About Your Orchiectomy

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

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

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

Your Healthcare Team

Doctor: __________________________________________________________

Nurse: ___________________________________________________________

Phone number: __________________________________________________

Fax number: _____________________________________________________

Your Caregiver

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

Caregiver: _______________________________________________________

To view this guide online, visit www.mskcc.org/pe/orchiectomy
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About Your Surgery

About Your Orchiectomy

An orchiectomy is a surgery to remove 1 of your testicles. A bilateral orchiectomy is a surgery to remove both testicles.

Your testicles (also called testes) are 2 egg-shaped organs that produce sperm and male hormones (see Figure 1). Your orchiectomy will be done through an incision (surgical cut) in either your scrotum (the pouch of skin that holds your testicles) or groin (the area between your belly and thigh).

Figure 1. Your reproductive system
The information in this section will help you get ready for your surgery. Read through this section when your surgery is scheduled and refer to it as your surgery date gets closer. It has important information about what you need to do before your surgery.

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

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Getting Ready for Your Surgery

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

About Drinking Alcohol

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

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

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

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

- Be honest with your healthcare providers about how much alcohol you drink.

- Try to stop drinking alcohol once your surgery is planned. If you develop a headache, nausea (feeling like you’re going to throw up), increased anxiety, or can’t sleep after you stop drinking, tell your healthcare provider right away. These are early signs of alcohol withdrawal and can be treated.

- Tell your healthcare provider if you can’t stop drinking.

- Ask your healthcare provider questions about drinking and surgery. As always, all of your medical information will be kept confidential.

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

- I take a blood thinner. Some examples are aspirin, heparin, warfarin (Coumadin®), clopidogrel (Plavix®), enoxaparin (Lovenox®), dabigatran (Pradaxa®), apixaban (Eliquis®), and rivaroxaban (Xarelto®). There are others, so be sure your healthcare provider knows all the medications you’re taking.

- I take prescription medications (medications prescribed by a healthcare provider), including patches and creams.

- I take over-the-counter medications (medications I buy without a prescription), including patches and creams.

- I take dietary supplements, such as herbs, vitamins, minerals, or natural or home remedies.

- I have a pacemaker, automatic implantable cardioverter-defibrillator (AICD), or other heart device.

- I have sleep apnea.

- I have had a problem with anesthesia (medication to make you sleep during surgery) in the past.

- I’m allergic to certain medication(s) or materials, including latex.

- I’m not willing to receive a blood transfusion.

- I drink alcohol.

- I smoke.

- I use recreational drugs.
About Smoking

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

About Sleep Apnea

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

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

Within 30 Days of Your Surgery

Presurgical Testing (PST)

Before your surgery, you’ll have an appointment for presurgical testing (PST). The date, time, and location of your PST appointment will be printed on the appointment reminder from your surgeon’s office.

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

During your appointment, you’ll meet with a nurse practitioner (NP) who works closely with anesthesiology staff (doctors and specialized nurses who will give you anesthesia during your surgery). Your NP will review your medical and surgical history with you. You’ll have tests, including an electrocardiogram (EKG) to check your heart rhythm, a chest x-ray, blood tests, and any other tests needed to plan your care. Your NP may also recommend that you see other healthcare providers.

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

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

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

Identify Your Caregiver

Your caregiver plays an important role in your care. 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 from the hospital. They’ll also help you care for yourself at home.
Complete a Health Care Proxy Form

If you haven’t already completed a Health Care Proxy form, we recommend you complete one now. If you have completed one already, or if you have any other advance directives, bring them to your next appointment.

A health care proxy is a legal document that identifies the person who will speak for you if you can’t communicate for yourself. The person you identify is called your health care agent.

Talk with your healthcare provider if you’re interested in completing a health care proxy. You can also read the resources Advance Care Planning (www.mskcc.org/pe/advance_care_planning) and How to Be a Health Care Agent (www.mskcc.org/pe/health_care_agent) for information about health care proxies, other advance directives, and being a health care agent.

Do Breathing and Coughing Exercises

Practice taking deep breaths and coughing before your surgery. Your healthcare provider will give you an incentive spirometer to help expand your lungs. For more information, read How to Use Your Incentive Spirometer, located in the “Educational Resources” section of this guide. If you have any questions, ask your healthcare provider.

Exercise

Try to do aerobic exercise (exercise that makes your heart beat faster) every day. Examples include walking at least 1 mile (1.6 kilometers), swimming, or biking. If it’s cold outside, use stairs in your home or go to a mall or shopping center. Exercising will help your body get into its best condition for your surgery and make your recovery faster and easier.

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.

Sperm Banking

If you won’t have any testicles after your orchiectomy or if you have a bilateral orchiectomy, you won’t be able to produce sperm. This means that you won’t be able to have a biological child. You should consider sperm banking before your surgery. Ask your nurse to tell you more about this process. For more information, ask your nurse for the resources Building Your Family After Cancer Treatment: Information for Men and Sperm Banking, or search for them on our website www.mskcc.org/pe.

If you still have 1 testicle after your orchiectomy, you may not need to bank your sperm. You’ll be able to produce the sperm needed to have biological children.
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

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

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

Stop Taking Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

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

2 Days Before Your Surgery

Stop Taking Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

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

1 Day Before Your Surgery

Note the Time of Your Surgery

A staff member from the Admitting Office will call you after 2:00 PM the day before your surgery. If your surgery is scheduled for a Monday, they’ll call you on the Friday before. If you don’t get a call by 7:00 PM, call 212-639-5014.
The staff member will tell you what time to arrive at the hospital for your surgery. Use the area to the right to write down your surgery date and scheduled arrival time.

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

- Presurgical Center (PSC) on the 6th floor
- 1275 York Avenue (between East 67th and East 68th Streets)
- New York, NY 10065
- B elevator to 6th floor

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

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

1. Use your normal shampoo to wash your hair. Rinse your head well.
2. Use your normal soap to wash your face and genital area. Rinse your body well with warm water.
3. Open the 4% CHG solution bottle. Pour some into your hand or a clean washcloth.
4. Move away from the shower stream. Rub the 4% CHG solution gently over your body from your neck to your feet. Don’t put it on your face or genital area.
5. Move back into the shower stream to rinse off the 4% CHG solution. Use warm water.
6. Dry yourself off with a clean towel after your shower.
7. Don’t put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne after your shower.

**Sleep**

Go to bed early and get a full night’s sleep.
The Morning of Your Surgery

Instructions for Eating Before Your Surgery

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

Instructions for Drinking Before Your Surgery

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

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

Take Your Medications as Instructed

If your healthcare provider told you to take certain medications the morning of your surgery, take only those medications with a sip of water. Depending on what medications you take, this may be all, some, or none of your usual morning medications.

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

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

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

Things to Remember

- Wear something comfortable and loose-fitting.
- If you wear contact lenses, wear your glasses instead. Wearing contact lenses during surgery can damage your eyes.
- Don’t wear any metal objects. Remove all jewelry, including body piercings. The equipment used during your surgery can cause burns if it touches metal.
- Don’t put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne.
- Leave valuable items (such as credit cards, jewelry, and your checkbook) at home.
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- ____________________________________________________________________________________
- ____________________________________________________________________________________

What to Bring

- A pair of loose-fitting pants (such as sweatpants).
- Brief-style underwear.
- Your breathing device for sleep apnea (such as your CPAP device), if you have one.
- Your Health Care Proxy form and other advance directives, if you have completed them.
- Your cell phone and charger.
- Only the money you may want for small purchases (such as a newspaper).
- A case for your personal items (such as eyeglasses, hearing aid(s), dentures, prosthetic device(s), wig, and religious articles), if you have one.
- A list of medications you take at home.
- This guide. Your healthcare team will use it to teach you how to care for yourself after surgery.
- ____________________________________________________________________________________
- ____________________________________________________________________________________
- ____________________________________________________________________________________

Where to Park

MSK's parking garage is located on East 66th Street between York and First Avenues. If you have questions about prices, call 212-639-2338.

To reach the garage, turn onto East 66th Street from York Avenue. The garage is located about a quarter of a block in from York Avenue, on the right-hand (north) side of the street. There's a tunnel that you can walk through that connects the garage to the hospital.

There are also other garages located on East 69th Street between First and Second Avenues, East 67th Street between York and First Avenues, and East 65th Street between First and Second Avenues.
Once You’re in the Hospital
When you get to the hospital, take the B elevator to the 6th floor. Check in at the desk in the PSC waiting room.

You’ll be asked to say and spell your name and birth date many times. This is for your safety. People with the same or a similar name may be having surgery on the same day.

Get Dressed for Surgery
When it’s time to change for surgery, you’ll get a hospital gown, robe, and nonskid socks to wear.

Meet With a Nurse
You’ll meet with a nurse before surgery. Tell them the dose of any medications you took after midnight (including prescription and over-the-counter medications, patches, and creams) and the time you took them.

Your nurse may place an intravenous (IV) line in one of your veins, usually in your arm or hand. If your nurse doesn’t place the IV, your anesthesiologist 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 you if you’ve had any problems with anesthesia in the past, including nausea or pain.
- Talk with you about your comfort and safety during your surgery.
- Talk with you about the kind of anesthesia you’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 medication after your surgery.

Get Ready for Your Surgery
When it’s time for your surgery, you’ll need to remove your hearing aids, dentures, prosthetic device(s), wig, and religious articles, if you have them.

You’ll either walk into the operating room or be taken in on a stretcher. A member of the operating room team will help you onto the operating bed. Compression boots will be placed 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, a breathing tube will be placed through your mouth and into your windpipe to help you breathe. A urinary (Foley) catheter will also be placed to drain urine (pee) from your bladder.

Once your surgery is finished, your incision will be closed with staples or sutures (stitches). You may also have Steri-Strips™ (thin pieces of surgical tape) or Dermabond® (surgical glue) over your incisions. Your incisions may be covered with a bandage.

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

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

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What to Expect

When you wake up after your surgery, you’ll be in the Post-Anesthesia Care Unit (PACU) for a few hours and then taken to your recovery room. You’ll be discharged from the hospital the same day as your surgery.

A nurse will be monitoring your body temperature, pulse, blood pressure, and oxygen levels. You may be getting oxygen through a thin tube that rests below your nose or a mask that covers your nose and mouth. You’ll also have compression boots on your lower legs.

Managing Your Pain

Your healthcare providers will ask you about your pain often and give you medication as needed while you’re in the hospital. If your pain isn’t relieved, tell one of your healthcare providers. It’s important to control your pain so you can recover better.

You'll get a prescription for pain medication before you leave the hospital. Talk with your healthcare provider about possible side effects and when you should start switching to over-the-counter pain medications.

You’ll have swelling and bruising on your scrotum or groin. The length of time each person has pain or discomfort varies.

Follow the guidelines below to help manage your pain:

- Your nurse may give you a scrotal support or supportive dressing to help you feel more comfortable and hold your bandage in place after your surgery. Wear the scrotal support for 48 hours (2 days). After 48 hours, wear brief-style underwear.

- For the first 24 hours after your surgery, apply ice to your scrotum or groin. This will help with the swelling and bruising. Put an ice pack covered with a cloth over your scrotal area for 10 minutes. Then, remove it for 10 minutes. You can repeat as needed. Don’t keep the ice pack on for more than 10 minutes at a time.

- Take your medications as directed and as needed.

- Call your healthcare provider if the medication prescribed for you doesn’t ease your pain.

- Don’t drive or drink alcohol while you’re taking prescription pain medication. Some prescription pain medications can make you drowsy. Alcohol can make the drowsiness worse.

- As your incision heals, you’ll have less pain and need less pain medication. An over-the-counter pain reliever such as acetaminophen (Tylenol®) or ibuprofen (Advil®) will ease aches and discomfort.
  - Follow your healthcare provider’s instructions for stopping your prescription pain medication.
  - Don’t take more of any medication than the amount directed on the label or as instructed by your healthcare provider.
  - Read the labels on all the medications you’re taking, especially if you’re taking acetaminophen. Acetaminophen is an ingredient in many over-the-counter and prescription medications. But, taking too much can harm your liver. Don’t take more than 1 medication that contains acetaminophen without talking with a member of your healthcare team.
• Pain medication should help you resume your normal activities. Take enough medication to do your activities and exercises comfortably. It's normal for your pain to increase a little as you start to be more active.

• Keep track of when you take your pain medication. 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 medications (such as opioids) may cause constipation (having fewer bowel movements than usual).

**Preventing and Managing Constipation**

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

• 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. The reflexes in your colon are strongest at this time.

• Exercise, if you can. Walking is an excellent form of exercise.

• Drink 8 to 10 (8-ounce) glasses (2 liters) of liquids daily, if you can. Drink water, juices (such as prune juice), soups, ice cream shakes, and other drinks that don’t have caffeine. Drinks with caffeine (such as coffee and soda) pull fluid out of your body.

• Slowly increase the fiber in your diet to 25 to 35 grams per day. If you have an ostomy or have had recent bowel surgery, check with your healthcare provider before making any changes in your diet. Foods high in fiber include:
  - Bran
  - Whole-grain cereals and breads
  - Unpeeled fruits and vegetables
  - Mixed green salads
  - Apricots, figs, and raisins

• Both over-the-counter and prescription medications are available to treat constipation. Check with your healthcare provider before taking any medications for constipation, especially 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 medications for constipation include:
  - Docusate sodium (Colace®). This is a stool softener (medication that makes your bowel movements softer) that causes few side effects. You can use it to help prevent constipation. Don’t take it with mineral oil.
  - Polyethylene glycol (MiraLAX®). This is a laxative (medication 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 medications cause diarrhea (loose, watery bowel movements), stop taking them. You can start again if needed.
For more information, read the resource Constipation. You can find it online at www.mskcc.org/pe/constipation or you can ask your healthcare provider.

**Showering**

You may shower 48 hours after your surgery. Don’t take a tub bath or soak your incision in water until 6 weeks after surgery.

During your shower, clean your incision. Follow these steps to help you heal and prevent infection.

1. Remove the bandage covering your incision before your shower or while you’re in the shower. Remember to leave the Steri-Strips in place. You may see slight blood staining on the gauze pad that covers the incision. This is normal.

2. Wash your incision gently with soap.

3. Rinse well using a gentle stream of water.

4. Pat your incision dry with a clean towel.

5. Look at your incision using a hand-held mirror or ask someone to help you. The following side effects are normal and may last for a few days:
   - Slight redness
   - Swelling
   - Tenderness
   - Bruising

6. Place a gauze pad over your incision. Don’t use tape. The gauze pad will be held in place by your underwear.

Repeat this process daily until your follow-up appointment with your healthcare provider.

**Caring for Your Incision**

Take a shower every day to clean your incision. Follow the instructions in the “Showering” section.

It’s normal 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.

Call your healthcare provider’s office if:

- The skin around your incision is very red.
- The skin around your incision is getting more red.
- You see drainage that looks like pus (thick and milky).
- Your incision has a foul odor (bad smell).

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

**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. Choose liquids without alcohol or caffeine. Try to drink 8 to 10 (8-ounce) glasses of liquids every day.

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

**Physical Activity and Exercise**

When you leave the hospital, your incision will look like it’s healed on the outside, but it won’t be healed on the inside. For the first 4 weeks after your surgery:

- Don’t lift anything heavier than 10 pounds (about 4.5 kilograms).
- Don’t do any strenuous activities (such as jogging and tennis).
- Don’t 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.

It’s normal to have less energy than usual after your surgery. Recovery time is different for each person. 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**

You may drive 1 week after surgery. Don’t 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**

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

**Managing Your Feelings**

After surgery for a serious illness, you may have new and upsetting feelings. Many people say they felt weepy, sad, worried, nervous, irritable, and angry at one time or another. You may find that you can’t control some of these feelings. If this happens, it’s a good idea to seek emotional support.
The first step in coping is to talk about how you feel. Family and friends can help. Your healthcare providers can 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. Whether you’re in the hospital or at home, we’re here to help you and your family and friends handle the emotional aspects of your illness.

**Using MyMSK**

MyMSK (my.mskcc.org) is your MSK patient portal account. You can use MyMSK to send and receive messages from your healthcare team, view your test results, see your appointment dates and times, and more. You can also invite your caregiver to create their own account so they can see information about your care.

If you don’t have a MyMSK account, you can visit my.mskcc.org, call 646-227-2593, or call your healthcare provider’s office for an enrollment ID to sign up. You can also watch our video *How to Enroll in the Patient Portal: MyMSK* (www.mskcc.org/pe/enroll_mymsk). For help, contact the MyMSK Help Desk by emailing mymsk@mskcc.org or calling 800-248-0593.

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**When to Contact Your Healthcare Provider**

Contact your healthcare provider if:

- You have a fever of 100.5 °F (38 °C) or higher.
- Have increased redness in your groin area.
- Have increased swelling of your scrotum or groin area, such as if your scrotum becomes bigger than the size of a small orange.
- Have drainage from your incision, such as increased blood or pus.
- Have trouble urinating (peeing).
- Are constipated.
- Have bleeding from your incision that soaks a gauze pad.
- You have any questions or concerns..

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

After 5:00 PM, during the weekend, and on holidays, call 212-639-2000 and ask to speak to the person on call for your healthcare provider.
This section contains a list of support services that may help you get ready for your surgery and recover safely.

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

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

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

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

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

**Chaplaincy Service**
212-639-5982
Our chaplains are available to listen, help support family members, pray, contact community clergy or faith groups, or simply be a comforting companion and a spiritual presence. Anyone can request spiritual support, regardless of formal religious affiliation. The interfaith chapel is located near Memorial Hospital’s main lobby and is open 24 hours a day. If you have an emergency, call 212-639-2000 and ask for the chaplain on call.

**Counseling Center**
646-888-0200
Many people find counseling helpful. We provide counseling for individuals, couples, families, and groups, as well as medications to help if you feel anxious or depressed. To make an appointment, ask your healthcare provider for a referral or call the number above.

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

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

**MSK Library**
library.mskcc.org
212-639-7439
You can visit our library website or speak with the library reference staff to find more information about your specific cancer type. You can also visit LibGuides on MSK’s library website at libguides.mskcc.org.
Patient and Caregiver Education
www.mskcc.org/pe
Visit the Patient and Caregiver Education website to search our virtual library. There, you can find written educational resources, videos, and online programs.

Patient and Caregiver Peer Support Program
212-639-5007
You may find it comforting to speak with someone who has been through a treatment like yours. You can talk with a former MSK patient or caregiver through our Patient and Caregiver Peer Support Program. These conversations are confidential. They may take place in person or over the phone.

Patient Billing
646-227-3378
Call if you have questions about preauthorization with your insurance company. This is also called preapproval.

Patient Representative Office
212-639-7202
Call if you have questions about the Health Care Proxy form or if you have concerns about your care.

Perioperative Nurse Liaison
212-639-5935
Call if you have questions about MSK releasing any information while you’re having surgery.

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

Resources for Life After Cancer (RLAC) Program
646-888-8106
At MSK, care doesn’t end after active treatment. The RLAC Program is for patients and their families who have finished treatment. This program has many services, including seminars, workshops, support groups, counseling on life after treatment, and help with insurance and employment issues.

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

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

• Our Male Sexual and Reproductive Medicine Program helps men who are dealing with cancer-related sexual health challenges, including erectile dysfunction. For more information, or to make an appointment, call 646-888-6024.

Social Work
212-639-7020
Social workers help patients, family, and friends deal with issues that are common for people with cancer. They provide individual counseling and support groups throughout the course of treatment and can help you communicate with children and other family members. Our social workers can also help refer you to community agencies and programs, as well as financial resources if you’re eligible.
Tobacco Treatment Program
212-610-0507
If you want to quit smoking, MSK has specialists who can help. Call for more information.

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

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

External Support Services

Access-A-Ride
new.mta.info/accessibility/paratransit
877-337-2017
In New York City, the MTA offers a shared ride, door-to-door service for people with disabilities who aren’t able to take the public bus or subway.

Air Charity Network
www.aircharitynetwork.org
877-621-7177
Provides travel to treatment centers.

American Cancer Society (ACS)
www.cancer.org
800-ACS-2345 (800-227-2345)
Offers a variety of information and services, including Hope Lodge, a free place for patients and caregivers to stay during cancer treatment.

Cancer and Careers
www.cancerandcareers.org
646-929-8032
A resource for education, tools, and events for employees with cancer.

CancerCare
www.cancercare.org
800-813-4673
275 Seventh Avenue (Between West 25th & 26th Streets)
New York, NY 10001
Provides counseling, support groups, educational workshops, publications, and financial assistance.

Cancer Support Community
www.cancersupportcommunity.org
888-793-9355
Provides support and education to people affected by cancer.
Caregiver Action Network
www.caregiveraction.org
800-896-3650
Provides education and support for those who care for loved ones with a chronic illness or disability.

Corporate Angel Network
www.corpangelnetwork.org
866-328-1313
Offers free travel to treatment across the country using empty seats on corporate jets.

Gilda’s Club
www.gildasclubnyc.org
212-647-9700
A place where men, women, and children living with cancer find social and emotional support through networking, workshops, lectures, and social activities.

Good Days
www.mygooddays.org
877-968-7233
Offers financial assistance to pay for copayments during treatment. Patients must have medical insurance, meet the income criteria, and be prescribed medication that is part of the Good Days formulary.

Healthwell Foundation
www.healthwellfoundation.org
800-675-8416
Provides financial assistance to cover copayments, health care premiums, and deductibles for certain medications and therapies.

Joe’s House
www.joeshouse.org
877-563-7468
Provides a list of places to stay near treatment centers for people with cancer and their families.

LGBT Cancer Project
www.lgbtcancer.org
212-673-4920
Provides support and advocacy for the LGBT community, including online support groups and a database of LGBT-friendly clinical trials.

LegalHealth
www.legalhealth.org
212-613-5000
Provides free legal help to New Yorkers experiencing serious or chronic health problems and financial hardship.

LIVESTRONG Fertility
www.livestrong.org/fertility
855-744-7777
Provides reproductive information and support to cancer patients and survivors whose medical treatments have risks associated with infertility.
Look Good Feel Better Program
www.lookgoodfeelbetter.org
800-395-LOOK (800-395-5665)
This program offers workshops to learn things you can do to help you feel better about your appearance. For more information or to sign up for a workshop, call the number above or visit the program’s website.

Medicine Assistance Tool
www.medicineassistancetool.org
A search engine with information about programs that can help people with financial need get access to medications.

National Cancer Institute
www.cancer.gov
800-4-CANCER (800-422-6237)

National LGBT Cancer Network
www.cancer-network.org
212-675-2633
Provides education, training, and advocacy for LGBT cancer survivors and those at risk.

Needy Meds
www.needymeds.org
800-503-6897
Lists Patient Assistance Programs for brand and generic name medications.

Patient Access Network Foundation
www.panfoundation.org
866-316-7263
Helps people with insurance pay their out-of-pocket medical costs.

Patient Advocate Foundation
www.patientadvocate.org
800-532-5274
Provides access to care, financial assistance, insurance assistance, job retention assistance, and access to the national underinsured resource directory.

RxHope
www.rxhope.com
877-267-0517
Helps people get medications they have trouble affording.
This section contains the educational resources that were referred to throughout this guide. These resources will help you get ready for your surgery and recover safely after surgery.

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

Notes

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Advance Care Planning

This information describes how you can protect your right to make your own decisions about your healthcare. It contains information about:

- How to talk with your loved ones about the care you would want if you're not able to speak for yourself.
- How to choose someone to make healthcare decisions for you if you can't.
- How to document your choices in a way that is recognized by the law.

This process is called advance care planning. Advance care planning allows you to think about important health issues when you're healthy and don't need to make these decisions right away. Planning your care when you aren't under too much emotional stress will help you get the care you would want if you're not able to make decisions on your own. Planning in advance helps put your loved ones at ease because they don't have to guess what you would want and worry whether they've made the right decision.

It can be hard to think about what kind of care you would want if you become very sick or as you near the end of your life. We've designed this information to help you think about what you would want and talk to your loved ones about it. As you follow along with this guide, you may want to use the spaces provided to write in notes and questions.

Choose Your Health Care Agent

Your health care agent (also called a proxy or representative) is someone you choose to make healthcare decisions for you if you can't make them for yourself. If you can communicate and are able to understand your treatment options, you will work with your healthcare team to make your own decisions about your treatment. Your health care agent is involved in medical decisions only and does not have legal authority to make decisions about your finances or anything else.

Choose someone who can legally serve as your health care agent. A friend, family member, or anyone you trust can be your health care agent, as long as the person is at least age 18 and isn't a member of your healthcare team. Also, it's important you choose someone who:

- Is willing to talk with you about your wishes regarding medical care.
- You trust to follow through with your choices.
- Understands your religious and ethical beliefs.
- Will be available in the future.
- Understands the role of a health care agent and is willing to serve as one.
- Is able to communicate well with others.
- Can make difficult decisions.
Many people choose their spouse, partner, or other family member. However, not everyone will feel comfortable being a health care agent. No matter who you choose, it’s important to talk openly and honestly with the person before making a decision. How to Be a Health Care Agent is a resource that can help your health care agent understand their role and what to expect. They can search for it on our website at www.mskcc.org/pe.

You can choose more than 1 health care agent. For example, you might have a primary health care agent and a secondary health care agent. That way, if your primary health care agent is not available in an emergency, your doctor will call the second person.

When you have someone in mind, review the information in the next section with them. It’s important to review this from time to time because your thoughts may change.

**Talk About Your Beliefs and Goals**

Talk with your health care agent about what you would want, and discuss why you feel that way. This will help them understand your wishes. You don’t have to spell out specific medical treatments that you want or don’t want. It’s also helpful to talk with your healthcare providers, other friends and family, and other people you trust, such as a spiritual advisor or lawyer.

Talking about your beliefs and goals can be hard. To help you start, we’ve given examples of some questions to ask yourself. Remember, advance care planning is a process, not something that gets done all at once.

**Are there certain situations in which you would not want a lot of medical treatment?**

**How much are you willing to go through to extend your life?**

Palliative care focuses on the relief of pain and other symptoms, both physical and emotional. It can be provided at any point during an illness, even at the same time as other treatments. Palliative care is not the same as hospice care, which is explained below.

**What are your feelings about palliative care?**
Palliative care and hospice are not the same. Hospice care starts when a person has 6 months or less to live. The goal of hospice care is to provide comfort and support while stopping any treatments that try to cure a disease. Hospice care can take place at home or in a healthcare facility. Would you be interested in hospice care at the end of your life?

**What are some things that would make the end of your life most peaceful?**

**What are your biggest concerns or fears about the end of your life?**

**How important is it for you to be able to take care of yourself at the end of your life?**

It may be helpful to talk with your health care agent about specific treatments that you may or may not want to receive and the circumstances when you would or would not want to receive them. Here are some examples:

Cardiopulmonary resuscitation (CPR) can be done if your heart stops beating. To try to restart your heart, you may get forceful pressure on your chest (compressions) and electric shocks (defibrillation). To give you air, you may get mouth to mouth breathing, have a breathing tube put in your airway (intubation), have a machine breathe for you (mechanical ventilation), or all 3. Write your questions and thoughts about whether you would want CPR and in what situations.

If you stop breathing while your heart is still beating, you may get mouth to mouth breathing, have a breathing tube put in your airway (intubation), have a machine breathe for you (mechanical ventilation), or all 3. Write your questions and thoughts about whether you would want to be placed on a breathing machine and in what situations.

Artificial hydration and nutrition adds to or replaces normal eating and drinking. A feeding tube to give you food and liquids can be placed either directly into your stomach or intestine, or through your nose and into your stomach. You can also receive nutrition through a vein. Artificial hydration and nutrition can be used if you’re unable to eat or drink enough while you’re getting treatment that might help you recover. It can also be used to keep your body alive if you are unconscious and there is very little chance you will become conscious again. Write your questions and thoughts about whether you would want to receive artificial hydration or nutrition, and in what situations.
Document Your Choices

Once you have someone who has agreed to be your health care agent, you'll need to put it in writing. You can do this by completing a Health Care Proxy form. Forms are available from your healthcare provider at MSK, a Patient Representative, or on the websites listed at the end of this resource.

In New York, a Health Care Proxy form becomes valid once you sign and date it in front of 2 witnesses. Anyone who is 18 years of age or older can be your witness, but your health care agent cannot be your witness. Your witness will also need to sign the form. You do not need a lawyer or a notary to complete this form.

Give a copy of your completed Health Care Proxy form to all of your healthcare providers, your health care agent, and your lawyer, if you have one. You should also keep a copy for yourself. Tell your other loved ones who your health care agent is and ask them to be supportive of that person.

With advance care planning, your loved ones will be better able to carry out your wishes if you're not able to speak for yourself. Choosing and documenting your health care agent is just the beginning. Once you've started, it will be easier to talk about changes or other things that come up in the future. Your wishes may change over time, so it's a good idea to talk about your plan every time your treatment goals change.

Additional Resources

If you have any questions about advance care planning, speak with your healthcare team. You can also speak with a staff member from our Patient Representatives office by calling 212-639-7202.

CaringInfo
www.caringinfo.org
Provides many resources for advance care planning, including Health Care Proxy forms from any state.

State of New Jersey Department of Health Website. What is Advance Directive?
www.state.nj.us/health/advancedirective/ad/what-is/
Information about advance care planning in general and specific to New Jersey.

New York State Department of Health
www.health.ny.gov/professionals/patients/health_care_proxy/
Information about advance care planning and NY Health Care Proxy forms in many languages.

Use this space to write down questions for your healthcare provider. ______________________________
________________________________________
________________________________________
________________________________________
Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E

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

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

Instructions Before Your Surgery

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

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

- If you take aspirin or a medication that contains aspirin, you may need to change your dose or stop taking it 7 days before your surgery. Follow your healthcare provider’s instructions. Don’t stop taking aspirin unless your healthcare provider tells you to.
• If you take vitamin E or a supplement that contains vitamin E, stop taking it 7 days before your surgery or as directed by your healthcare provider.

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

Examples of Medications

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

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

<table>
<thead>
<tr>
<th>Common Medications Containing Aspirin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggrenox®</td>
</tr>
<tr>
<td>Alka Seltzer®</td>
</tr>
<tr>
<td>Anacin®</td>
</tr>
<tr>
<td>Arthritis Pain Formula</td>
</tr>
<tr>
<td>Arthritis Foundation Pain Reliever®</td>
</tr>
<tr>
<td>ASA Enseals®</td>
</tr>
<tr>
<td>ASA Suppositories®</td>
</tr>
<tr>
<td>Ascriptin® and Ascriptin A/D®</td>
</tr>
<tr>
<td>Aspergum®</td>
</tr>
<tr>
<td>Asprimox®</td>
</tr>
<tr>
<td>Tablets and Caplets</td>
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<tr>
<td>---------------------</td>
</tr>
<tr>
<td>Axotal®</td>
</tr>
<tr>
<td>Azdone®</td>
</tr>
<tr>
<td>Bayer® (most formulations)</td>
</tr>
<tr>
<td>BC® Powder and Cold formulations</td>
</tr>
<tr>
<td>Bufferin® (most formulations)</td>
</tr>
<tr>
<td>Buffets II®</td>
</tr>
<tr>
<td>Buffex®</td>
</tr>
</tbody>
</table>

| Common NSAID Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E 3/5 |
|---|---|---|---|
| Advil® | Duexis® | Mefenamic Acid | PediaCare Fever® |
| Advil Migraine® | Etodolac® | Meloxicam | Piroxicam |
| Aleve® | Feldene® | Menadrol® | Ponstel® |
| Anaprox DS® | Fenoprofen | Midol® | Relafen® |
| Ansaid® | Flurbiprofen | Mobic® | Saleto 200® |
| Arthrotec® | Genpril® | Motrin® | Sulindac |
| Bayer® Select Pain Relief Formula Caplets | Ibuprofen | Nabumetone | Toradol® |
| Celebrex® | Indomethacin | Nalfon® | Treximet® |
| Celecoxib | Indocin® | Naproxen | Vicoprofen® |
| Children’s Motrin® | Ketoprofen | Naprosyn® | Vimovo® |
| Clinoril® | Ketorolac | Nuprin® | Voltaren® |
| Daypro® | Lodine® | Orudis® |
| Diclofenac | Meclofenamate | Oxaprozin |
**Products Containing Vitamin E**

<table>
<thead>
<tr>
<th>Product</th>
<th>Brand</th>
<th>Vitamin IU</th>
<th>Complex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amino-Opt-E</td>
<td>Aquavit</td>
<td>E-400 IU</td>
<td>E complex-600</td>
</tr>
<tr>
<td>Aquasol E</td>
<td>D’alpha E</td>
<td>E-1000 IU Softgels</td>
<td>Vita-Plus E</td>
</tr>
</tbody>
</table>

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

**About Acetaminophen**

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

<table>
<thead>
<tr>
<th>Medications Containing Acetaminophen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acephen®</td>
</tr>
<tr>
<td>Aceta® with Codeine</td>
</tr>
<tr>
<td>Acetaminophen with Codeine</td>
</tr>
<tr>
<td>Aspirin-Free Anacin®</td>
</tr>
<tr>
<td>Arthritis Pain Formula® Aspirin-Free</td>
</tr>
<tr>
<td>Datril®</td>
</tr>
<tr>
<td>Di-Gesic®</td>
</tr>
<tr>
<td>Endocet®</td>
</tr>
</tbody>
</table>

**Read the labels on all your medications**

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

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

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

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

This information describes the signs and causes of constipation. It also describes ways to prevent and treat constipation.

About Constipation

Constipation is a common problem that makes it hard to have bowel movements (poop).

Your bowel movements or stool (poop) might be:

- Too hard
- Too small
- Hard to get out
- Happening fewer than 3 times a week

If you’re having any of the signs listed above, you might be constipated.

Causes of Constipation

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

Constipation can be caused by many things, including:

- Medications, such as:
  - Pain medication
  - Chemotherapy
- Antiemetics (medications to control nausea)
- Antidepressants (medications to help manage depression)
- Anticonvulsants (medications to prevent seizures)
- Blood pressure medication
- Antihistamines (allergy medications)
- Antacids, such as Tums® or Rolaids®
- Dietary supplements (vitamins), such as iron and calcium

- Medical conditions, such as:
  - Diabetes
  - Depression
  - Parkinson’s disease
  - Hypothyroidism (a condition in which your thyroid gland doesn’t produce enough hormones)
  - Hypercalcemia (too much calcium in your blood)
  - Spinal cord compression (pressure on the spinal cord from a tumor or injury)
  - Intestinal obstruction (a blockage in your intestines)

- Other things, such as:
  - Ignoring the urge to have a bowel movement
  - Not having enough time or privacy to have a bowel movement
  - Inactivity, such as not moving around or walking enough.
  - Not drinking enough liquids
  - Not eating enough fiber
  - Old age
Lifestyle Changes to Prevent and Treat Constipation

To prevent and treat constipation, try the following lifestyle changes:

- 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 move your bowels. This is when the reflexes in your colon are the strongest.

- Exercise, if you can. Walking is an excellent form of exercise. Exercise helps your body move food through your large intestines (colon), which can make it easier to have a bowel movement.

- Drink 8 to 10 (8-ounce) glasses (2 to 2.5 liters) of liquids daily, if you can. Drink water, juices (such as prune juice), soups, ice cream shakes, and other drinks that don’t have caffeine. Try to avoid drinking more than 1 caffeinated drink per day. Drinks with caffeine, such as coffee and soda, pull fluid out of your body and can make you dehydrated.

- Slowly increase the fiber in your diet to 25 to 35 grams per day. If you have an ostomy or have had recent bowel surgery, check with your healthcare provider before making any changes in your diet. Foods high in fiber include:
  - Bran
  - Whole-grain cereals and bread
  - Unpeeled fruits and vegetables
  - Mixed green salads
  - Apricots, figs, and raisins
  - Nuts and beans
Read the resource *Food Sources of Fiber* (www.mskcc.org/pe/food_sources_fiber) for information about the amount of fiber found in many foods.

**Medications for Constipation**

You can also use medications to treat constipation and help you have a bowel movement. Both over-the-counter (medications you get without a prescription) and prescription medications are available to treat constipation. It’s important to talk with your healthcare provider about which medications are right for you before taking any over-the-counter medications.

Laxatives are medications that help you have a bowel movement in different ways. Below is a list of some common over-the-counter laxatives.

Start by taking 1 of these medications after talking about it with your healthcare provider.

**Common over-the-counter laxatives**

**Stool softeners**

Stool softeners, such as Docusate sodium (Colace®), increase the amount of water in your stool, making it softer and easier to pass. They also cause few side effects. Take stool softeners as often as instructed by your healthcare provider. Don’t take any stool softeners while taking mineral oil.

**Osmotic laxatives**

Osmotic laxatives, such as polyethylene glycol (MiraLAX®), use water in your body to soften your stool and ease it through your colon so you can have a bowel movement. Side effects aren’t common, but osmotic laxatives may cause nausea (feeling like you’re going to throw up), bloating, and gas.

**Stimulant laxatives**

Stimulant laxatives, such as Senna (Senokot®), make you have a bowel movement by speeding up muscle movement in your colon. Stimulant laxatives may cause cramping. They’re best to take at bedtime.
Bulk-forming laxatives

Bulk-forming laxatives, such as Psyllium (Metamucil®, Fiberall®, Perdiem®), make a more liquid-like stool that’s softer and easier to pass. Other types include Polycarbophil (Fibercon®) and Methylcellulose (Citrucel®). You should take these with 8 ounces of liquid, such as water. Bulk-forming laxatives may cause bloating and gas.

- Talk with your healthcare provider before using bulk-forming laxatives if you:
  - Can’t get out of bed.
  - Can only have a small amount of liquids every day.
  - Have strictures (sections in your intestine that are narrower than others), or a partial blockage in your intestine.
  - Are constipated because of pain medication.

Suppositories and enemas

- Don’t use suppositories (medication that’s inserted through your anus) unless your healthcare provider tells you to.
- Don’t use enemas (when liquid is put into your rectum (bottom of your colon) through your anus to cause a bowel movement) unless your healthcare provider tells you to.

Follow the instructions on the label or given by your healthcare provider when taking any of these medications.

If these medications don’t help, talk with your healthcare provider. They may change the medication, suggest other medications, or recommend prescription medication.
When to Call Your Healthcare Provider

Call your healthcare provider if:

- You haven’t had a bowel movement for 3 days.
- You have diarrhea (loose or watery bowel movements) after taking any of the medications listed above. Don’t take any medication to manage your diarrhea without talking to your healthcare provider first.
- You have any questions or concerns.
Herbal Remedies and Cancer Treatment

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

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

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

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

Common Herbal Supplements and Their Effects

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

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

**Garlic**

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

**Gingko (also known as *Gingko biloba*)**

• Can increase your risk of bleeding.

**Ginseng**

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

**Turmeric**

• Can make chemotherapy less effective.

**St. John’s Wort**

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

**Valerian**

• Can increase the effects of sedation or anesthesia.

**Herbal formulas**

• Herbal formulas contain different herbs. We don’t know their side effects. You must also stop taking these products 1 week before treatment. Do not start taking herbal formulas again until your doctor tells you it’s safe.
This information doesn’t cover all herbal remedies or possible side effects. Talk with your healthcare provider if you have any questions or concerns.

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