



About Your Kidney or Adrenal Gland Surgery

This guide will help you get ready for your kidney or adrenal gland 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/kidney-adrenal to view this guide online.

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About your kidney or adrenal gland surgery

About your kidneys and adrenal glands

Your **kidneys** are bean-shaped organs about the size of your fist (see Figure 1). They're located near the middle of your back. You have 2 kidneys, 1 on each side of your body (see Figure 2).

Your kidneys filter your blood, regulate your hormone levels, and regulate your blood pressure. The waste and extra water your kidneys filter from your blood leaves your body as urine (pee).

Lymph nodes are small oval or round glands found throughout your body. Lymph nodes make and store cells that fight infection. If cancer spreads, one of the first places it spreads to is usually the lymph nodes.

Your healthcare provider may decide to take out some of your lymph nodes and check them for cancer cells. You have many lymph nodes, so your body won't miss these few.

Your **adrenal glands** make hormones that help you cope with stress. You have 2 adrenal glands, 1 on top of each kidney (see Figure 2).

Your **ureters** are the tubes that carry urine from your kidneys to your bladder.

Your **bladder** stores your urine.

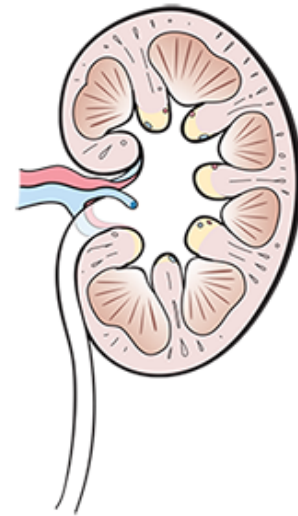


Figure 1. Your kidney

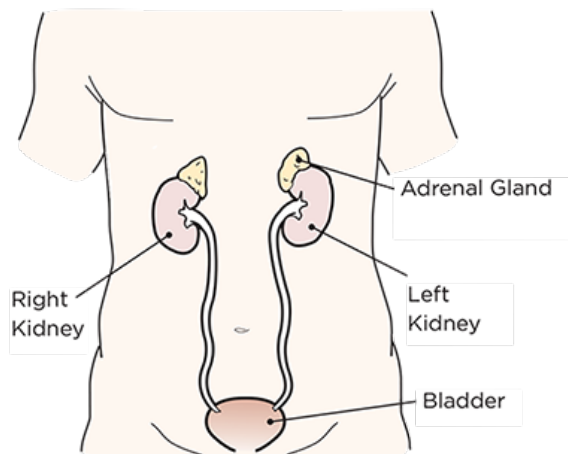


Figure 2 Your urinary system and adrenal glands

About your kidney or adrenal gland surgery

The type of surgery you'll have depends on the size and location of the cancer. Your surgeon will talk with you about which surgery is right for you.

- A **partial nephrectomy** (PAR-shul neh-FREK-toh-mee) is surgery to take out the part of the kidney that has the cancer and the tissue around it. If needed, your surgeon will also take out some of your lymph nodes. Part of your kidney will stay in your body.
- A **radical nephrectomy** (RA-dih-kul neh-FREK-toh-mee) is surgery to take out your whole kidney and the tissue around it. If needed, your surgeon will also take out some of your lymph nodes and your adrenal gland.
- A **nephroureterectomy** (NEH-froh-YER-eh-ter-EK-toh-mee) is surgery to take out your whole kidney, the tissue around it, some of your lymph nodes, your adrenal gland (if needed), all or part of your ureter, and part of your bladder
- An **adrenalectomy** (uh-DREE-nul-EK-toh-mee) is surgery to take out your adrenal glands.

There are different ways to do these surgeries. Your surgeon will talk with you about which options are right for you.

Laparoscopic or robotic surgery

If you have this kind of surgery, your surgeon will make 3 to 5 small incisions (surgical cuts). They'll use small surgical tools and a camera to take out all or part of your kidney or adrenal gland, depending on the cancer.

Open kidney surgery

If you have this kind of surgery, your surgeon will make 1 incision. The incision is usually about 5 inches (13 centimeters) long. They'll take out all or part of your kidney or adrenal gland, depending on the cancer.

Getting ready for 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 an anticoagulant (blood thinner), such as:
 - Aspirin
 - Heparin
 - Warfarin (Jantoven®, Coumadin®)
 - Clopidogrel (Plavix®)
 - Enoxaparin (Lovenox®)
 - Dabigatran (Pradaxa®)
 - Apixaban (Eliquis®)
 - Rivaroxaban (Xarelto®)
- I take an SGLT2 inhibitor, such as:
 - Canagliflozin (Invokana®)
 - Dapagliflozin (Farxiga®)
 - Empagliflozin (Jardiance®)
 - Ertugliflozin (Steglatro®)
- I take prescription medicine(s), including patches and creams. A prescription medicine is one you can only get with a prescription from your healthcare provider.
- I take over-the-counter medicine(s), including patches and creams. An over-the-counter medicine is one you can buy without a prescription.
- I take dietary supplements, such as herbs, vitamins, minerals, or natural or home remedies.
- I have a pacemaker, automatic implantable cardioverter-defibrillator (AICD), or other heart device.
- I have sleep apnea.
- I have had a problem with anesthesia (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 drink alcohol.
- I smoke or use an electronic smoking device, such as a vape pen or e-cigarette.
- I use recreational drugs, such as marijuana.

These are examples of medicines. There are others.

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

GLP-1 medicines for weight loss

It's important to tell your healthcare provider if you take a GLP-1 medicine. You will need to follow special eating and drinking instructions before your surgery or procedure. **It is very important to follow these instructions. If you do not follow them, your surgery may be delayed or canceled.**

- **Follow a clear liquid diet the day before your surgery.** Do not eat any solid food. Read *Clear Liquid Diet* to learn more. You can find it at www.msk.org/pe/clear-liquid-diet or ask for a printed copy.
- **Stop drinking 8 hours before your arrival time.** Do not eat or drink anything after this time, including clear liquids. You can have small sips of water with your medicines.

Read *Eating and Drinking Before Your Surgery or Procedure When Taking GLP-1 Medicines* to learn more. You can ask for a printed copy or find it at www.msk.org/pe/eat-drink-glp1.

Here are some examples of GLP-1 medicines. There are others, so be sure your care team knows all the medicines you take. Sometimes, these are prescribed to help manage diabetes or other conditions. Other times, they are prescribed for weight loss.

- Semaglutide (Wegovy®, Ozempic®, Rybelsus®)
- Dulaglutide (Trulicity®)
- Tirzepatide (Zepbound®, Mounjaro®)
- Liraglutide (Saxenda®, Victoza®)

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, you can have breathing problems when you have surgery. Stopping for even a few days before surgery can help.

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.

You can eat and take your usual medicine(s) 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 medicine(s) 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 find it at www.msk.org/pe/guide-caregivers

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 Cancer Patients 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.

Do breathing and coughing exercises

Practice taking deep breaths and coughing before your surgery. We will give you an incentive spirometer to help expand your lungs.

To learn more, read *How to Use Your Incentive Spirometer*. You can find it in the "Educational resources" section of this guide.

Do physical activity

Doing physical activity will help your body get into its best condition for your surgery. It will also make your recovery faster and easier.

Try to do physical activity every day. Any activity that makes your heart beat faster, such as walking, swimming, or biking, is a good choice. If it's cold outside, use stairs in your home or go to a mall or shopping center.

Follow a healthy diet

Follow a well-balanced, healthy diet before your surgery. If you need help with your diet, talk with your healthcare provider about meeting with a clinical dietitian nutritionist.

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 at your local pharmacy without a prescription.

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.

Follow a light diet

Follow a light diet the day before your surgery. A light diet includes foods such as small sandwiches, eggs, toast, crackers, soup, or cereal. Limit the amount of dairy products you have. Avoid fried foods and foods with a lot of seasoning.

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

Important: If you take a GLP-1 medicine, do not follow these instructions. Follow the instructions in *Eating and Drinking Before Your Surgery or Procedure When Taking GLP-1 Medicines* (www.msk.org/pe/eat-drink-glp1) instead.



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

Important: If you take a GLP-1 medicine, do not follow these instructions. Follow the instructions in *Eating and Drinking Before Your Surgery or Procedure When Taking GLP-1 Medicines* (www.msk.org/pe/eat-drink-glp1) instead.

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 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

- Wear something comfortable and loose-fitting.
- 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.
- If you're menstruating (have your monthly period), use a sanitary pad, not a tampon. We'll give you disposable underwear and a pad if you need them.

What to bring

- A pair of loose-fitting pants, such as sweatpants.
- Sneakers that lace up. You may have some swelling in your feet after surgery. Lace-up sneakers can fit over this swelling.
- Your breathing device for sleep apnea (such as your CPAP machine), if you have one.
- Your incentive spirometer, 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 intravenous (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.

Your doctor or anesthesiologist may also talk with you about placing an epidural catheter (thin, flexible tube) in your spine (back). An epidural catheter is another way to give you pain medicine after your surgery.

Marking your surgical site

Along with asking your name and birth date, staff members may also ask the name of your surgeon, what operation you're having, and which side is being operated on. Your surgeon or another member of the surgical team will use a marker to initial the site on your body that will be operated on. This is for your safety. It's done to make sure all members of the surgical staff are clear about 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.

When you wake up

When you wake up after your surgery, you'll be in the Post-Anesthesia Care Unit (PACU) or your recovery room.

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.

Pain medicine

You'll have pain on the side where you had your surgery and around your incision(s). You'll get medicine to control your pain and keep you comfortable. There are different ways these medicines can be given.

- **Nerve block:** Some people get a nerve block before or during surgery. In a nerve block, your healthcare provider injects medicine into some of your nerves to reduce pain after surgery.
- **Intravenous (IV) medicine:** Some people get pain medicine into their bloodstream through their IV line.
- **Oral medicine:** Some people get oral pain medicine (medicine you swallow, such as pills).

If you had an open kidney surgery, you'll be able to control your pain medicine using a button called a patient-controlled analgesia (PCA) device. Read *Patient-Controlled Analgesia (PCA)* to learn more. You can find it at www.msk.org/pe/pca or ask for a printed copy.

Tubes and drains

You may have a urinary (Foley) catheter. A Foley catheter is a thin, flexible tube that's placed through your urethra, into your bladder. It drains the urine from your bladder into a bag.

You may also have a Jackson-Pratt (JP) drain. This collects extra liquid from the area around your incision(s). This helps lower your risk for infection and helps your body heal.

In your hospital room

The length of time you'll stay in the hospital depends on the exact surgery you had and your recovery. Your care team will talk with you about what to expect.

In your hospital room, you'll meet one of the nurses who will care for you during your stay. Soon after, a nurse will help you out of bed and into your chair.

Your healthcare providers will teach you how to care for yourself while you're healing from your surgery.

Managing your pain

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.

If you had a robotic surgery, you may have pain in your shoulder. This is called referred pain and is common. It's caused by the gas that was put into your abdomen during your surgery. If you have pain in your shoulder, tell one of your healthcare providers. They'll bring you a hot pack to put on your shoulder to help with the pain.

You'll get a prescription for 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 in the "Educational resources" section of this guide.
- Do coughing and deep breathing exercises. A member of your care team will teach you how.

When using your incentive spirometer or other breathing exercises, it may help to splint your incision(s). To do this, hold a pillow or blanket against the incision sites. This will reduce movement in your muscles.

Eating and drinking

The day of your surgery, you'll only drink liquids. The first day after surgery, you can have a light breakfast and light foods during the day (sandwich, yogurt, soup, and liquids). Drinking plenty of liquids is important during the first few days after your surgery. Soups and broth are good choices until you get your appetite back.

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

Caring for your tubes and drains

Your care team will probably take out your Foley catheter the day after your surgery. Sometimes, the catheter is left in longer. If you go home with your Foley catheter, your nurse will teach you how to take care of it. They will give you the resource *About Your Urinary (Foley) Catheter: How To Clean and Care for It*. You can also find it at www.msk.org/pe/caring-foley-catheter

If you have a JP drain, your healthcare provider will decide when to take it out. They'll decide based on how much fluid it's draining. If you go home with your JP drain, your nurse will teach you how to care for it. They will give you the resource *Caring for Your Jackson-Pratt Drain*. You can also find it at www.msk.org/pe/caring-jackson-pratt

Showering

You can shower 24 hours after your surgery.

Leaving the hospital

Before you leave, look at your incision with one of your healthcare providers. Knowing what it looks like will help you notice any changes later.

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

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 at www.msk.org/pe/avoid-falling or ask for a printed copy.

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 *About Your 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. This doesn't mean something is wrong. But if it does not get better, tell your healthcare provider.

Follow these guidelines to help manage your pain at home.

- Take your medicine(s) 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 heals. 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.

Caring for your incision

The location of your incision will depend on the type of surgery you had. It's common for the skin below your incision to feel numb. This happens because some of your nerves were cut during your surgery. The numbness will go away over time.

If any liquid is draining from your incision, write down the amount and color. Call your healthcare provider's office and speak with the nurse.

Change your bandage(s) at least once a day. Change them more often if they get wet with drainage. When there's no longer any drainage coming from your incision, you can leave it uncovered.

If you go home with staples in your incision, your healthcare provider will take them out during your first appointment after surgery. It's OK to get them wet.

If you have Steri-Strips or Dermabond on your incision, they'll loosen and fall or peel off on their own. If they haven't fallen off after 10 days, you can take them off.

Showering

Taking a warm shower is relaxing and can help decrease muscle aches. Take off your bandage(s) before you shower. If you have staples or stitches in your incision, it's OK to get them wet.

During your shower, use soap to gently wash your incision. After you shower, pat the area dry with a clean towel. If your clothing may rub your incision, cover it with a small bandage. Otherwise, leave it uncovered, unless there's drainage.

Do not take a bath until you talk with your healthcare provider during your first appointment after your surgery.

Eating and drinking

You can eat all the foods you did before your surgery. We recommend eating 3 to 6 meals a day, depending what's most comfortable for you.

You might have fewer red blood cells for the first couple months after your surgery. Because of that, you should eat foods high in iron, such as:

- Red meat.
- Cooked clams and oysters.
- All types of liver.
- Iron-enriched baked goods and cereals.
- Legumes and spinach.

Following 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. For more tips on increasing the calories and protein in your diet, read *Eating Well During Your Cancer Treatment*. You can ask for a printed copy or find it at www.msk.org/pe/eating-cancer-treatment

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

Physical activity and exercise

For the first 6 weeks after your surgery:

- Do not lift anything heavier than 10 pounds (4.5 kilograms).
- Do not do any high-energy activities, such as jogging and tennis.
- Do not play any contact sports, such as football.

Doing aerobic exercise, such as walking and stair climbing, will help you gain strength and feel better. Walk at least 2 to 3 times a day for 20 to 30 minutes. You can walk outside or indoors at your local mall or shopping center. Ask your healthcare provider before starting more strenuous exercises.

It's common to have less energy than usual after surgery. Recovery time is different for everyone. Increase your activities each day as much as you can. Always balance activity periods with rest periods. Rest is an important part of your recovery.

Driving

Ask your healthcare provider when you can drive. Do not drive while you're taking pain medication that may make you drowsy.

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

Going back to work

Most people go back to work 3 to 4 weeks after the surgery. 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.

Traveling

If you're traveling more than a few hours away after your surgery, stop and walk around every couple of hours. If you're flying, get up and walk up and down the aisle.

First appointment after surgery

You will have an appointment 4 weeks after your surgery. Your nurse will give you instructions for making this appointment, including the phone number to call.

During this appointment, your healthcare provider will go over your final pathology results with you. They'll check how you're recovering and talk with you about any further treatment you may need.

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:

- Your calves or thighs are swollen or tender.
- One of your legs is more swollen than the other.
- You feel short of breath.
- You cough up blood.
- You have a fever of 101 °F (38.3 °C) or higher.
- You have blood in your urine.
- The skin around your incision is very red or getting more red.
- The skin around your incision is warmer than usual.
- The area around your incision is starting to swell or getting more swollen.
- You see drainage that looks like pus (thick and milky).
- Your incision smells bad.
- 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.

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

332-699-7968

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 and Wellness Service

www.msk.org/integrativemedicine

Our Integrative Medicine and Wellness 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 and Wellness 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

You can visit our library website or email asklibrarian@mskcc.org to talk with the library reference staff. They can help you find more information about a type of cancer. You can also visit libguides.mskcc.org/patienteducation to see the library's Patient Education Resource Guide.

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

646-357-9272

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.

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.

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)
- ***About Your Recovery Tracker*** (www.msk.org/pe/recovery-tracker)
- ***About Your Urinary (Foley) Catheter: How To Clean and Care for It*** (www.msk.org/pe/caring-foley-catheter)
- ***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/caring-jackson-pratt)
- ***Eating Well During Your Cancer Treatment*** (www.msk.org/pe/eating-cancer-treatment)
- ***Frequently Asked Questions About Walking After Your Surgery*** (www.msk.org/pe/walking-after-surgery)
- ***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)
- ***What You Can Do to Avoid Falling*** (www.msk.org/pe/avoid-falling)

Herbal Remedies and Cancer Treatment

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

How To Use Your Incentive Spirometer