through awareness and treatment

Once you develop lymphedema, it can be managed, but it cannot be cured. It is important that you do everything you can to help prevent it from developing.

What are the Symptoms of Lymphedema?

The symptoms of lymphedema often appear slowly over a period of years. Even if you don't develop symptoms right away, you may still be at risk. If you have had surgery or radiation treatment for cancer, or have had trauma, burns, infection or other surgical procedures and begin to notice any of the following symptoms, you may have lymphedema, and should call a doctor:

- pain, aching, or redness in an arm or leg, including fingers or toes
- swelling (with or without pain) anywhere in your body that lasts for 1 to 2 weeks
- jewelry or clothing feels tight but there is no weight gain
- a feeling of weakness, heaviness, or tightness in the arm or leg
- repeated infections in the arm or leg
- hardening and thickening of the skin on the arm or leg

https://www.health.ny.gov/publications/0399/
- a temperature of 100.5 degrees Fahrenheit or higher that isn't related to a cold or flu

What is the treatment for lymphedema?

If you have lymphedema, there is effective treatment to reduce the swelling, prevent the condition from getting worse, and limit the risk of infection. Experts generally recommend Complete Decongestive Therapy (CDT) for people with lymphedema. CDT is a combination of treatments that include special massage for lymph drainage, exercises, compression, and skin care. These treatments should be given by a certified lymphedema therapist or someone who has received special lymphedema therapy training. Early treatment focuses on reducing the swelling and controlling the pain, and can shorten the time that treatment is needed.

It is important that you be involved in your lymphedema treatment:

- So that you can better understand the signs and symptoms of lymphedema, contact any of the organizations listed on the back of this brochure.
- Get professionally fitted for a compression garment. To find a certified lymphedema therapist, see the National Lymphedema Network or the Lymphology Association of North America contact information listed on the back of this brochure.

Infection is a common problem with lymphedema. To protect against infection:

- use antibacterial creams for all cuts, scrapes, insect bites, etc. on the affected arm or leg
- use the unaffected arm for blood tests, IVs, injections, and blood pressure readings
- wear protective gloves when doing chores such as washing dishes or gardening
- frequently apply fragrance-free, hypoallergenic lotion to avoid dry, chapped skin

If any part of your affected arm or leg feels hot, looks red, or swells suddenly, you should call your doctor as these symptoms could be a sign of an infection and you may need antibiotics.

Where can I get support for lymphedema?

Attend lymphedema support group meetings in your community. These meetings are a good way to connect with people who understand what you're going through. The National Lymphedema Network website or hotline can provide a list of support groups around the country.

Participate in online message boards and chat rooms. Make sure that the site you go to is recommended by a reputable source, such as The National Lymphedema Network. If you don't have internet access, call any of the hotline numbers listed at the end of this pamphlet.

Can lymphedema be prevented?

While there is currently no cure for lymphedema, there are things you can do to reduce your risk of developing lymphedema. The risk of lymphedema is life-long. Following these preventative steps will greatly reduce the
possibility that you will develop lymphedema:

**DO**

- rest your arm or leg while recovering
- exercise and stretch, but avoid strenuous activities, such as those that make you sweat, until after you've completely recovered from surgery or radiation
- talk to your health care provider about whether you should wear a professionally fitted compression garment, which is a long sleeve or stocking made to compress the arm or leg to encourage the flow of lymph fluid out of the affected arm or leg

![Image of arm and leg]

- protect your arms and legs from sunburns or other burns

**DON'T**

- don't wear clothing or jewelry that feels tight or uncomfortable
- don't carry heavy items or do repetitive activities until you are fully healed. First check with your health care provider
- don't apply heat, such as with a heating pad, to your affected limb
- don't use hot tubs or saunas

For further information on lymphedema

- Lymphatic Education and Research Network
  516-625-9675
- American Cancer Society
  1-800-ACS-2345
- National Cancer Institute
  1-800-4-CANCER
- Susan G. Komen Breast Cancer Foundation
  1-800-I'M AWARE (1-800-462-9273)

To find a certified lymphedema therapist

- Lymphology Association of North America (LANA)
  1-773-756-8971
- National Lymphedema Network
  1-800-541-3259