Memorial Sloan Kettering Cancer Center

PATIENT & CAREGIVER EDUCATION

About Your Mastectomy: Information for Men

This guide will help you get ready for your mastectomy (breast surgery) at MSK. It will also help you know what to expect as you recover.

Use this guide as a source of information in the days leading up to your surgery. Bring it with you on the day of your surgery. You and your care team will use it as you learn more about your recovery.

Your care team

Doctor: _____

Nurse: _____

Phone number: _____

Fax number: _____

Your caregiver

Your caregiver will learn about your surgery with you. They'll also help you care for yourself while you're healing after surgery. Write their name below.

Caregiver: _____

Visit www.msk.org/pe/mastectomy_men to view this guide online.

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1275 York Ave., New York, NY 10065
Last updated February 12, 2025

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About your mastectomy

This guide has information about several types of breast surgeries. The surgery you're having is called a:

- ☐ Total mastectomy.
- ☐ Total mastectomy and sentinel lymph node biopsy.
- ☐ Total mastectomy and sentinel lymph node biopsy with possible axillary lymph node dissection.
- ☐ Total mastectomy and axillary node dissection (also called a modified radical mastectomy).
- ☐ Other: _____

If you're interested in breast reconstruction, talk with your healthcare provider. They can give you more information.

Total mastectomy

A total mastectomy is a surgery to remove all your breast tissue. It's usually done through an incision (surgical cut) across your chest, but it can be done in different ways. Your breast surgeon will talk with you about which one is right for you.

During your surgery, your surgeon may also remove one or more lymph nodes from your armpit. A pathologist will examine the lymph node(s) to see if the cancer has spread to them.

Sentinel lymph node biopsy

A sentinel lymph node biopsy is when the first lymph node(s) in your armpit that receive drainage from the breast tumor are removed and checked for cancer cells. These lymph nodes are called sentinel lymph nodes. If cancer cells spread, the sentinel lymph nodes are usually the first place they go.

Your surgeon will identify the sentinel node(s) by injecting a special dye into your breast.

If you're having a sentinel lymph node biopsy, you may have lymphatic mapping as part of your surgery. There's more information about this procedure later in this guide.

Your surgeon may send the sentinel lymph node(s) to the pathologist during your surgery. If the pathologist sees any cancer cells, your surgeon may then do an axillary lymph node dissection.

Axillary lymph node dissection

An axillary lymph node dissection is when most or all of the lymph nodes in your armpit are removed. The number of lymph nodes removed varies from person to person.

About your lymphatic system

Understanding how your lymphatic system works can be helpful as you get ready for and recover from your breast surgery.

Your lymphatic system helps your body fight infection and drains fluid from areas of your body. It's made up of lymph nodes, lymphatic vessels, and lymphatic fluid (see Figure 1).

- **Lymph nodes** are small bean-shaped glands located along your lymphatic vessels. They filter your lymphatic fluid, taking out bacteria, viruses, cancer cells, and other waste products.

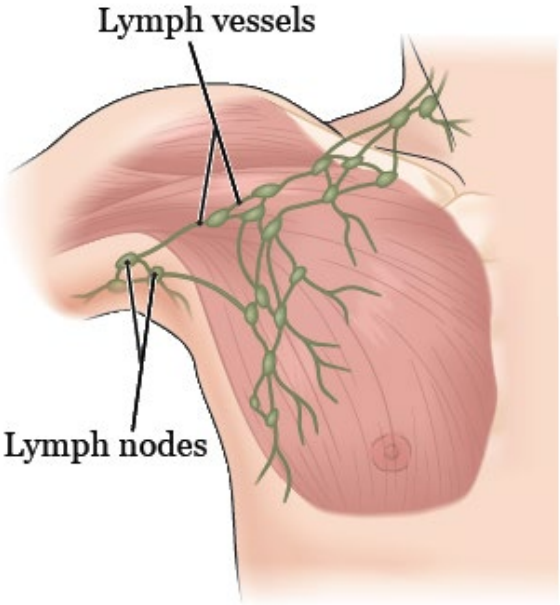

Figure 1. Your lymphatic system in your breast and armpit

- **Lymphatic vessels** are tiny tubes, like your blood vessels, that carry fluid to and from your lymph nodes.
- **Lymphatic fluid** is the clear fluid that travels through your lymphatic system. It carries cells that help fight infections and other diseases.

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Notes

Before your mastectomy

This section will help you get ready for your surgery. Read it when your surgery is scheduled. Refer to it as your surgery gets closer. It has important information about what to do to get ready.

As you read this section, write down questions to ask your healthcare provider. You can use the space below.

Notes _____

Getting ready for your surgery

You and your care team will work together to get ready for your surgery. Help us keep you safe by telling us if any of these things apply to you, even if you're not sure.

- I take any prescription medicines. A prescription medicine is one you can only get with a prescription from a healthcare provider. Examples include:
    - Medicines you swallow.
    - Medicines you take as an injection (shot).
    - Medicines you inhale (breathe in).
    - Medicines you put on your skin as a patch or cream.
- I take any over-the-counter medicines, including patches and creams. An over-the-counter medicine is one you can buy without a prescription.
- I take any 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 had a problem with anesthesia (A-nes-THEE-zhuh) in the past. Anesthesia is medicine to make you sleep during a surgery or procedure.
- I'm allergic to certain medicines or materials, including latex.
- I'm not willing to receive a blood transfusion.
- I use recreational drugs, such as marijuana.

Always be sure your healthcare providers know all the medicines and supplements you're taking.

You may need to follow special instructions before surgery based on the medicines and supplements you take. If you do not follow those instructions, your surgery may be delayed or canceled.

About drinking alcohol

It's important to talk with your healthcare providers about how much alcohol you drink. This will help us plan your care.

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

If you drink alcohol regularly and stop suddenly, it can cause seizures, delirium, and death. If we know you're at risk for these problems, we can prescribe medicine to help prevent them.

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

- Be honest with us about how much alcohol you drink.
- Try to stop drinking alcohol once your surgery is planned. Tell us right away if you:
    - Get a headache.
    - Feel nauseous (like you're going to throw up).
    - Feel more anxious (nervous or worried) than usual.
    - Cannot sleep.

  These are early signs of alcohol withdrawal and can be treated.
- Tell us if you cannot stop drinking.
- Ask us questions about drinking and surgery. We will keep all your medical information private, as always.

About smoking

If you smoke or use an electronic smoking device, you can have breathing problems when you have surgery. Vapes and e-cigarettes are examples of electronic smoking devices. Stopping for even a few days before surgery can help prevent breathing problems during and after surgery.

We will refer you to our Tobacco Treatment Program if you smoke. You can also reach the program by calling 212-610-0507. To learn more, visit www.msk.org/tobacco

About sleep apnea

Sleep apnea is a common breathing problem. If you have sleep apnea, you stop breathing for short lengths of time while you're asleep. The most common type is obstructive sleep apnea (OSA). With OSA, your airway becomes fully blocked during sleep.

OSA can cause serious problems during and after surgery. Tell us if you have or think you might have sleep apnea. If you use a breathing device, such as a CPAP machine, bring it on the day of your surgery.

Using MSK MyChart

MSK MyChart (mskmychart.mskcc.org) is MSK's patient portal. You can use it to send and read messages from your care team, view your test results, see your appointment dates and times, and more. You can also invite your caregiver to make their own account so they can see information about your care.

If you do not have an MSK MyChart account, you can sign up at mskmychart.mskcc.org. You can also ask a member of your care team to send you an invitation.

If you need help with your account, call the MSK MyChart Help Desk at 646-227-2593. They are available Monday through Friday between 9 a.m. and 5 p.m. (Eastern time).

Within 30 days of your surgery

Presurgical testing (PST)

You'll have a PST appointment before your surgery. You'll get a reminder from your surgeon's office with the appointment date, time, and location. Visit www.msk.org/parking for parking information and directions to all MSK locations.

You can eat and take your usual medicines the day of your appointment.

It's helpful to bring these things to your appointment:

- A list of all the medicines you're taking, including prescription and over-the-counter medicines, patches, and creams.
- Results of any medical tests done outside of MSK in the past year, if you have them. Examples include results from a cardiac stress test, echocardiogram, or carotid doppler study.
- The names and telephone numbers of your healthcare providers.

You'll meet with an advance practice provider (APP) during your PST appointment. They work closely with MSK's anesthesiology (A-nes-THEE-zee-AH-loh-jee) staff. These are doctors with special training in using anesthesia during a surgery or procedure.

Your APP will review your medical and surgical history with you. You may have tests to plan your care, such as:

- An electrocardiogram (EKG) to check your heart rhythm.
- A chest X-ray.
- Blood tests.

Your APP may recommend you see other healthcare providers. They'll also talk with you about which medicines to take the morning of your surgery.

Identify your caregiver

Your caregiver has an important role in your care. Before your surgery, you and your caregiver will learn about your surgery from your healthcare providers. After your surgery, your caregiver will take you home when you're discharged. They'll also help you care for yourself at home.

For caregivers

Caring for a person going through cancer treatment comes with many responsibilities. We offer resources and support to help you manage them.

Visit www.msk.org/caregivers or read *A Guide for Caregivers* to learn more. You can ask for a printed copy or go to www.msk.org/pe/guide_caregivers to find it online.

Fill out a Health Care Proxy form

If you have not already filled out a Health Care Proxy form, we recommend you do now. If you already filled one out or have any other advance directives, bring them to your next appointment.

A health care proxy is a legal document. It says who will speak for you if you can't communicate for yourself. This person is called your health care agent.

- To learn about health care proxies and other advance directives, read *Advance Care Planning for People With Cancer and Their Loved Ones*. You can find it at www.msk.org/pe/advance_care_planning or ask for a printed copy.
- To learn about being a health care agent, read *How to Be a Health Care Agent*. You can find it at www.msk.org/pe/health_care_agent or ask for a printed copy.

Talk with a member of your care team if you have questions about filling out a Health Care Proxy form.

Arrange for someone to take you home

You must have a responsible care partner take you home after your surgery. A responsible care partner is someone who can help you get home safely. They should be able to contact your care team if they have any concerns. Make sure to plan this before the day of your surgery.

If you don't have a responsible care partner to take you home, call one of the agencies below. They'll send someone to go home with you. There's a charge for this service, and you'll need to provide transportation. It's OK to use a taxi or car service, but you still need a responsible care partner with you.

Agencies in New York

- VNS Health: 888-735-8913
- Caring People: 877-227-4649

Agencies in New Jersey

- Caring People: 877-227-464

Buy a 4% chlorhexidine gluconate (CHG) solution antiseptic skin cleanser, such as Hibiclens®

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

Buy 325-milligram acetaminophen tablets, such as Tylenol® Regular Strength

Acetaminophen is an over-the-counter pain medicine. You'll use it after your surgery to help manage your pain at home. It's helpful to buy it ahead of time. You can get it at your local pharmacy without a prescription. Always follow the instructions on the container or from your healthcare provider when taking any medicine.

7 days before your surgery

Follow your healthcare provider's instructions for taking aspirin

Aspirin can cause bleeding. If you take aspirin or a medicine that has aspirin, you may need to change your dose or stop taking it 7 days before your surgery. Follow your healthcare provider's instructions. **Do not stop taking aspirin unless they tell you to.**

To learn more, read *How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil*. You can find it in the "Educational resources" section of this guide.

Stop taking vitamin E, multivitamins, herbal remedies, and other dietary supplements

Vitamin E, multivitamins, herbal remedies, and other dietary supplements can cause bleeding. Stop taking them 7 days before your surgery. If your healthcare provider gives you other instructions, follow those instead.

To learn more, read *Herbal Remedies and Cancer Treatment*. You can find it in the "Educational resources" section of this guide.

2 days before your surgery

Stop taking nonsteroidal anti-inflammatory drugs (NSAIDs)

NSAIDs, such as ibuprofen (Advil® and Motrin®) and naproxen (Aleve®), can cause bleeding. Stop taking them 2 days before your surgery. If your healthcare provider gives you other instructions, follow those instead.

To learn more, read *How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil*. You can find it in the "Educational resources" section of this guide.

1 day before your surgery

Note the time of your surgery

A staff member will call you after 2 p.m. the day before your surgery. If your surgery is scheduled for a Monday, they'll call you the Friday before. If you do not get a call by 7 p.m., call 212-639-5014.

The staff member will tell you what time to get to the hospital for your surgery. They'll also remind you where to go.

Visit www.msk.org/parking for parking information and directions to all MSK locations.

Lymphatic mapping

If you're having a sentinel lymph node biopsy, you may have a lymphatic mapping procedure the day before or the morning of your surgery. This will help your surgeon find the sentinel lymph node(s) during your surgery.

During your lymphatic mapping procedure, you'll lie on a reclining chair for about 20 minutes. While you're in the reclining chair, a healthcare provider will inject (give you a shot of) a small amount of a radioactive liquid under your skin below the areola of your affected breast. You might feel stinging or burning during the injection.

After the injection, you'll massage the area of the injection site for 10 minutes. This will help the radioactive liquid travel to the sentinel lymph node(s).

Then, a technologist will measure the radioactivity in your breast and axilla (armpit) on your affected side to see how much of the liquid was absorbed.

There are 2 ways they can do this:

- Your radiation technologist might use a small handheld device called a Neoprobe®.
- You might have an imaging scan using a larger machine that you lie down on. Read the section “Nuclear Medicine Scan” to learn more.

Both ways work equally well. Your healthcare provider will tell you what to expect.

Nuclear medicine scan

If you’re having an imaging scan after your injection, your technologist will take you to the scanning room. You’ll lie on a table while the technologist takes pictures.

Each picture takes 5 minutes to complete, 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. They’ll also show which lymph nodes absorb the liquid. This creates a “map” of your lymphatic system. Your surgeon will use this map to find your sentinel lymph node(s) during your surgery.

If you’re having surgery the same day as your lymphatic mapping, a staff member will bring you from the scanning room to the operating room.

If you’re having surgery at the Josie Robertson Surgery Center (JRSC), your care team will arrange for you to take an MSK van to the JRSC after your procedure. In most other cases, you’ll go home after your lymphatic mapping.

Shower with a 4% CHG solution antiseptic skin cleanser, such as Hibiclens

Shower with a 4% CHG solution antiseptic skin cleanser before you go to bed the night before your surgery.

1. Wash your hair with your usual shampoo and conditioner. Rinse your head well.
2. Wash your face and genital (groin) area with your usual soap. Rinse your body well with warm water.
3. Open the 4% CHG solution bottle. Pour some into your hand or a clean washcloth.
4. Move away from the shower stream. Rub the 4% CHG solution gently over your body from your neck to your feet. Do not put it on your face or genital area.
5. Move back into the shower stream to rinse off the 4% CHG solution. Use warm water.
6. Dry yourself off with a clean towel.

Do not put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne after your shower.

Instructions for eating

Stop eating at midnight (12 a.m.) the night before your surgery. This includes hard candy and gum.

Your healthcare provider may have given you different instructions for when to stop eating. If so, follow their instructions. Some people need to fast (not eat) for longer before their surgery.

The day of your surgery

Instructions for drinking

Between midnight (12 a.m.) and 2 hours before your arrival time, only drink the liquids on the list below. Do not eat or drink anything else. Stop drinking 2 hours before your arrival time.

- Water.
- Clear apple juice, clear grape juice, or clear cranberry juice.
- Gatorade or Powerade.
- Black coffee or plain tea. It's OK to add sugar. Do not add anything else.
    - Do not add any amount of any type of milk or creamer. This includes plant-based milks and creamers.
    - Do not add honey.
    - Do not add flavored syrup.

If you have diabetes, pay attention to the amount of sugar in your drinks. It will be easier to control your blood sugar levels if you include sugar-free, low-sugar, or no added sugar versions of these drinks.

It's helpful to stay hydrated before surgery, so drink if you are thirsty. Do not drink more than you need. You will get intravenous (IV) fluids during your surgery.

Stop drinking 2 hours before your arrival time. This includes water.

Your healthcare provider may have given you different instructions for when to stop drinking. If so, follow their instructions.

Take your medicines as instructed

A member of your care team will tell you which medicines to take the morning of your surgery. Take only those medicines with a sip of water.

Depending on what you usually take, this may be all, some, or none of your usual morning medicines.

Shower with a 4% CHG solution antiseptic skin cleanser, such as Hibiclens

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

Do not put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne after your shower.

Things to remember

- If you wear contact lenses, wear your glasses instead. Wearing contact lenses during surgery can damage your eyes.
- Do not wear any metal objects. Take off all jewelry, including body piercings. The tools used during your surgery can cause burns if they touch metal.
- Leave valuable items at home.

What to bring

- A button-down or loose-fitting top.
- Your breathing device for sleep apnea (such as your CPAP machine), if you have one.
- Your Health Care Proxy form and other advance directives, if you filled them out.
- Your cell phone and charger.
- Only the money you may want for small purchases, such as a newspaper.
- A case for your personal items, if you have any. Eyeglasses, hearing aids, dentures, prosthetic devices, wigs, and religious articles are examples of personal items.
- This guide. You'll use it to learn how to care for yourself after surgery.

Once you're in the hospital

Many staff members will ask you to say and spell your name and birth date. This is for your safety. People with the same or a similar name may be having surgery on the same day.

We'll give you a hospital gown, robe, and nonskid socks to wear when it's time to change for surgery.

Meet with a nurse

You'll meet with a nurse before surgery. Tell them the dose of any medicines you took after midnight (12 a.m.) and the time you took them. Make sure to include prescription and over-the-counter medicines, patches, and creams.

Your nurse may place an IV line in one of your veins, usually in your arm or hand. If your nurse does not place the IV, your anesthesiologist (A-nes-THEE-zee-AH-loh-jist) will do it in the operating room.

Meet with an anesthesiologist

You'll also meet with an anesthesiologist before surgery. They will:

- Review your medical history with you.
- Ask if you've had any problems with anesthesia in the past, such as nausea or pain.
- Talk with you about your comfort and safety during your surgery.
- Talk with you about the kind of anesthesia you'll get.
- Answer your questions about your anesthesia.

Marking your surgical site

Along with asking your name and birth date, staff members may ask what your surgeon's name is, what surgery you're having, and which side is being operated on. Your surgeon or another member of your surgical team will use a marker to mark the place on your body that will be operated on. This is for your safety. It helps make sure all members of your surgical team know the plan for your surgery.

Get ready for surgery

When it's time for your surgery, you'll take off your eyeglasses, hearing aids, dentures, prosthetic devices, wig, and religious articles.

You'll either walk into the operating room or a staff member will bring you there on a stretcher. A member of the operating room team will help you onto the operating bed. They'll put compression boots on your lower legs. These gently inflate and deflate to help blood flow in your legs.

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

During your surgery

After you're fully asleep, your care team will place a breathing tube through your mouth into your airway. It will help you breathe.

If you're having a sentinel lymph node biopsy, your surgeon will inject a small amount of blue dye underneath your nipple or near the tumor. The dye will travel in your lymphatic fluid to the sentinel lymph node(s), staining them blue.

If you had a lymphatic mapping procedure, your surgeon will also use a small device that measures radioactivity from the liquid injected during that procedure.

Once they locate the sentinel lymph node(s), your surgeon will make an incision and remove them. They may send them to the Pathology department to be checked for cancer cells during your surgery.

If the pathologist sees cancer cells, your surgeon may remove more lymph nodes. This is called an axillary lymph node dissection. Your surgeon will discuss this with you in more detail, if needed.

Because blue dye was used during your sentinel lymph node biopsy, your skin, urine (pee), and stool (poop) may be bluish-green for 1 to 2 days after your surgery.

Once they finish your surgery, your surgeon will close your incision(s) with sutures (stitches) under your skin. They may also place Steri-Strips™ (thin pieces of surgical tape) or Dermabond® (surgical glue) over your incision(s) and cover them with a bandage.

Your care team will usually take out your breathing tube while you're still in the operating room.

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After your mastectomy

This section will help you know what to expect after your surgery. You'll learn how to safely recover from your surgery both in the hospital and at home.

As you read this section, write down questions to ask your healthcare provider. You can use the space below.

Notes _____

In the Post-Anesthesia Care Unit (PACU) or your recovery room

You'll be in the PACU or your recovery room when you wake up after your surgery. A nurse will be keeping track of your temperature, pulse, blood pressure, and oxygen levels. You may get oxygen through a tube resting below your nose or a mask over your nose and mouth. You'll also have compression boots on your lower legs.

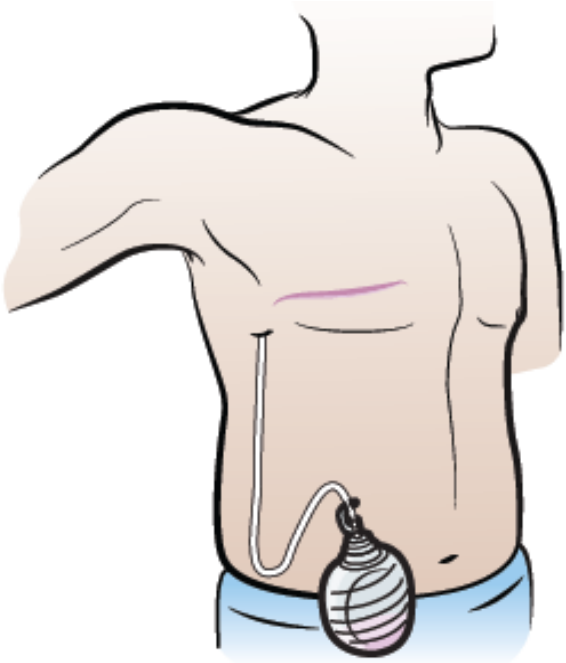

Figure 2. JP drain

Tubes and drains

You'll have a wrap around your chest to cover your surgical site and 1 or 2 Jackson-Pratt (JP) drains (see Figure 2) attached to the wrap. The JP drain will help drain the fluid from your incision(s) and prevent swelling. You'll get supplies to take home to help you care for your incision(s) and drain(s).

Managing your pain

You'll have some pain after your surgery. To help you manage this:

- You'll get pain medicine in your IV line.
- Once you're able to eat normal food, you'll get oral pain medicine (medicine you swallow).

We will ask you about your pain often and give you medicine as needed. Tell one of your healthcare providers if your pain is not relieved. It's important to control your pain so you can use your incentive spirometer and move around. Controlling your pain can help you recover faster.

You'll get pain medicine before you leave the hospital. Talk with your healthcare provider about possible side effects. Ask them when to start switching to over-the-counter pain medicine.

Moving around and walking

Moving around and walking will help lower your risk for blood clots and pneumonia (lung infection). It will also help you start passing gas and having bowel movements (pooping) again. Your nurse, physical therapist, or occupational therapist will help you move around, if needed.

To learn more about how walking can help you recover, read *Frequently Asked Questions About Walking After Your Surgery*. You can find it at www.msk.org/pe/walking_after_surgery or ask for a printed copy.

To learn what you can do to stay safe and keep from falling while you're in the hospital, read *Call! Don't Fall!* You can ask for a printed copy or find it at www.msk.org/pe/call_dont_fall

Exercising your lungs

It's important to exercise your lungs so they expand fully. This helps prevent pneumonia.

- Use your incentive spirometer 10 times every hour you're awake. Read *How To Use Your Incentive Spirometer* to learn more. You can find it at www.msk.org/pe/incentive_spirometer or ask for a printed copy.
- Do coughing and deep breathing exercises. A member of your care team will teach you how.

Eating and drinking

First, you can drink water or juice. Then, you can start eating solid foods, such as crackers. After that, you can start eating your normal foods again as you're able.

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

Caring for your tubes and drains

You'll go home with at least 1 JP drain. The drain(s) are usually removed about 2 weeks after your surgery but may be left in longer.

One of your nurses will teach you how to care for the drain(s) before you leave the hospital. It's helpful if your caregiver learns too. This will make it easier for them to help you at home.

To learn more, read *Caring for Your Jackson-Pratt Drain*. You can find it in the "Educational resources" section of this guide.

Planning for discharge

Your first appointment after surgery will usually be within 1 to 2 weeks after you leave the hospital. Your nurse will give you instructions on how to make this appointment, including the phone number to call.

Leaving the hospital

Before you leave, look at your incision(s) with one of your healthcare providers. Knowing what they look like will help you notice any changes later.

Your healthcare provider will write your discharge order and prescriptions before you leave. You'll also get written discharge instructions. One of your healthcare providers will review them with you before you leave.

You'll need a responsible care partner to take you home.

At home

Read *What You Can Do to Avoid Falling* to learn what you can do to keep from falling at home and during your appointments at MSK. You can find it in the "Educational resources" section of this guide.

Filling out your Recovery Tracker

We want to know how you're feeling after you leave the hospital. To help us care for you, we'll send questions to your MSK MyChart account. We'll send them every day for 10 days after you're discharged. These questions are known as your Recovery Tracker.

Fill out your Recovery Tracker every day before midnight (12 a.m.). It only takes 2 to 3 minutes to complete. Your answers to these questions will help us understand how you're feeling and what you need.

Based on your answers, we may reach out to you for more information. Sometimes, we may ask you to call your surgeon's office. You can always contact your surgeon's office if you have any questions.

To learn more, read *Common Questions About MSK's Recovery Tracker*. You can find it at www.msk.org/pe/recovery_tracker or ask for a printed copy.

Managing your pain

People have pain or discomfort for different lengths of time. You may still have some pain when you go home and will probably be taking pain medicine. Some people have soreness, tightness, or muscle aches around their incision(s) for 6 months or longer. This doesn't mean something is wrong.

Follow these guidelines to help manage your pain at home.

- Take your medicines as directed and as needed.
- Call your healthcare provider if the medicine prescribed for you does not help your pain.
- Do not drive or drink alcohol while you're taking prescription pain medicine. Some prescription pain medicines can make you drowsy (very sleepy). Alcohol can make the drowsiness worse.
- You'll have less pain and need less pain medicine as your incision(s) heal. An over-the-counter pain reliever will help with aches and discomfort.

Acetaminophen (Tylenol) and ibuprofen (Advil or Motrin) are examples of over-the-counter pain relievers.

  - Follow your healthcare provider's instructions for stopping your prescription pain medicine.
  - Do not take too much of any medicine. Follow the instructions on the label or from your healthcare provider.
  - Read the labels on all the medicines you're taking. This is very important if you're taking acetaminophen. Acetaminophen is an ingredient in many over-the-counter and prescription medicines. Taking too much can harm your liver. Do not take more than one medicine that has acetaminophen without talking with a member of your care team.

- Pain medicine should help you get back to your usual activities. Take enough to do your activities and exercises comfortably. You may have a little more pain as you start to be more active.
- Keep track of when you take your pain medicine. It works best 30 to 45 minutes after you take it. Taking it when you first have pain is better than waiting for the pain to get worse.

Some prescription pain medicines, such as opioids, may cause constipation. Constipation is when you poop less often than usual, have a harder time pooping, or both.

Preventing and managing constipation

Talk with your healthcare provider about how to prevent and manage constipation. You can also follow these guidelines.

- Go to the bathroom at the same time every day. Your body will get used to going at that time. But if you feel like you need to go, don't put it off.
- Try to use the bathroom 5 to 15 minutes after meals. After breakfast is a good time to go. That's when the reflexes in your colon are strongest.
- Exercise, if you can. Walking is a great type of exercise that can help prevent and manage constipation.

- Drink 8 to 10 (8-ounce) cups (2 liters) of liquids daily, if you can. Choose water, juices (such as prune juice), soups, and milkshakes. Limit liquids with caffeine, such as coffee and soda. Caffeine can pull fluid out of your body.
- Slowly increase the fiber in your diet to 25 to 35 grams per day. Unpeeled fruits and vegetables, whole grains, and cereals contain fiber. If you have an ostomy or recently had bowel surgery, ask your healthcare provider before changing your diet.
- Both over-the-counter and prescription medicines can treat constipation. Ask your healthcare provider before taking any medicine for constipation. This is very important if you have an ostomy or have had bowel surgery. Follow the instructions on the label or from your healthcare provider. Examples of over-the-counter medicines for constipation are:
    - Docusate sodium (Colace®). This is a stool softener (medicine that makes your bowel movements softer) that causes few side effects. You can use it to help prevent constipation. Do not take it with mineral oil.
    - Polyethylene glycol (MiraLAX®). This is a laxative (medicine that causes bowel movements) that causes few side effects. Take it with 8 ounces (1 cup) of a liquid. Only take it if you're already constipated.
    - Senna (Senokot®). This is a stimulant laxative, which can cause cramping. It's best to take it at bedtime. Only take it if you're already constipated.

  If any of these medicines cause diarrhea (loose, watery bowel movements), stop taking them. You can start again if you need to.

Call your healthcare provider if you have not had a bowel movement in 2 days.

The healing process and new sensations

As you're healing from your surgery, you may feel many different sensations in your arm, chest, or chest wall. You may feel sensations such as tenderness, numbness, twinges, or all 3. You may also feel the sensation of liquid going down your arm when there's no actual liquid. This can happen because your nerves were cut during surgery.

After your mastectomy, you may also feel like your breast or nipple is still present. This is called a phantom sensation.

These sensations usually come and go, and often get better within the first few months after surgery. Some sensations may last months, or even 5 years or longer. This is because the nerves are the slowest part of your body to heal. Most people say that the sensations are not severe or distressing.

Because of the change in sensation, do not put anything hot or cold (such as hot water bottles, heating pads, or ice packs) directly on your surgical site.

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

Caring for your incision(s)

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

If you have small pieces of surgical tape (Steri-Strips™) over your incision(s), your surgeon or nurse will remove them at your follow-up appointment. If you have surgical glue (Dermabond®) over your incision(s), it will dissolve on its own over time.

Take a shower every day to clean your incision(s). Follow the instructions in the "Showering" section.

A week or two after your surgery, a pocket of fluid may form under the skin of your armpit or chest area where tissue was removed. This is called a seroma, and it's harmless. The area may feel soft and puffy. It may also feel tender.

Seromas often go away on their own. If you develop a seroma that's large or feels uncomfortable, call your healthcare provider's office to discuss with your doctor or nurse.

Call your healthcare provider if:

- The skin around your incision(s) is very red.
- The skin around your incision(s) is getting more red.
- You see drainage that looks like pus (thick and milky).

Showering

You can shower 24 hours after your surgery. If you had reconstruction, ask your plastic surgeon if you need to follow special instructions. Before you go home, your nurse will teach you how to secure your drain(s) while you shower.

When you're ready to shower, take off your wrap and any gauze pads over your incision(s). If you have Steri-Strips, do not take them off. Gently wash your incision(s) with soap and water, letting the shower water run over them.

After you shower, pat your incision(s) dry with a clean towel. Put your wrap back on and secure the drains to your wrap. If it feels more comfortable, you can place a clean gauze pad over your incision(s), under the wrap.

Avoid baths, hot tubs, saunas, and swimming pools until your healthcare provider tells you it's OK. Also, talk with your healthcare provider before you use deodorant, lotion, powder, or cologne anywhere near your surgery site.

Eating and drinking

You can eat all the foods you did before your surgery, unless your healthcare provider gives you other instructions. Eating a balanced diet with lots of calories and protein will help you heal after surgery.

Try to eat a good protein source (such as meat, fish, or eggs) at each meal. You should also try to eat fruits, vegetables, and whole grains.

It's also important to drink plenty of liquids. Try to drink 8 to 10 (8-ounce) cups of liquids every day. Choose liquids without alcohol. Limit liquids with caffeine.

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

Physical activity and exercise

Avoid strenuous activities (such as jogging and tennis) and contact sports (such as football) until your healthcare provider tells you it's safe. This is usually about 6 weeks after surgery. If you've had reconstruction, check with your plastic surgeon.

Follow the instructions in *Exercises After Your Mastectomy: Instructions for Men*. You can find it in the "Educational resources" section of this guide.

The scar tissue that forms around your surgical site can limit your arm and shoulder's range of motion. If you've had reconstruction, you may also have muscle pain or tightness. If you're having discomfort, it may be helpful to take pain medicine 30 minutes before starting the exercises.

It's normal to have less energy than usual after your surgery. Recovery time is different for everyone. Increase your activities each day as much as you can.

Always balance activity periods with rest periods. Doing aerobic exercise, such as walking and stair climbing will help you gain strength and feel better.

Sexual activity

You can start sexual activity again when you feel ready. Having sexual intercourse will not harm your surgical area.

It may be helpful to let your partner see your incision(s) soon after surgery. This may ease any worries you both might have. 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 with your nurse.

Our Male Sexual and Reproductive Medicine Program is available to help you if you have any concerns about the effects of your cancer or treatment. For more information, call 646-888-6024.

You can find more information in the American Cancer Society's resource *Sex and the Adult Male with Cancer* at www.bit.ly/2oBLwXC

Driving

Ask your healthcare provider when you can drive. Most people can start driving again within 6 weeks after surgery. Do not drive while you're taking pain medicine that may make you drowsy.

You can ride in a car as a passenger at any time after you leave the hospital.

Also, do not drive until:

- Your drain(s) have been removed.
- You have recovered your full range of motion.
- You can comfortably turn the steering wheel.

Going back to work

Talk with your healthcare provider about your job. They'll tell you when it may be safe for you to start working again based on what you do. If you move around a lot or lift heavy objects, you may need to stay out a little longer. If you sit at a desk, you may be able to go back sooner.

About lymphedema

Sometimes, removing lymph nodes can make it hard for your lymphatic system to drain properly. If this happens, lymphatic fluid can build up in the area where your lymph nodes were removed. This extra fluid causes swelling called lymphedema.

Lymphedema can happen in your arm, hand, breast, or torso on your affected side (the side where your lymph nodes were removed).

Most people do not develop lymphedema, but some do. It's hard to know a person's risk of developing lymphedema because:

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

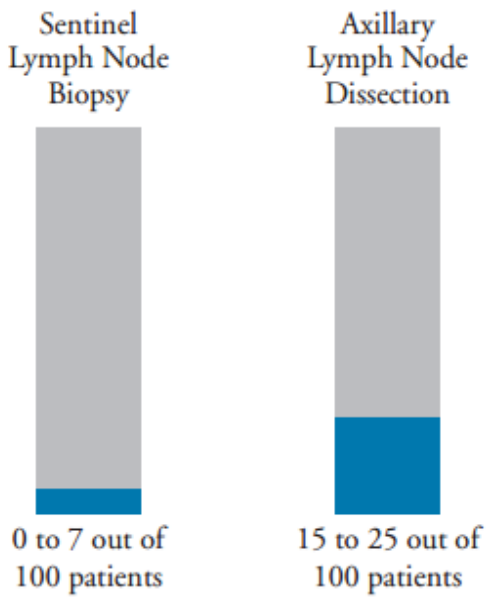

Figure 3. Approximate risk of developing lymphedema

Your risk of developing lymphedema depends on how your lymph nodes are removed (see Figure 3).

During a sentinel lymph node biopsy, between 1 and a few lymph nodes are removed from your armpit and checked for cancer cells.

The risk of developing lymphedema after a sentinel lymph node biopsy is low. About 0 to 7 out of every 100 people who have a sentinel lymph node biopsy develop lymphedema.

During an axillary lymph node dissection, more than a few lymph nodes are removed from your armpit. This is done to remove additional lymph nodes that may have cancer cells.

The risk of developing lymphedema after an axillary lymph node dissection is higher than it is after a sentinel node biopsy. About 15 to 25 out of every 100 people who have an axillary lymph node dissection may develop lymphedema.

There's no way to know for sure who will develop lymphedema.

Lowering your risk of developing lymphedema

Doing the following things may help lower your risk of developing lymphedema.

- Stay at or safely work towards a healthy body weight.
- Exercise and stretch your muscles regularly. Talk with your surgeon or nurse about which exercises are right for you.
    - When you resume exercise and activity, make sure to build up slowly and gradually. If you feel discomfort, stop and take a break. Exercise should not cause pain.
- Try to minimize your risk of infection to your hand and arm. Ask your healthcare provider how best to care for cuts, scratches, and burns.

If you had a sentinel lymph node biopsy:

- It's OK to use your affected arm for blood draws, injections (shots), IV lines, and blood pressure measurements. Ask your healthcare providers to try to use your unaffected arm if it's available.
- If you start to notice any signs of lymphedema, always use your unaffected arm. If this is not possible, talk with your healthcare provider about which arm is safest to use.

If you had an axillary lymph node dissection:

- Read *Hand and Arm Guidelines After Your Axillary Lymph Node Dissection* to learn more about lowering your lymphedema risk. One of your

healthcare providers will give you a copy. You can also find it at www.msk.org/pe/hand_arm_guidelines

Signs of lymphedema

Some mild swelling after surgery is normal. The swelling may last for up to 6 weeks. It's often temporary and will gradually go away.

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, watch for these signs in your affected arm, hand, breast, and torso:

- A feeling of heaviness, aching, or pain.
- A tight feeling in your skin.
- Less flexibility.
- Skin changes, such as tightness or pitting (skin that stays indented after you press on it).

If you have any signs of lymphedema or are not sure, contact your healthcare provider.

For more information about lymphedema, you can also read the New York State Department of Health's resource *Understanding Lymphedema*. You can find it at www.health.ny.gov/publications/0399

Managing your feelings

You may have new and upsetting feelings after a surgery for a serious illness. Many people say they felt weepy, sad, worried, nervous, irritable, or angry at one time or another. You may find that you cannot control some of these feelings. If this happens, it's a good idea to seek emotional support. Your healthcare provider can refer you to MSK's Counseling Center. You can also reach them by calling 646-888-0200.

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

We're here to help you and your family and friends handle the emotional aspects of your illness. We can help no matter if you're in the hospital or at home.

When to call your healthcare provider

Call your healthcare provider if:

- You have a fever of 100.4 °F (38 °C) or higher.
- You have drainage from your incision(s).
- You have trouble breathing.
- The skin around your incision(s) is warmer than usual.
- You have increased discomfort around your incision(s).
- The skin around your incision(s) is redder than usual.
- The area around your incision(s) is starting to swell.
- Swelling around your incision(s) is getting worse.
- You have any questions or concerns.

Contact information

If you have questions or concerns, contact your healthcare provider. A member of your care team will answer Monday through Friday from 9 a.m. to 5 p.m. Outside those hours, you can leave a message or talk with another MSK provider. There is always a doctor or nurse on call.

If you're not sure how to reach your healthcare provider, call 212-639-2000.

Notes

Support services

This section has a list of support services. They may help you as you get ready for your surgery and recover after your surgery.

As you read this section, write down questions to ask your healthcare provider. You can use the space below.

Notes _____

MSK support services

Admitting Office
212-639-7606
Call if you have questions about your hospital admission, such as asking for a private room.

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

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

Bobst International Center
www.msk.org/international
888-675-7722
We welcome patients from around the world and offer many services to help. If you're an international patient, call for help arranging your care.

Counseling Center
www.msk.org/counseling
646-888-0200
Many people find that counseling helps them. Our Counseling Center offers counseling for individuals, couples, families, and groups. We can also prescribe medicine to help if you feel anxious or depressed. Ask a member of your care team for a referral or call the number above to make an appointment.

Food Pantry Program
646-888-8055
We give food to people in need during their cancer treatment. Talk with a member of your care team or call the number above to learn more.

Integrative Medicine Service

www.msk.org/integrativemedicine

Our Integrative Medicine Service offers many services to complement (go along with) traditional medical care. For example, we offer music therapy, mind/body therapies, dance and movement therapy, yoga, and touch therapy. Call 646-449-1010 to make an appointment for these services.

You can also schedule a consultation with a healthcare provider in the Integrative Medicine Service. They'll work with you to make a plan for creating a healthy lifestyle and managing side effects. Call 646-608-8550 to make an appointment for a consultation.

MSK Library

library.mskcc.org

212-639-7439

You can visit our library website or call to talk with the library reference staff. They can help you find more information about a type of cancer. You can also visit the library's Patient and Health Care Consumer Education Guide at libguides.mskcc.org/patienteducation

Nutrition Services

www.msk.org/nutrition

212-639-7312

Our Nutrition Service offers nutritional counseling with one of our clinical dietitian nutritionists. Your clinical dietitian nutritionist will talk with you about your eating habits. They can also give advice on what to eat during and after treatment. Ask a member of your care team for a referral or call the number above to make an appointment.

Patient and Community Education

www.msk.org/pe

Visit our patient and community education website to search for educational resources, videos, and online programs.

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 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 Nurses and Companions
917-862-6373
You can request private nurses or companions to care for you in the hospital and at home. Call to learn more.

Rehabilitation Services
www.msk.org/rehabilitation
Cancers and cancer treatments can make your body feel weak, stiff, or tight. Some can cause lymphedema (swelling). Our physiatrists (rehabilitation medicine doctors), occupational therapists (OTs), and physical therapists (PTs) can help you get back to your usual activities.

- **Rehabilitation medicine doctors** diagnose and treat problems that affect how you move and do activities. They can design and help coordinate your rehabilitation therapy program, either at MSK or somewhere closer to home. Call Rehabilitation Medicine (Physiatry) at 646-888-1929 to learn more.
- An **OT** can help if you're having trouble doing usual daily activities. For example, they can recommend tools to help make daily tasks easier. A **PT** can teach you exercises to help build strength and flexibility. Call Rehabilitation Therapy at 646-888-1900 to learn more.

Resources for Life After Cancer (RLAC) Program

646-888-8106

At MSK, care does not end after your treatment. The RLAC Program is for patients and their families who have finished treatment.

This program has many services. We offer seminars, workshops, support groups, and counseling on life after treatment. We can also help with insurance and employment issues.

Sexual Health Programs

Cancer and cancer treatments can affect your sexual health, fertility, or both. MSK's sexual health programs can help you before, during, or after your treatment.

- Our **Female Sexual Medicine and Women's Health Program** can help with sexual health problems such as premature menopause or fertility issues. Ask a member of your MSK care team for a referral or call 646-888-5076 to learn more.
- Our **Male Sexual and Reproductive Medicine Program** can help with sexual health problems such as erectile dysfunction (ED). Ask a member of your care team for a referral or call 646-888-6024 to learn more.

Social Work

www.msk.org/socialwork

212-639-7020

Social workers help patients, families, and friends deal with common issues for people who have cancer. They provide individual counseling and support groups throughout your treatment. They can help you communicate with children and other family members.

Our social workers can also help refer you to community agencies and programs. If you're having trouble paying your bills, they also have information about financial resources. Call the number above to learn more.

Spiritual Care
212-639-5982
Our chaplains (spiritual counselors) are available to listen, help support family members, and pray. They can contact community clergy or faith groups, or simply be a comforting companion and a spiritual presence. Anyone can ask for spiritual support. You do not have to have a religious affiliation (connection to a religion).

MSK's interfaith chapel is located near Memorial Hospital's main lobby. It's open 24 hours a day. If you have an emergency, call 212-639-2000. Ask for the chaplain on call.

Tobacco Treatment Program
www.msk.org/tobacco
212-610-0507
If you want to quit smoking, MSK has specialists who can help. Call to learn more.

Virtual Programs
www.msk.org/vp
We offer online education and support for patients and caregivers. These are live sessions where you can talk or just listen. You can learn about your diagnosis, what to expect during treatment, and how to prepare for your cancer care.

Sessions are private, free, and led by experts. Visit our website to learn more about Virtual Programs or to register.

Breast cancer support services

HIS Breast Cancer Awareness
www.hisbreastcancer.org
Offers education and information on male breast cancer.

Male Breast Cancer Global Alliance
www.mbcglobalalliance.org
Patient advocacy organization that educates about male breast cancer.

SHARE
www.sharecancersupport.org
844-ASK-SHARE (844-275-7427)
Offers support groups for survivors of breast, metastatic breast, and ovarian cancer in Manhattan, Queens, Brooklyn, and Staten Island.

Susan G. Komen
ww5.komen.org/BreastCancer/BreastCancerinMen.html
Provides information and support services for men with breast cancer.

Triple Negative Breast Cancer Foundation
www.tnbcfoundation.org
Provides information to help people understand triple negative breast cancer.

External support services

There are many other services available to help you before, during, and after your cancer treatment. Some offer support groups and information. Others can help with transportation, lodging, and treatment costs.

Visit www.msk.org/pe/external_support_services for a list of these support services. You can also call 212-639-7020 to talk with an MSK social worker.

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Educational resources

This section lists the educational resources mentioned in this guide. It also has copies of the resources that are most important for you to read. They will help you get ready for your surgery and recover after your surgery.

As you read these resources, write down questions to ask your healthcare provider. You can use the space below.

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These are the educational resources mentioned in this guide. You can find them online or ask a member of your care team for a printed copy.

- *A Guide for Caregivers* (www.msk.org/pe/guide_caregivers)
- *Advance Care Planning for People With Cancer and Their Loved Ones* (www.msk.org/pe/advance_care_planning)
- *Call! Don't Fall!* (www.msk.org/pe/call_dont_fall)
- *Caring for Your Jackson-Pratt Drain* (www.msk.org/pe/jackson-pratt)
- *Common Questions About MSK's Recovery Tracker* (www.msk.org/pe/recovery_tracker)
- *Exercises After Your Mastectomy: Instructions for Men* (www.msk.org/pe/exercises_mastectomy_men)
- *Frequently Asked Questions About Walking After Your Surgery* (www.msk.org/pe/walking_after_surgery)
- *Hand and Arm Guidelines After Your Axillary Lymph Node Dissection* (www.msk.org/pe/hand_arm_guidelines)
- *Herbal Remedies and Cancer Treatment* (www.msk.org/pe/herbal_remedies)
- *How to Be a Health Care Agent* (www.msk.org/pe/health_care_agent)
- *How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil* (www.msk.org/pe/check-med-supplement)
- *How To Use Your Incentive Spirometer* (www.msk.org/pe/incentive_spirometer)
- *Patient-Controlled Analgesia (PCA)* (www.msk.org/pe/pca)
- *Understanding Lymphedema* (www.health.ny.gov/publications/0399)
- *What You Can Do to Avoid Falling* (www.msk.org/pe/avoid_falling)

Memorial Sloan Kettering Cancer Center

PATIENT & CAREGIVER EDUCATION

Caring for Your Jackson-Pratt Drain

This information explains how to care for your Jackson-Pratt drain when you leave the hospital. You may also find it helpful to watch the video below.

Please visit **www.mskcc.org/pe/jackson_pratt** to watch this video.

About your Jackson-Pratt drain

Your Jackson-Pratt drain has a soft plastic bulb with a stopper and a flexible tube attached (see Figure 1). The drainage end of the tubing (flat white part) goes into your surgical site through the insertion site. The insertion site is the small opening near your incision.

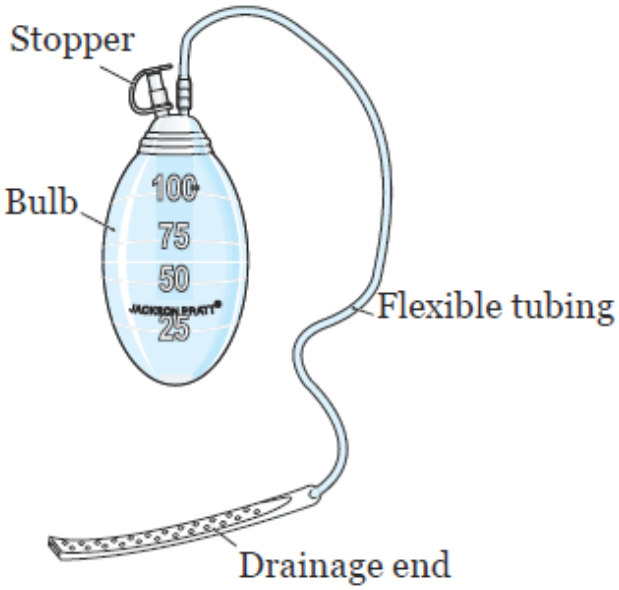

Figure 1. Jackson-Pratt drain

A suture (stitch) holds the drainage end in place. The rest of the tube extends outside your body and is attached to the bulb.

When the bulb is compressed (squeezed) with the stopper in place, this creates a constant gentle suction. The bulb should be compressed at all times, except when you're emptying the drainage.

Everyone’s drainage is different. Some people drain a lot, some only a little. Write down the amount of drainage you have in the drainage log at the end of this resource. Bring your log to your follow-up appointments.

How long you’ll have your Jackson-Pratt drain depends on your surgery and the amount of drainage you have. Call your healthcare provider if your drainage is 30 milliliters (mL) or less in a 24-hour period. Your surgeon may remove your Jackson-Pratt drain or keep it in longer for certain procedures.

How to care for your Jackson-Pratt drain

When you leave the hospital, care for your Jackson-Pratt drain by:

- Milking your tubing to help move clots.
- Emptying your drain 2 times a day. Do this once in the morning and once in the evening. Write down the amount of drainage on your Jackson-Pratt drainage log at the end of this resource. If you have more than 1 drain, measure and write down the drainage of each one separately. Do not add them together.
- Caring for your insertion site.
- Checking for problems.

Milk your tubing

These steps will help you move clots through your tubing and keep drainage flowing. Milk your tubing before you open the stopper to empty and measure your drainage. You should also do this if you see fluid leaking around the insertion site.

Before you start, gather your supplies. You’ll need:

- The measuring container your nurse gave you.
- An alcohol pad.
- Your Jackson-Pratt drainage log, and a pen or pencil.

1. Clean your hands. If you're washing your hands with soap and water, wet your hands and put soap on them. Rub your hands together for 20 seconds, then rinse the soap off. Dry your hands with a disposable towel. Use the same towel to turn off the faucet.

   If you're using an alcohol-based hand sanitizer, cover your hands with it. Then rub your hands together until they're dry.
2. Look in the mirror at the tubing. This will help you see where your hands need to be.
3. Pinch the tubing close to where it goes into your skin using your thumb and forefinger. You may use alcohol wipes to help you slide your fingers down the tubing. Keep this hand in place while you milk your tubing. This will help make sure that you aren't tugging on your skin, which can be painful.
4. With the thumb and forefinger of your other hand, pinch the tubing right below your other fingers. Keeping your fingers pinched, slide them down the tubing. Push any clots down toward the bulb.

Repeat steps 3 and 4 as many times as you need to push clots from the tubing into the bulb. Call your healthcare provider if you cannot move a clot into the bulb and there's little or no drainage in the bulb.

Empty your Jackson-Pratt drain

Once all the clots are in the bulb, get ready to empty it. Make sure you have a clean area to work on. You can do this in your bathroom or in an area with a dry, uncluttered surface.

If you're wearing a surgical bra or wrap, remove the drainage bulb from it first if it is attached.

Follow these instructions to empty your Jackson-Pratt drain:

1. Unplug the stopper on top of the bulb. This will make the bulb expand. Do not touch the inside of the stopper or the inner area of the opening on the bulb.

2. Turn the bulb upside down and gently squeeze it. Pour the drainage into the measuring container (see Figure 2).
3. Turn the bulb right side up. Squeeze the bulb until your fingers feel the palm of your hand. All the air should come out of the bulb.
4. Keep squeezing the bulb while you re-plug the stopper. Check to see that the bulb stays fully compressed to ensure a constant gentle suction. The stopper must be closed for the drain to work.
5. Attach the drainage bulb to your surgical bra or wrap, if you're wearing one. Use the plastic loop or Velcro® straps at the bottom. Do not let the drain dangle. It may be helpful to hold your drain in a fanny pack or belt bag.

Figure 2. Emptying the bulb

6. Check the amount and color of drainage in the measuring container. The first couple of days after surgery, the fluid may be a dark red color. This is normal. As you continue to heal, it may look pink or pale yellow.
7. Write down the amount (in mL) and color of your drainage on your Jackson-Pratt drainage log.
8. Flush the drainage down the toilet and rinse the measuring container with water.
9. At the end of each day, add the total amount of drainage you had for the day. Write the amount in the last column of the drainage log. If you have more than 1 drain, measure and record each one separately. Do not add them together.

How to care for your insertion site

Check for signs of infection

Once you empty your drainage, clean your hands again. Check the area around your insertion site for signs of infection, such as:

- Tenderness.
- Swelling.
- Pus.
- Warmth.
- More redness than usual. Sometimes the drain causes redness about the size of a dime at your insertion site. This is normal.

If you have any of these, or a fever of 101° F (38.3° C) or higher, call your healthcare provider. They may tell you to put a bandage over your insertion site.

Keep your insertion site clean

Keep your insertion site clean and dry by washing it with soap and water and then gently patting it dry.

Common problems with Jackson-Pratt drains

Problem	Reason
• The bulb isn’t compressed.	**Reason** • The bulb isn’t squeezed tightly enough. • The stopper isn’t closed securely. • The tubing is dislodged and is leaking. **What to do** • Compress the bulb using the steps in the “Empty your Jackson-Pratt drain” section of this resource. • If the bulb is still expanded after following the steps above, call your healthcare provider. If it happens after business hours, call the next day.
Problem There is: • No drainage. • A sudden decrease in the amount of drainage. • Drainage around the tubing insertion site or on the bandage covering the tubing.	**Reason** • Sometimes string-like clots clump together in the tubing. This can block the flow of drainage. **What to do** • Milk your tubing using the steps in the “Milk your tubing” section of this resource. • If there’s no increase in drainage flow, call your healthcare provider. If it happens after business hours, call the next day.
Problem • The tubing falls out of your insertion site.	**Reason** • This can happen if the tubing is pulled. It rarely happens because the tubing is held in place with sutures. **What to do** • Place a new bandage over the site and call your healthcare provider.
Problem • You have redness greater than the size of a dime, swelling, heat, or pus around your insertion site.	**Reason** • These may be signs of an infection. **What to do** • Take your temperature. Call your healthcare provider and describe the signs of infection around your insertion site. Tell them if you have a fever of 101 °F (38.3 °C) or higher.

Your nurse will watch you the first time you empty your drainage to make sure you're doing it correctly. Once you're able to care for your Jackson-Pratt drain, you'll do it on your own. You can always ask for help even after you start caring for it yourself. Call your healthcare provider if you have any problems caring for your Jackson-Pratt drain.

How to care for your skin after your drain is removed

Your healthcare provider will remove your drain. They will put a bandage over the insertion site. Keep your insertion site and the area around it clean and dry. This will help heal your skin and prevent infection and help.

If you had reconstructive surgery, caring for your skin after your drain is removed will be different.

Caring for your skin without reconstructive surgery

If you had surgery without reconstruction, follow these guidelines after your drain is removed:

- Take off the bandage after 24 hours.
- Keep your incision site above water until your incision is completely closed and there's no drainage. You can take a shower after you take off the bandage, but do not soak in bathtub or swimming pool.
- Wash the site gently with soap. Rinse the area with warm water, then pat the area dry.
- Check the site, using a mirror if necessary. It's normal to have:
  - Slight redness.
  - Mild swelling.
  - Tenderness.
  - A small amount of clear or slightly bloody drainage on the gauze pad.

Caring for your skin with reconstructive surgery

If you had reconstructive surgery, follow these guidelines after your drain is removed.

- Change the bandage every 12 hours as needed.
- Your surgeon will let you know how long to wait before showering after your drain is removed.
-
  - Keep your incision site above water until 4 to 6 weeks after your reconstructive surgery. Do not take a bath or submerge the area in water, such as in a bathtub or swimming pool. Watch *How to Care for Your Jackson-Pratt Drain* (www.mskcc.org/pe/jackson_pratt) for more information.
- Wash the site gently with soap and rinse the area with warm water. Pat the area dry.
- Check the site, using a mirror if you need to. It's normal to have:
  - Slight redness.
  - Mild swelling.
  - Tenderness.
  - A small amount of clear or slightly bloody drainage on the gauze pad.

When to call your healthcare provider

Call your healthcare provider right away if:

- You have bright red drainage.
- You have a fever of 101 °F (38.3 °C) or higher.
- You have increased redness, tenderness, swelling, pressure or pus at your insertion site.
- Your skin is hot to the touch around the surgical sites.
- You cannot move a clot into the bulb and there's little or no drainage in the bulb.

Call your healthcare provider Monday to Friday between 9 a.m. and 5 p.m. if:

- The amount of drainage suddenly drops or has increased 100 mL over the past 24 hours.
- Your drainage is 30 milliliters (mL) or less in a 24 period.
- The tube falls out of your insertion site.
- You cannot compress the bulb.
- You have any problems caring for your Jackson-Pratt drain.

If you have any questions, contact a member of your care team directly. If you're a patient at MSK and you need to reach a provider after 5 p.m., during the weekend, or on a holiday, call 212-639-2000.

Your Jackson-Pratt Drainage Log

JP# _____

Date	Comments	Morning	Evening	Total

Your Jackson-Pratt Drainage Log

JP# _____

Date	Comments	Morning	Evening	Total

For more resources, visit www.mskcc.org/pe to search our virtual library.

Caring for Your Jackson-Pratt Drain - Last updated on June 20, 2023

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PATIENT & CAREGIVER EDUCATION

Exercises After Your Mastectomy: Instructions for Men

This information explains the exercises you'll do after your mastectomy (breast surgery).

Deep Breathing Exercise

Deep breathing can help you relax and ease discomfort and tightness around your incision (surgical cut). It's also a good way to relieve stress during the day.

1. Sit comfortably in a chair.
2. Take a slow, deep breath through your nose. Let your chest and belly expand.
3. Breathe out slowly through your mouth.

Repeat as many times as needed.

Arm and Shoulder Exercises

Doing arm and shoulder exercises will help you get back your full range of motion on your affected side. Your affected side is the side where you had your surgery. Your range of motion is how much you can safely move a part of your body.

With full range of motion, you'll be able to:

- Move your arm over your head and out to the side.

- Move your arm behind your neck.
- Move your arm to the middle of your back.

You may need to limit your range of motion while you heal after surgery. This is called a range of motion restriction. A member of your care team will tell you your range of motion restriction, if you have one.

Write your range of motion restriction below so you remember.

My range of motion restriction is _____ degrees.

When to Do These Exercises

A member of your care team will tell you when it’s safe to start doing these exercises. You may be able to start doing some of them earlier than others.

Do these exercises 3 times a day until you can move your affected arm the way you did before surgery. After that, keep doing them once a day. This is especially important if you still feel tightness in your chest, shoulder, or under your affected arm. These exercises can help keep scar tissue from forming in your armpit and shoulder. Scar tissue can limit your arm movements later.

If you still have trouble moving your shoulder 4 weeks after your surgery, tell your surgeon. They’ll tell you if you need more rehabilitation, such as physical or occupational therapy.

Supplies

You may need these supplies:

- A stopwatch, timer, or watch with a second hand. You only need this if you’re doing the Back Climb exercise or Hands Behind Neck exercise.
- 4 pieces of dark tape. You only need these if you’re doing Side Wall Crawls or Forward Wall Crawls.

Instructions

Do the exercises in the order they're listed here. Remember to follow your care team's instructions for limiting your range of motion and when to start each exercise.

Backward Shoulder Rolls

This is a good exercise to start with. It gently stretches your chest and shoulder muscles.

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

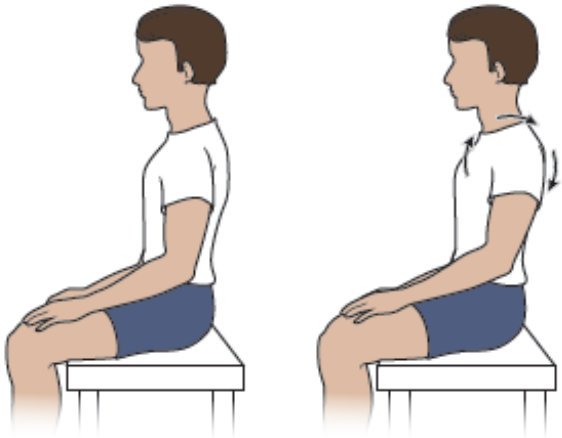

Figure 1. Backward shoulder rolls

3. Repeat this movement 5 times. If you feel tightness across your incision or chest, start with smaller circles. Make them bigger as the tightness lessens.

When this exercise starts to feel easier, start doing the movement an extra time. Build up to repeating it 10 times.

Shoulder Wings

This exercise will help you get back outward movement of your shoulder. You can do it while sitting or standing.

Range of motion restriction: _____ degrees

1. Place your hands on your chest or collarbone.
2. Raise your elbows out to the side. Remember not to raise them higher than your range of motion restriction. If you do not have a range of motion restriction, raise them as high as you can, up to shoulder level (see Figure 2).

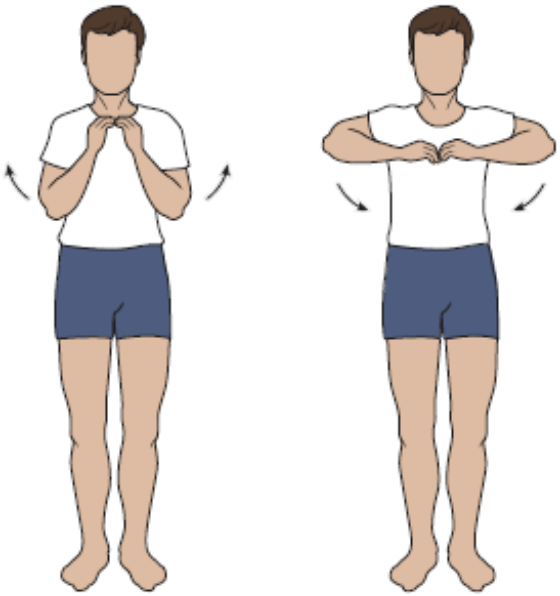

Figure 2. Shoulder wings with no range of motion restriction

   - If you feel discomfort, hold your position and do the deep breathing exercise. If the discomfort passes, raise your elbows a little higher. If it does not, do not raise your elbows any higher.
3. Slowly lower your elbows.
4. Repeat this movement 5 times. When you're done, slowly lower your hands.

When this exercise starts to feel easier, start doing the movement an extra time. Build up to repeating it 10 times.

Backward Arm Circles

If you had surgery on both breasts, do this exercise with one arm at a time. Doing it with both arms at once will put too much pressure on your chest.

Range of motion restriction: _____ degrees

1. Stand with your feet slightly apart for balance. Raise your affected arm out to the side (see Figure 3). Remember not to raise it higher than your range of motion restriction. If you do not have a range of motion restriction, raise it as high as you can without feeling discomfort.
2. Make a slow backward circle in the air with your arm. Make sure you're moving your arm from your shoulder, not your elbow. Keep your elbow straight.

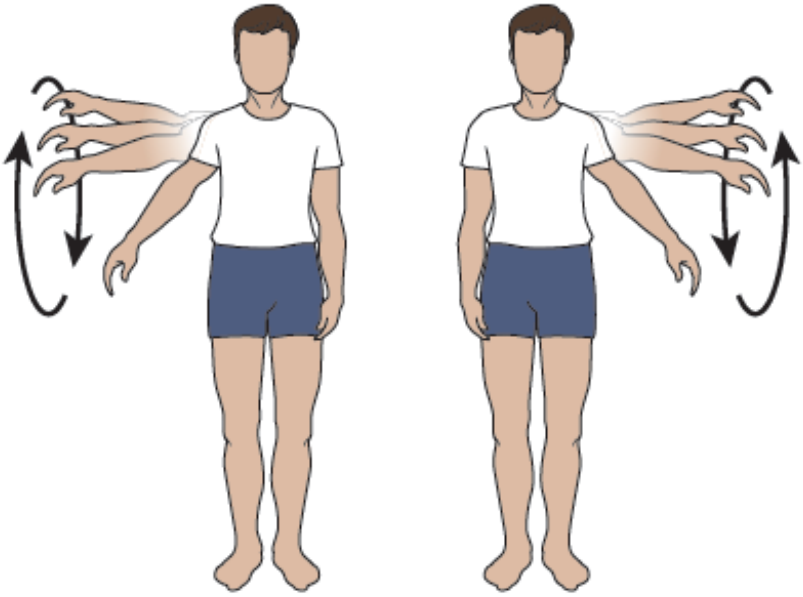

Figure 3. Backward arm circles with no range of motion restriction

3. Repeat this movement 5 times. Make each circle larger until they're as big as you can comfortably make them. Remember not to raise your arm higher than your range of motion restriction, if you have one.
    - If you feel any aching or if your arm gets tired, take a break. Keep going when you feel better.
4. When you're done, slowly lower your arm to your side.

When this exercise starts to feel easier, start doing the movement an extra time. Build up to repeating it 10 times.

Forward Arm Circles

Follow the same instructions as for backward arm circles but make slow forward circles.

Be sure to rest your arm for a moment between doing backward and forward arm circles.

W Exercise

You can do this exercise while sitting or standing.

Range of motion restriction: _____ degrees

1. Form a “W” with your arms out to the side and palms facing forward (see Figure 4). Try to bring your hands up so they’re even with your face. If you cannot raise your arms that high, bring them to the highest comfortable position. Remember not to raise your arms higher than your range of motion restriction, if you have one.
2. Pinch your shoulder blades together and downward, as if you’re squeezing a pencil between them. Keep squeezing them together and downward for 5 seconds.

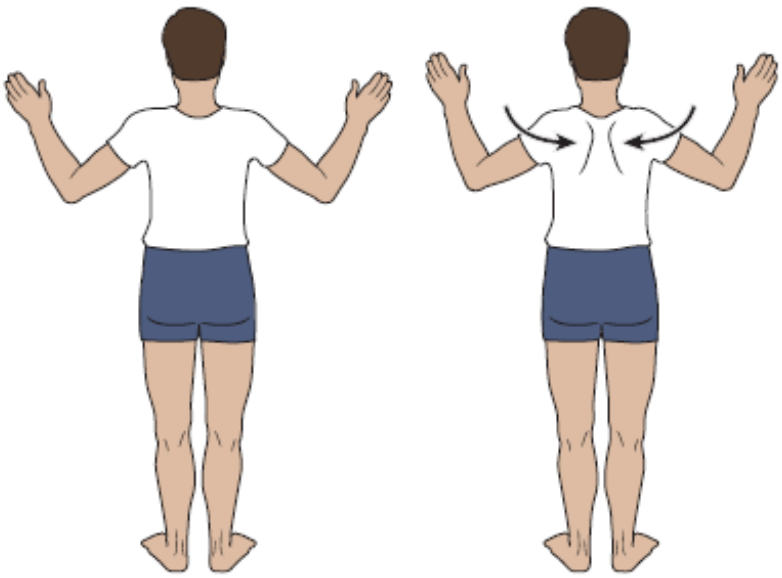

Figure 4. W exercise with no range of motion restriction

- If you feel discomfort, hold your position and do the deep breathing exercise. If the discomfort passes, try to bring your arms back a little further. If it does not, do not reach any further.

3. Slowly bring your arms back to the starting position.
4. Repeat this movement 5 times. When you're done, slowly lower your hands.

When this exercise starts to feel easier, start doing the movement an extra time. Build up to repeating it 10 times.

Back Climb

You can do this stretch while sitting or standing. You'll need a timer or stopwatch.

1. Place your hands behind your back. Hold the hand on your affected side with your other hand (see Figure 5). If you had surgery on both breasts, use the arm that moves most easily to hold the other.
2. Slowly slide your hands up the center of your back as far as you can. You should feel a gentle stretch in your shoulder area. Remember to breathe normally.
   - If you feel tightness near your incision, stop at that position and do the deep breathing exercise. If the tightness lessens, try to slide your hands up a little further. If it does not, leave your hands where they are.
3. Hold this position for 30 seconds. Use a stopwatch or timer to keep track. After 30 seconds, slowly lower your hands.

Figure 5. Back climb

When this exercise starts to feel easier, start holding the position for a little

longer. Build up to holding it for 60 seconds (1 minute).

Hands Behind Neck

You'll need a timer or stopwatch for this stretch.

The first few times you do this stretch, do it lying comfortably on your back on your bed. Place a pillow under your head. It may also be helpful to roll up a small or medium towel and place it under the middle of your back, along your spine. This will help open up the front of your chest.

Once you're comfortable doing this stretch while lying on your back, you can do it while sitting or standing.

1. Put your hands together on your lap or in front of you.
2. Slowly raise your hands toward your head. Keep your elbows together in front of you, not out to the sides (see Figure 6). Keep your head level. Do not bend your neck. Keep your shoulder blades squeezed together.
3. Slide your hands over your head until you reach the back of your neck. When you get to this point, spread your elbows out to the sides.

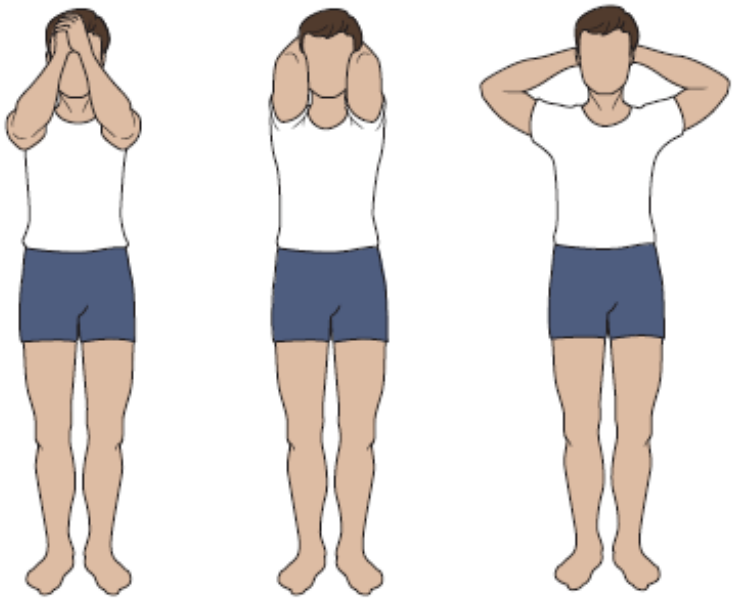

Figure 6. Hands behind neck

- If you feel tightness across your incision or chest, hold your position and do the deep breathing exercise. It's OK to rest your hands on your head if you need to. If the tightness lessens, continue with the

movement. If it does not, do not move any further.

4. Hold the highest position you can for 30 seconds. Use a stopwatch or timer to keep track. Remember to breathe normally. After 30 seconds, slowly bring your elbows back together, slide your hands over your head, and lower your arms.

When this exercise starts to feel easier, start holding the position for a little longer. Build up to holding it for 60 seconds (1 minute).

Side Wall Crawls

You'll need 2 pieces of tape for this exercise.

You should not feel pain while doing this exercise. It's normal to feel some tightness or pulling across the side of your chest. Focus on your breathing until the tightness lessens.

Be careful not to turn your body toward the wall while doing this exercise. Make sure only the side of your body faces the wall.

If you had surgery on both breasts, start with step 3.

1. Stand with your unaffected side closest to the wall, about 1 foot (30.5 centimeters) away from the wall.
2. Reach as high as you can with your unaffected arm. Mark that point with a piece of tape (see Figure 7). This will be the goal for your affected arm.
3. Turn your body so your affected side is closest to the wall. If you had surgery on both breasts, start with either side closest to the wall.
4. Crawl your fingers up the wall as far as you can. Remember to breathe normally.

Figure 7. Side wall crawls

5. When you get to the point where you feel a good stretch, but not pain, do the deep breathing exercise.
6. Return to the starting position by crawling your fingers back down the wall.
7. Repeat this movement 5 times.
8. On your last crawl, use a piece of tape to mark the highest point you reached with your affected arm. This will let you see your progress each time you do the exercise.
9. If you had surgery on both breasts, repeat the exercise with your other arm.

When this exercise starts to feel easier, start doing the movement an extra time. Build up to repeating it 10 times.

Forward Wall Crawls

You'll also need 2 pieces of tape for this exercise.

1. Stand facing a wall. Your toes should be about 6 inches (15 centimeters) from the wall.
2. Reach as high as you can with your unaffected arm. Mark that point with a piece of tape. This will be the goal for your affected arm. If you had surgery on both breasts, set your goal using the arm that moves most comfortably.
3. Place both hands against the wall at a level that's comfortable. Crawl your fingers up the wall as far as you can, keeping them even with each other (see Figure 8). Try not to look up toward your hands or arch your back.

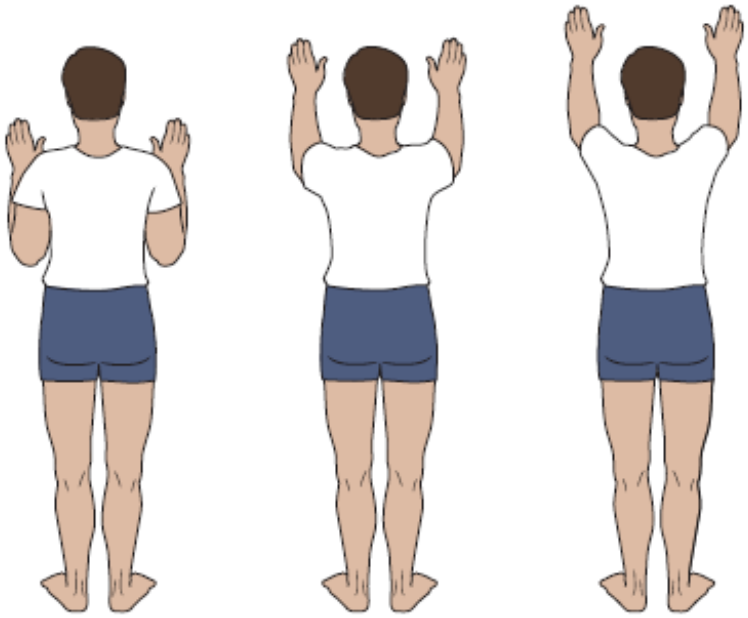

Figure 8. Forward wall crawls

4. When you get to the point where you feel a good stretch, but not pain, do the deep breathing exercise.
5. Return to the starting position by crawling your fingers back down the wall.
6. Repeat this movement 5 times. Each time you raise your hands, try to crawl a little bit higher.
7. On the last crawl, use the other piece of tape to mark the highest point you reached with your affected arm. This will let you to see your progress each time you do this exercise.

As you become more flexible, you may need to take a step closer to the wall. This will let you reach a little higher.

When this exercise starts to feel easier, start doing the movement an extra time. Build up to repeating it 10 times.

Scar Massage

You may feel uncomfortable touching your skin in the area of your scar. It’s very important to get comfortable moving your skin over this area. Moving your skin will help your blood flow and soften the tissue.

Don’t start doing scar massage until your incision has fully healed and your nurse tells you it’s safe. There should be no open wounds or scabbed areas. The area of the scar may be numb or extra sensitive at first. Both of these feelings are normal after surgery.

To massage your scar:

1. Place 2 or 3 fingers over your scar. Gently move your skin in all directions. Don’t squeeze your breast tissue.
2. Pick up your fingers and move them 1 or 2 inches (2.5 to 5 centimeters) in each direction around your scar. Repeat the massage.

Do this massage once a day for 5 to 10 minutes.

Tips for Managing Swelling

After your surgery, you may have some swelling or puffiness in your hand or arm on your affected side. This is normal and usually goes away on its own.

If you notice swelling in your hand or arm, follow the tips below to help the swelling go away. Remember to stay within your range of motion restriction, if you have one.

- Raise your arm above the level of your heart and do hand pumps several times a day. Only do this if it’s within your range of motion restriction.
  - To do hand pumps, slowly open and close your fist 10 times. This will help drain the fluid out of your arm.
  - Don’t hold your arm straight up over your head for more than a few minutes. This can cause your arm muscles to get tired.
- Raise your arm to the side a few times a day for about 20 minutes at a time. To do this, sit or lie down on your back. Rest your arm on a few pillows next to you so it’s raised above the level of your heart.
- If you’re able to sleep on your unaffected side, you can place 1 or 2 pillows in front of you and rest your affected arm on them while you sleep.

If the swelling doesn’t go down within 4 to 6 weeks, call your surgeon or nurse.

If you have any questions, contact a member of your healthcare team directly. If you're a patient at MSK and you need to reach a provider after 5:00 p.m., during the weekend, or on a holiday, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

Exercises After Your Mastectomy: Instructions for Men - Last updated on September 20, 2022

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PATIENT & CAREGIVER EDUCATION

Herbal Remedies and Cancer Treatment

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

About Herbal Remedies

Herbal remedies are any herbs, botanical (plant-based) supplements, or dietary supplements you take for their health benefits. These may come as tablets, capsules, powders, teas, liquid extracts, and fresh or dried plants.

Some herbal remedies can help prevent or manage side effects of cancer or your treatment. The herbal remedies that can help you depend on what symptoms you have and what treatment you're getting.

Even though herbal remedies can feel safe, they may not all be safe. Herbal remedies do not go through the same testing as prescription medications to make sure they work and are safe.

Some herbal remedies may be harmful. This is because they can:

- Affect how your other medications work.
- Raise or lower your blood pressure.
- Thin your blood and increase your risk of bleeding.
- Keep radiation therapy from working as well as it should.
- Change how your body reacts to sedation (medication to make you calmer) or general anesthesia (medication to make you sleepy).

Talk with your healthcare provider about any herbal remedies or other

supplements you are taking. They can provide an open and safe space to talk about these products.

For more information about herbs and supplements, visit www.aboutherbs.com or call MSK's Integrative Medicine Service at 646-608-8550.

Stop taking herbal remedies before your treatment

Stop taking herbal remedies and other dietary supplements 7 days (1 week) before you:

- Have surgery.
- Start chemotherapy.
- Start radiation therapy.
- Have certain procedures. Your healthcare provider will let you know if you need to stop taking herbal remedies before your procedure.

Herbal remedies and other dietary supplements can cause bleeding and affect your treatment. Follow your healthcare provider's instructions for when to restart taking herbal remedies.

You can still use some herbs in your food and drinks, such as using spices in cooking and drinking tea. Herbal remedies are stronger than the herbs you cook with.

Common Herbal Remedies and Their Effects

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

Echinacea (EH-kih-NAY-shuh)

- Can cause rare but serious allergic reactions, such as a rash or trouble breathing.
- Can keep medications that weaken your immune system from working as well as they should.

Garlic

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

Gingko (also known as Gingko biloba)

- Can increase your risk of bleeding.

Ginseng (JIN-seng)

- Can keep sedation or general anesthesia from working as well as they should.
- Can increase your blood pressure.
- Can increase your risk of bleeding.
- Can lower your blood glucose (sugar) level.

Turmeric (TER-mayr-ik)

- Can keep chemotherapy from working as well as it should.

St. John's Wort

- Can keep some medications from working as well as they should.
- Can make your skin more sensitive to radiation or laser treatment.

Valerian (vuh-LEER-ee-un)

- Can make sedation or general anesthesia affect you more than they should.

Herbal formulas

- Herbal formulas contain many different herbs and dosages.
- Stop taking these products 7 days (1 week) before treatment. Do not start taking herbal formulas again until your healthcare provider tells you it is safe.

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

Contact Information

- To schedule a consultation with a healthcare provider in Integrative Medicine, call 646-608-8550.
- To make an appointment for Integrative Medicine Service's therapies, classes, and workshops, call 646-449-1010.

For more information, visit www.mskcc.org/IntegrativeMedicine or read *Integrative Medicine Therapies and Your Cancer Treatment* (www.mskcc.org/pe/integrative_therapies).

For more resources, visit www.mskcc.org/pe to search our virtual library.

Herbal Remedies and Cancer Treatment - Last updated on May 5, 2022
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PATIENT & CAREGIVER EDUCATION

How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil

This information will help you check if your medicines or dietary supplements have aspirin, other NSAIDs, vitamin E, or fish oil as an active ingredient. NSAID stands for nonsteroidal anti-inflammatory drug.

It's important to stop taking these medicines and supplements before many cancer treatments. They affect your platelets (blood cells that clot to prevent bleeding) and can raise your risk of bleeding.

Other dietary supplements, such as vitamins and herbal remedies, can also affect your cancer treatment. Read *Herbal Remedies and Cancer Treatment* (www.mskcc.org/pe/herbal_remedies) to learn more.

Make sure your healthcare provider always knows all the prescription and over-the-counter medicines and supplements you're taking. This includes patches and creams.

A prescription medicine is one you can only get with a prescription from your healthcare provider. An over-the-counter medicine is one you can buy without a prescription.

What is an active ingredient?

An active ingredient is the part of a medicine or supplement that makes it work. Some medicines and supplements have just one active ingredient. Others have more. For example:

- Ibuprofen is the active ingredient in Advil® and Motrin®. Ibuprofen is an NSAID.
- Naproxen is the active ingredient in Aleve®. Naproxen is an NSAID.
- Acetaminophen is the active ingredient in Tylenol®.
- Aspirin, acetaminophen, and caffeine are the active ingredients in Excedrin®.

Generic medicines sometimes use their active ingredient as their name. But people often call medicines and supplements by a brand name, even if they're generic. This can make it hard to know their active ingredients.

How to find a medicine or supplement's active ingredients

You can always find the active ingredients by reading the label.

Over-the-counter medicines

Over-the-counter medicines list their active ingredients in the "Drug Facts" label (see Figure 1). Active ingredients are always the first thing on the Drug Facts label.

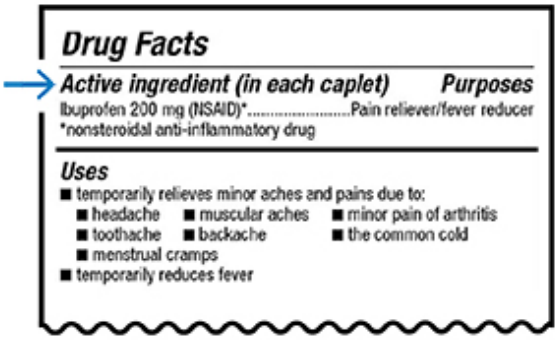


Figure 1. Active ingredients on an over-the-counter medicine label

Prescription medicines

Prescription medicines list their active ingredients on the label. Their active ingredients and their generic name are the same thing.

Labels often look different depending on which pharmacy you use. Here's an example of where to find a medicine's active ingredients (generic name) on a label from MSK's pharmacy (see Figure 2).

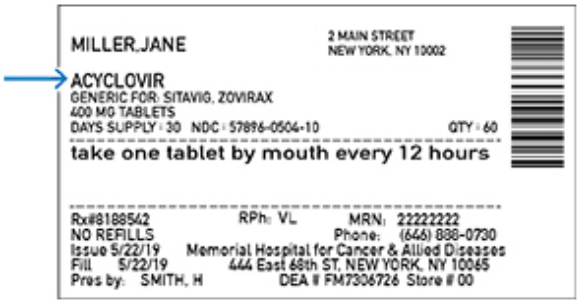
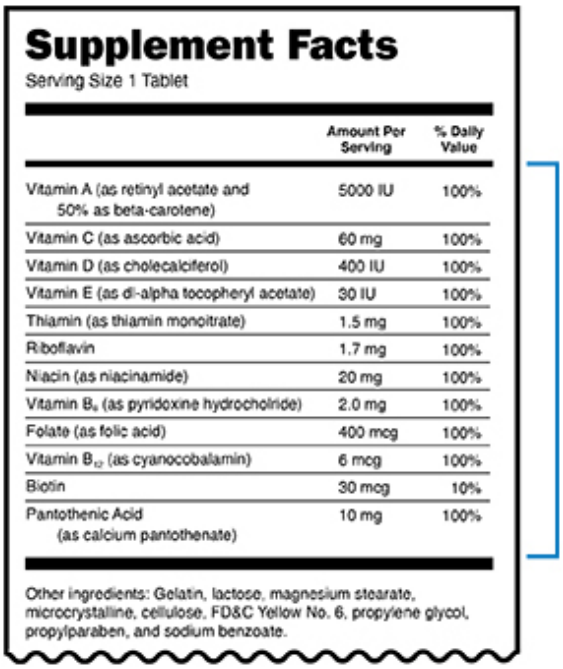


Figure 2. Active ingredients on a prescription medicine label

Dietary supplements

Dietary supplements list their active ingredients in the "Supplement Facts" label (see Figure 3). The active ingredients always have an amount per serving and % daily value included.



Supplement Facts

Serving Size 1 Tablet

	Amount Per Serving	% Daily Value
Vitamin A (as retinyl acetate and 50% as beta-carotene)	5000 IU	100%
Vitamin C (as ascorbic acid)	60 mg	100%
Vitamin D (as cholecalciferol)	400 IU	100%
Vitamin E (as dl-alpha tocopheryl acetate)	30 IU	100%
Thiamin (as thiamin monoitrate)	1.5 mg	100%
Riboflavin	1.7 mg	100%
Niacin (as niacinamide)	20 mg	100%
Vitamin B_6 (as pyridoxine hydrocholride)	2.0 mg	100%
Folate (as folic acid)	400 mcg	100%
Vitamin B_{12} (as cyanocobalamin)	6 mcg	100%
Biotin	30 mcg	10%
Pantothenic Acid (as calcium pantothenate)	10 mg	100%

Other ingredients: Gelatin, lactose, magnesium stearate, microcrystalline, cellulose, FD&C Yellow No. 6, propylene glycol, propylparaben, and sodium benzoate.

Figure 3. Active ingredients on a supplement label

Active ingredients to look for

If your medicine or supplement has any of these active ingredients, you may need to stop taking it before, during, or after your cancer treatment or surgery. Follow your care team's instructions.

Active ingredients to look for		
• Acetylsalicylic acid • Alpha-linolenic acid (ALA) • Aspirin • Acetaminophen* • Celecoxib • Diclofenac • Diflunisal • Docosahexaenoic acid (DHA) • Eicosapentaenoic acid (EPA)	• Etodolac • Fish oil • Fenoprofen Flurbiprofen • Ibuprofen • Indomethacin • Ketoprofen • Ketorolac • Meclofenamate • Mefenamic acid • Meloxicam	• Nabumetone • Naproxen • Omega-3 fatty acids • Omega-6 fatty acids • Oxaprozin • Piroxicam • Sulindac • Tolmetin • Vitamin E

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

Common abbreviations for acetaminophen		
• APAP • Acetamin	• AC • Acetam	• Acetaminop • Acetaminoph

About acetaminophen (Tylenol)

In general, acetaminophen is safe to take during cancer treatment. It doesn't affect platelets. That means it will not raise your chance of bleeding. If you're getting chemotherapy, talk with your healthcare provider before taking acetaminophen.

There is a limit to how much acetaminophen you can take in a day. Always follow the instructions from your care team or on the medicine's label.

Acetaminophen is in many different prescription and over-the-counter medicines. It's possible to take too much without knowing. **Always read the label on the medicines you take.** Do not take more than 1 medicine that has acetaminophen at a time without talking with a member of your care team.

Instructions before your cancer treatment

Tell your healthcare provider if you take aspirin, other NSAIDs, vitamin E, or fish oil. They'll tell you if you need to stop taking it. You'll also find instructions in the information about your treatment.

Before your surgery

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

- If you take aspirin or a medicine that has aspirin, you may need to change your dose or stop taking it 7 days before your surgery. Follow your healthcare provider's instructions. **Do not stop taking aspirin unless your healthcare provider tells you to.**
- If you take vitamin E, fish oil, or a supplement that has vitamin E or fish oil, stop taking it 7 days before your surgery or as directed by your healthcare provider.
- If you take an NSAID or a medicine that has an NSAID, stop taking it 48 hours (2 days) before your surgery or as directed by your healthcare provider.

Before your radiology procedure

Follow these instructions if you're having a radiology procedure (including Interventional Radiology, Interventional Mammography, Breast Imaging, and General Radiology). **If your healthcare provider gives you other instructions, follow those instead.**

- If you take aspirin or a medicine that has aspirin, you may need to stop taking it 5 days before your procedure. Follow your healthcare provider's instructions. **Do not stop taking aspirin unless your healthcare provider tells you to.**
- If you take an NSAID or a medicine that has an NSAID, you may need to stop taking it 24 hours (1 day) before your procedure. Follow your healthcare provider's instructions.

Before and during your chemotherapy

Chemotherapy can lower your platelet count, which can increase your risk of bleeding. No matter if you're just starting chemotherapy or have been getting it, talk with your healthcare provider before taking aspirin, other NSAIDs, vitamin E, or fish oil.

If you have any questions, contact a member of your care team directly. If you're a patient at MSK and you need to reach a provider after 5 p.m., during the weekend, or on a holiday, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil - Last updated on November 29, 2023
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Memorial Sloan Kettering Cancer Center

PATIENT & CAREGIVER EDUCATION

What You Can Do to Avoid Falling

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

About Falls

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

Things That Can Make You Fall

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

- Are 60 years old or older
- Have fallen before
- Are afraid of falling
- Feel weak, tired, or forgetful
- Have numbness or tingling in your legs or feet
- Have trouble walking or are unsteady
- Can't see well
- Can't hear well
- Feel dizzy, lightheaded, or confused

- Use a walker or cane
- Have depression (strong feelings of sadness) or anxiety (strong feelings of worry or fear)
- Have had a recent surgery with anesthesia (medication that makes you sleep)
- Take certain medications, such as:
  - Laxatives (pills to cause a bowel movement)
  - Diuretics (water pills)
  - Sleeping pills
  - Medications to prevent seizures
  - Some medications for depression and anxiety
  - Pain medications, such as opioid medications
  - Intravenous (IV) fluids (fluids into your vein)
  - Any medication that makes you feel sleepy or dizzy

How to Avoid Falling During Your MSK Appointments

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

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

during your appointment.

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

How to Avoid Falling at Home

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

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

- When getting up after you're lying down, sit for a few minutes before you stand up.
- Place items in your kitchen and bathroom cabinets at shoulder height so you don't have to reach too high or bend too low.
- When you're at an appointment with your provider at MSK, tell them about all the medications you take. Some medications can increase your risk of falling. This includes prescription and over-the-counter medications.
- Stay physically active. Doing simple daily activities, such as walking, can help you stay strong and move around better.

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

Additional Resources

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

If you have any questions, contact a member of your healthcare team directly. If you're a patient at MSK and you need to reach a provider after 5:00 PM, during the weekend, or on a holiday, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

What You Can Do to Avoid Falling - Last updated on December 20, 2019
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