

About Your Retroperitoneal Lymph Node Dissection

This guide will help you prepare for your retroperitoneal lymph node dissection (RPLND) 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 first name: _____

Your Care Team

Doctor: _____

Phone number: _____

Fax number: _____

Nurse: _____

Table of Contents

About Your Surgery	3
Before Your Surgery	5
Preparing for Your Surgery	6
Within 30 Days of Your Surgery	7
10 Days Before Your Surgery.....	8
7 Days Before Your Surgery.....	8
2 Days Before Your Surgery.....	9
1 Day Before Your Surgery	9
The Morning of Your Surgery	10
After Your Surgery	15
What to Expect	16
Commonly Asked Questions: During Your Hospital Stay	16
Commonly Asked Questions: At Home.....	18
Resources	23
Educational Resources	24
Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs).....	24
Herbal Remedies and Cancer Treatment.....	29
Information for Family and Friends for the Day of Surgery.....	32
How to Use Your Incentive Spirometer	36
Patient-Controlled Analgesia (PCA)	39
Retrograde Ejaculation.....	41
MSK Support Services	43
External Resources.....	44

About Your Surgery

About Your Retroperitoneal Lymph Nodes

Retroperitoneal lymph nodes are found in the area between your kidneys along a vein, the vena cava, and an artery, the aorta (see Figure 1). Your vena cava carries blood to your heart. Your aorta carries blood from your heart to the rest of the body.

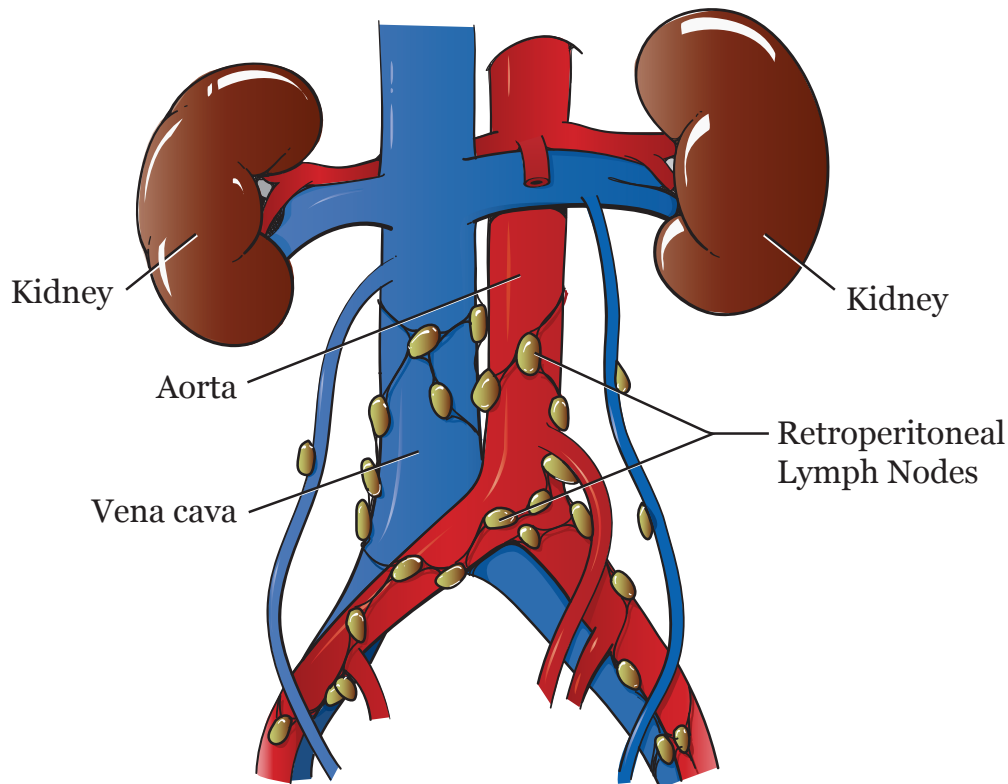


Figure 1. Your retroperitoneal lymph nodes

About Your RPLND Surgery

RPLND is a surgery that removes your retroperitoneal lymph nodes. RPLND is a treatment for testicular cancer because the retroperitoneal lymph nodes are usually the first place that testicular cancer spreads. These lymph nodes may also be affected by other types of cancer.

During your surgery, your surgeon will make an incision (surgical cut) from the bottom of your ribcage to your pubic area. They will remove your lymph nodes through this incision. Your surgery will take 3 ½ to 5 hours.

Sperm Banking

This surgery may affect the nerves that control the way semen exits your body. Semen may go into your bladder instead of out of your penis. This is called retrograde ejaculation and can impact your fertility (ability to have biological children). For more information, read *Retrograde Ejaculation*, located in the “Educational Resources” section of this guide.

Your surgeon will try to use nerve sparing techniques if possible. This can prevent retrograde ejaculation. However, it can still take between 1 month and several years before your nerves recover. We strongly

Preparing for Your Surgery

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

About Drinking Alcohol

The amount of alcohol you drink can affect you during and after your surgery. It's important that you talk with your healthcare providers about your alcohol intake so that we can plan your care.

- Stopping alcohol suddenly can cause seizures, delirium, and death. If we know you're at risk for these complications, we can prescribe medications to help prevent them.
- If you drink alcohol regularly, you may be at risk for other complications during and after your surgery. These include bleeding, infections, heart problems, greater dependence on nursing care, and longer hospital stay.

Here are things you can do to prevent problems before your surgery:

- Be honest with your healthcare provider about how much alcohol you drink.
- Try to stop drinking alcohol once your surgery is planned. If you develop a headache, nausea, increased anxiety, or can't sleep after you stop drinking, tell your doctor right away. These are early signs of alcohol withdrawal and can be treated.
- Tell your healthcare provider if you can't stop drinking.
- Ask us any questions you have about drinking and surgery. As always, all of your medical information will be kept confidential.

About Smoking

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

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 doctor knows all the medications you're taking.
- I take prescription medications, including patches and creams.
- I take any over-the-counter medications, herbs, vitamins, minerals, or natural or home remedies.
- I have a pacemaker, automatic implantable cardioverter-defibrillator (AICD), or other heart device.
- I have sleep apnea.
- I have had a problem with anesthesia (medication to make you sleep during surgery) in the past.
- I am allergic to certain medication(s) or materials, including latex.
- I am not willing to receive a blood transfusion.
- I drink alcohol.
- I smoke.
- I use recreational drugs.

About Sleep Apnea

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

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

Within **30** Days of Your Surgery

Presurgical Testing (PST)

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

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

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

Identify Your Caregiver

Your caregiver plays an important role in your care. You and your caregiver will learn about your surgery from your healthcare provider. After your surgery, your caregiver should be present for the discharge instructions so they're able to help you care for yourself at home. Your caregiver will also need to take you home after your surgery.

Complete a Health Care Proxy Form

If you haven't already completed a Health Care Proxy form, we recommend you complete one now. A health care proxy is a legal document that identifies the person who will speak for you if you're unable to communicate for yourself. The person you identify is called your health care agent.

If you're interested in completing a Health Care Proxy form, talk with your nurse. If you have completed one already, or if you have any other advance directive, bring it to your next appointment.

Do Breathing and Coughing Exercises

Practice taking deep breaths and coughing before your surgery. You will be given an incentive spirometer to help expand your lungs. For more information, read our resource *How to Use Your Incentive Spirometer*, located in the “Educational Resources” section of this guide. If you have any questions, ask your nurse or respiratory therapist.

Exercise

Try to do aerobic exercise every day. Examples of aerobic exercise 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 market. Exercising will help your body get into its best condition for your surgery and make your recovery faster and easier.

Eat a Healthy Diet

Eat a well-balanced, healthy diet before your surgery. If you need help with your diet, talk with your doctor or nurse about meeting with a dietitian.

10 Days Before Your Surgery

Stop Taking Vitamin E

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

Buy Hibiclens® Skin Cleanser

Hibiclens is a skin cleanser that kills germs for 24 hours after using it (see figure). Showering with Hibiclens before your surgery will help lower your risk of infection after your surgery. You can buy Hibiclens at your local pharmacy without a prescription.



Hibiclens skin cleanser

7 Days Before Your Surgery

Stop Taking Certain Medications

If you take aspirin, ask your surgeon if you should keep taking it. Aspirin and medications that contain aspirin can cause bleeding. For more information, read our resource *Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs)*, located in the “Educational Resources” section of this guide.

Stop Taking Herbal Remedies and Other Supplements

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

Watch a Virtual Tour

This video will give you an idea of what to expect when you come to Memorial Hospital (MSK's main hospital) on the day of your surgery.

 www.mskcc.org/pe/day-your-surgery

2 Days Before Your Surgery

Stop Taking Certain Medications

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

1 Day Before Your Surgery

Note the Time of Your Surgery

A clerk from the Admitting Office will call you after 2:00 PM the day before your surgery. If you're scheduled for surgery on a Monday, you will be called on the Friday before.

The clerk will tell you what time you should arrive at the hospital for your surgery. They will also tell you where to go on the day of your surgery. This will be:

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



Use the area below to write in information when the clerk calls.

Date: _____ Presurgical Center arrival time: _____

If you don't receive a call by 7:00 PM, please call 212-639-5014.

Eat a High Fat Diet

You will need to eat a high fat diet the day before your surgery. A high fat diet includes dairy products (cheeses, whole milk), avocado, meats, and baked goods.

Shower With Hibiclens

The night before your surgery, shower using Hibiclens.

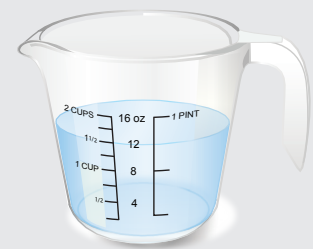
1. Use your normal shampoo to wash your hair. Rinse your head well.
2. Use your normal soap to wash your face and genital area. Rinse your body well.
3. Open the Hibiclens bottle. Pour some solution into your hand or a washcloth.
4. Move away from the shower stream to avoid rinsing off the Hibiclens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

Sleep

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

Instructions for eating and drinking before your surgery

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



The Morning of Your Surgery

Shower With Hibiclens

Shower using Hibiclens just before you leave for the hospital. Use the Hibiclens the same way you did the night before.

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

Take Your Medications

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

Things to remember

- Don't put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne.
- Remove nail polish and nail wraps.
- Don't wear any metal objects. Remove all jewelry, including body piercings. The equipment used during your surgery can cause burns if it touches metal.
- Leave valuable items, such as credit cards, jewelry, or your checkbook, at home.
- Before you're taken into the operating room, you will need to remove your hearing aids, dentures, prosthetic device(s), wig, and religious articles.
- Wear something comfortable and loose-fitting.
- If you wear contact lenses, wear your glasses instead. Wearing contact lenses during surgery can damage your eyes.
- _____
- _____
- _____



What to bring

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

You will be asked to state and spell your name and date of birth many times. This is for your safety. People with the same or similar names may be having surgery on the same day.

Get Dressed for Surgery

When it's time to change for surgery, you will get a hospital gown, robe, and nonskid socks to wear.

Meet With Your Nurse

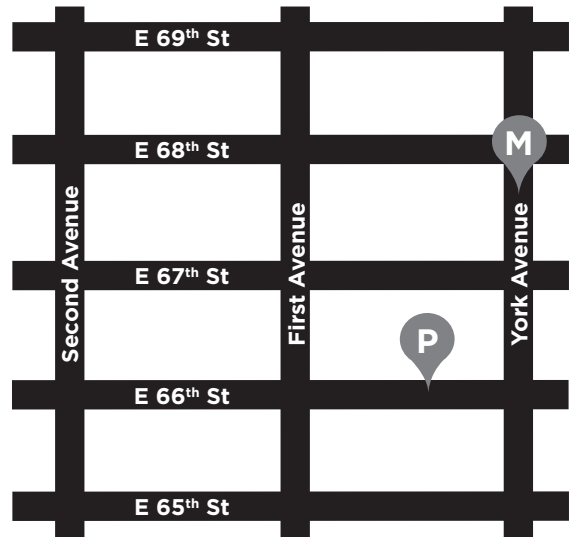
You will meet with your nurse before surgery. Tell your nurse the dose of any medications (including patches and creams) you took after midnight and the time you took them.

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

Meet With Your Anesthesiologist

Your anesthesiologist will:

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



P = Parking

M = Memorial Sloan Kettering

Prepare For Your Surgery

Once your nurse has seen you, 1 or 2 visitors can keep you company as you wait for your surgery to begin. When it's time for your surgery, your visitor(s) will be shown to the waiting area. Your visitors should read our resource *Information for Family and Friends for the Day of Surgery*, located in the "Educational Resources" section of this guide.

You will either walk into the operating room or be taken in on a stretcher. A member of the operating room team will help you onto the operating bed. Compression boots 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 will fall asleep. You will also get fluids through your IV line during and after your surgery.

After you're fully asleep, a breathing tube will be placed through your mouth and into your windpipe to help you breathe.

Once your surgery is finished, your incision will be closed with staples or with sutures (stitches). Steri-Strips™ (thin pieces of tape) will be placed directly on your incision and your incision will be covered with a bandage. Your breathing tube is usually taken out while you're still in the operating room.

What to Expect

In the Post-Anesthesia Care Unit (PACU)

When you wake up after your surgery, you will be in the Post Anesthesia Care Unit (PACU).

A nurse will be monitoring your body temperature, pulse, blood pressure, and oxygen levels. You will get oxygen through a thin tube that rests below your nose called a nasal cannula. You will also have compression boots on your lower legs.

You will have a urinary catheter in your bladder to monitor the amount of urine you're making.

You will also have a compression garment on, such as an abdominal binder. This is to help with the swelling. The garment will be put on you during your surgery.

You may have a pain pump called a patient-controlled analgesia (PCA) device. For more information, read our resource *Patient-Controlled Analgesia (PCA)*, located in the "Educational Resources" section of this guide. If you don't have an epidural catheter, you will get your pain medication through your IV line.

Your visitors can see you briefly in the PACU, usually within 90 minutes after you arrive there. A member of the nursing staff will explain the guidelines to them.

In Your Hospital Room

After your stay in the PACU, you will be taken to your hospital room. You will meet one of the nurses who will care for you while you're in the hospital recovering from your surgery. Soon after you arrive in your room, your nurse will help you out of bed and into your chair.

Your nurse will teach you how to recover from your surgery. Below are examples of ways you can help yourself recover safely.

- Start moving around and walking as soon as you're able to. Walking helps lower your risk for blood clots and pneumonia. It also helps to stimulate your bowels so they begin working again. Your nurse or physical therapist will help you move around. They will also give you medication to relieve pain.
- Use your incentive spirometer. This will help your lungs expand, which prevents pneumonia. For more information, read our resource *How to Use Your Incentive Spirometer*, located in the "Educational Resources" section of this guide.

Read our resource *Call! Don't Fall!* to learn about what you can do to stay safe and keep from falling while you're in the hospital. You can search for it on www.mskcc.org/pe.

Commonly Asked Questions: During Your Hospital Stay

The following section covers common questions people ask after having a retroperitoneal lymph node dissection. Speak with your doctor or nurse if you have any additional questions or if any of this information is unclear.

Will I have pain after my surgery?

You will have some pain after your surgery. Your doctor and nurse will ask you about your pain often and give you medication as needed. If your pain isn't relieved, tell your doctor or nurse. It's important to control your pain so you can use your incentive spirometer and move around.

You may be given a prescription for pain medication before you leave the hospital. Talk with your doctor or nurse about possible side effects and when you should start switching to over-the-counter pain medication.

You will also have a compression garment on to help with the swelling. The garment will be put on you during your surgery. Wear your compression garment for 1 to 2 weeks after your procedure.

Why is it important to walk?

Walking will help prevent blood clots in your legs. It also decreases your risk of having other complications such as pneumonia.

Will I be able to eat?

You will not be able to eat anything for 2 to 3 days after your surgery. After 2 to 3 days, you will start taking sips of water and progress to clear liquids. You will then start a 5 gram low-fat diet.

You eat less fat by following the guidelines below:

- Trim any visible fat from meats.
- Bake or broil foods instead of frying them.
- Avoid heavy gravies and cream sauces.
- Limit "regular" (not labeled low-fat) snack chips, croissants, doughnuts, and rich desserts like pound cake or cakes with frostings
- Stay away from processed meats like hot dogs, sausage, bacon, and bologna, unless they're labeled "low-fat."

Follow a low-fat diet for 2 weeks after your surgery. After that, you can gradually increase the amount of fat in your diet to an amount that you can tolerate.

Do not eat nuts, corn, or popcorn for 1 year after surgery, because these foods are hard to digest.

You will also need to avoid all laxatives.

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

How long will I be in the hospital?

Most people are in the hospital for 7 to 10 days after this surgery.

By the time you're ready to leave the hospital, your incision will have started to heal. Before you leave the hospital, look at your incision with your nurse and caregiver. Knowing what your incision looks like will help you notice any changes later.

Commonly Asked Questions: At Home

Read our resource *What You Can Do to Avoid Falling* to learn about what you can do to stay safe and keep from falling at home and during your appointments at MSK.

Will I have pain when I am home?

The length of time each person has pain or discomfort varies. You may still have some pain when you go home and will probably be taking pain medication. Some people may have soreness around their incision, tightness, or muscle aches for 6 months or longer. This doesn't mean something is wrong.

Follow the guidelines below to help manage your pain at home.

- Take your medications as directed and as needed.
- Call your doctor if the medication prescribed for you doesn't relieve your pain.
- Don't drive or drink alcohol while you're taking prescription pain medication.
- As your incision heals, you will have less pain and need less pain medication. An over-the-counter pain reliever such as acetaminophen (Tylenol®) or ibuprofen (Advil®) will relieve aches and discomfort.
 - Follow your doctor or nurse's instructions for stopping your prescription pain medication.
 - Don't take more acetaminophen than the amount directed on the bottle or as instructed by your doctor or nurse. Taking too much acetaminophen can harm your liver.
- Pain medication should help you resume your normal activities. Take enough medication to do your exercises comfortably. However, it's normal for your pain to increase slightly as you increase your level of activity.
- Keep track of when you take your pain medication. It works best 30 to 45 minutes after you take it. Taking it when your pain first begins is more effective than waiting for the pain to get worse.

Pain medication may cause constipation (having fewer bowel movements than what's normal for you).

How can I prevent constipation?

Your normal bowel pattern may change after surgery. You may have trouble passing stool (feces). Talk with your nurse about how to 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. However, if you feel the urge 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. The reflexes in your colon are strongest at this time.
- Exercise, if you can. Walking is an excellent form of exercise.
- Drink 8 (8-ounce) glasses (2 liters) of liquids daily, if you can. Drink water, juices, soups, ice cream shakes, and other drinks that 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. Fruits, vegetables, whole grains, and cereals contain fiber. If you have an ostomy or have had recent bowel surgery, check with your doctor or nurse before making any changes in your diet.

- Take docusate sodium (Colace®) 3 times a day. This is a stool softener that causes few side effects. Don't take it with mineral oil. Do not take any over-the-counter laxatives.

If you haven't had a bowel movement in 2 days, call your doctor or nurse.

For more information, read our resource *Constipation*. You can search for it on www.mskcc.org/pe.

Can I shower?

Yes. Taking a warm shower is relaxing and can help decrease muscle aches.

When you shower, remove your bandages and use soap to gently wash your incision. Pat the areas dry with a clean towel after showering. Leave your incision uncovered, unless there's drainage. Call your doctor if you see any redness or drainage from your incision.

Don't take tub baths until you discuss it with your doctor at the first appointment after your surgery.

Can I drink alcohol after surgery?

Don't drink alcohol while you're taking pain medication.

How do I care for my incisions?

It's normal for the skin below your incision to feel numb, because some of the nerves were cut. The numbness will go away over time.

Change your bandages at least once a day, or more often if they become wet with drainage. When there's no longer any drainage coming from your incision, it can be left uncovered.

If any fluid is draining from your incision, write down the amount and color. Call your doctor's office and tell the nurse about any drainage from your incision.

If you go home with Steri-Strips on your incision, they will loosen and fall off by themselves. If you go home with Dermabond on your incision, it will also loosen and peel off by itself. If the Steri-Strips and Dermabond haven't fallen off within 10 days, you may remove them.

Is it normal to feel tired after surgery?

Yes, feeling tired (fatigue) is common after surgery, and may last for 6 to 8 weeks. This will improve slowly over time. Try to increase your activity level every day to help manage your fatigue. Get up, get dressed, and walk. You may need a nap during the day, but try to stay out of bed as much as possible so you will sleep at night.

Can I resume my activities?

It's important for you to resume your activities after surgery. Spread them out over the course of the day. You can do light household tasks. Try dusting, washing dishes, preparing light meals, and other activities as you are able.

You may return to your usual sexual activity as soon as your incisions are well healed and you can do so without pain or fatigue.

Your body is an excellent guide for telling you when you have done too much. When you increase your activity, monitor your body's reaction. You may find that you have more energy in the morning or the afternoon. Plan your activities for times of the day when you have more energy.

When is it safe for me to drive?

You can start driving again 1 month after your surgery, as long as you aren't taking pain medication that may make you drowsy.

When can I return to work?

The time it takes to return to work depends on the type of work you do, the type of surgery you had, and how fast your body heals. Usually you can return to work 3 to 6 weeks after surgery. However, if your job requires heavy lifting or physical labor, it may be 3 months before you can return to work.

What exercises can I do?

Doing aerobic exercise, such as walking and stair climbing, will help you gain strength and feel better. Gradually increase the distance you walk. Climb stairs slowly, resting or stopping as needed.

Ask your doctor or nurse before starting more demanding exercises.

When can I lift heavy objects?

Ask your doctor when it's safe for you to lift heavy objects after your surgery. Most people shouldn't lift anything heavier than 5 pounds (2.27 kilograms) for at least 6 weeks after surgery.

How can I cope with my feelings?

After surgery for a serious illness, you may have new and upsetting feelings. Many people say they felt weepy, sad, worried, nervous, irritable, and angry at one time or another. You may find that you 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 nurse, doctor, and social worker can reassure, support, and guide you. It's always a good idea to let these professionals know how you, your family, and your friends are feeling emotionally. Many resources are available to patients and their families. Whether you're in the hospital or at home, the nurses, doctors, and social workers are here to help you and your family and friends handle the emotional aspects of your illness.

When is my first appointment after my surgery?

Your first appointment after surgery will be 3 to 4 weeks after your surgery. Your nurse will give you instructions on how to make this appointment, including the phone number to call.

During this appointment, your doctor will discuss your pathology results with you in detail.

What if I have other questions?

If you have any questions or concerns, talk with your doctor or nurse. You can reach them Monday through Friday from 9:00 AM to 5:00 PM.

After 5:00 PM, during the weekend, and on holidays, call 212-639-2000 and ask for the doctor on call for your doctor.



Call your doctor if you have:

- A temperature of 101° F (38.3° C) or higher
- Pain that doesn't get better with your medications
- Redness, swelling, or drainage from your incisions that is foul smelling (smells bad) or is pus-like (thick or yellow)
- Diarrhea or constipation
- Calf pain
- Nausea or vomiting
- Any new symptom or physical change
- Any questions or concerns

Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

This information will help you identify medications that contain aspirin and other nonsteroidal anti-inflammatory drugs (NSAIDs). It's important to stop these medications before many cancer treatments.

Aspirin, other NSAIDs (such as ibuprofen), and vitamin E can increase your risk of bleeding during cancer treatment. These medications affect your platelets, which are blood cells that clot to prevent bleeding.

Read the section “Examples of Medications” to see if your medications contain aspirin, other NSAIDs, or vitamin E.

If you take aspirin, medications that contain aspirin, other NSAIDs, or vitamin E, tell your doctor or nurse. They will tell you if you need to stop taking these medications before your treatment. You will also find instructions in the information about the treatment you're having.

Before Your Surgery

If you're having surgery, follow the instructions below.

- Stop taking medications that contain vitamin E 10 days before your surgery, or as directed by your doctor.
- Stop taking medications that contain aspirin 7 days before your surgery, or as directed by your doctor. If you take aspirin because you've had a problem with your heart or you've had a stroke, be sure to talk with your doctor

before you stop taking it.

- Stop taking NSAIDs 48 hours before your surgery, or as directed by your doctor.

Before Your Radiology Procedure

If you're having a radiology procedure (including Interventional Radiology, Interventional Mammography, and General Radiology), follow the instructions below.

- Stop taking medications that contain vitamin E 10 days before your procedure, or as directed by your doctor.
- If your doctor tells you to stop taking aspirin, stop taking it 5 days before your procedure, or as directed by your doctor. If you take aspirin because you've had a problem with your heart or you've had a stroke, be sure to talk with your doctor before you stop taking it.
 - If you take low dose aspirin (81 mg), you may not need to stop it before your procedure. Your doctor will tell you if you should stop taking low dose aspirin.
- Stop taking NSAIDs 24 hours before your procedure, or as directed by your doctor.

Before and During Your Chemotherapy

Chemotherapy can lower your platelet count, which can increase your risk of bleeding. Whether you're just starting chemotherapy or you've been getting it, talk with your doctor or nurse before taking aspirin or NSAIDs.

Examples of Medications

Medications are often called by their brand name, which can make it hard to know their ingredients. To help you identify medications that contain aspirin, other NSAIDs, and vitamin E, please review the lists below.

These lists include the most common products, but there are others. Check with your healthcare provider if you aren't sure. **Always be sure your doctor**

knows all of the medications you're taking, both prescription and over-the-counter (not prescription).

Common Medications that Contain Aspirin				
Aggrenox [®]	Bufferin [®] (most formulations)	Fiorgen [®]	Momentum [®]	Soma [®] Compound Tablets
Alka Seltzer [®]	Buffets II [®]	Fiorinal [®] (most formulations)	Norgesic Forte [®] (most formulations)	Soma [®] Compound with Codeine Tablets
Anacin [®]	Buffex [®]	Fiortal [®]	Norwich [®] Aspirin	St. Joseph [®] Adult Chewable Aspirin
Arthritis Pain Formula	Cama [®] Arthritis Pain Reliever	Gelpirin [®]	PAC [®] Analgesic Tablets	Supac [®]
Arthritis Foundation Pain Reliever [®]	COPE [®]	Genprin [®]	Orphengesic [®]	Synalgos [®] -DC Capsules
ASA Enseals [®]	Dasin [®]	Gensan [®]	Painaid [®]	Tenol-Plus [®]
ASA Suppositories [®]	Easprin [®]	Heartline [®]	Panasal [®]	Trigesic [®]
Ascriptin [®] and Ascriptin A/D [®]	Ecotrin [®] (most formulations)	Headrin [®]	Percodan [®] Tablets	Talwin [®] Compound
Aspergum [®]	Empirin [®] Aspirin (most formulations)	Isollyl [®]	Persistin [®]	Vanquish [®] Analgesic Caplets
Asprimox [®]	Epromate [®]	Lanorinal [®]	Robaxisal [®] Tablets	Wesprin [®] Buffered
Axotal [®]	Equagesic Tablets	Lortab [®] ASA Tablets	Roxiprin [®]	Zee-Seltzer [®]
Azdone [®]	Equazine [®]	Magnaprin [®]	Saleto [®]	ZORprin [®]
Bayer [®] (most formulations)	Excedrin [®] Extra-Strength Analgesic Tablets and Caplets	Marnal [®]	Salocol [®]	

BC [®] Powder and Cold formulations	Excedrin [®] Migraine	Micrainin [®]	Sodol [®]	
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Common Medications that are NSAIDs that Don't Contain Aspirin

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

Products that Contain Vitamin E

Amino-Opt-E	Aquavit	E-400 IU	E complex-600
Aquasol E	D'alpha E	E-1000 IU Softgels	Vita-Plus E

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

About Acetaminophen

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

Medications that Contain Acetaminophen

Acephen®	Di-Gesic®	Norco®	Tylenol®
Aceta® with Codeine	Esgic®	Panadol®	Tylenol® with Codeine No. 3
Acetaminophen with Codeine	Excedrin P.M.®	Percocet®	Vanquish®
Aspirin-Free Anacin®	Fiorcet®	Repan	Vicodin®
Arthritis Pain Formula® Aspirin-Free	Lorcet®	Roxicet®	Wygesic®
Darvocet-N 100®	Lortab®	Talacen®	Zydone®
Datril®	Naldegasic®	Tempra®	

Read the labels on all your medications

Acetaminophen is safe when used as directed, but there's a limit to how much you can take in 1 day. It's possible to take too much acetaminophen without knowing because it's in many different medications.

Make sure to always read and follow the label on the product you're taking. Acetaminophen is a very common ingredient found in over-the-counter and prescription medications. It's often an ingredient in pain relievers, fever reducers, sleep aids, and cough, cold, and allergy medications.

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

Common Abbreviations for Acetaminophen

APAP	AC	Acetaminop
Acetamin	Acetam	Acetaminoph

Don't take more than 1 medication that contains acetaminophen at a time without talking with a member of your healthcare team.

Herbal Remedies and Cancer Treatment

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

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

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

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

Common Herbal Supplements and Their Effects

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

Echinacea

- Can cause an allergic reaction, such as a rash or difficulty breathing.

- Can lower the effects of medications used to weaken the immune system.

Garlic

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

Gingko (also known as *Gingko biloba*)

- Can increase your risk of bleeding.

Ginseng

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

Turmeric

- Can make chemotherapy less effective.

St. John's Wort

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

Valerian

- Can increase the effects of anesthesia or sedation.

Herbal formulas

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

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

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

Information for Family and Friends for the Day of Surgery

This information explains what to expect on the day your friend or family member is having surgery at Memorial Sloan Kettering's (MSK) main hospital.

Before the Surgery

After arriving at the hospital, the patient will be asked to provide contact information for the person who will be meeting with the surgeon after the surgery. This is the same person who will get updates from the nurse liaison during the surgery. If the patient is having an outpatient procedure, they will also be asked to provide contact information for the person who will be taking them home.

Once the patient is checked in, they will go to the Presurgical Center (PSC) to be examined before surgery. Sometimes, they may need to wait before they are admitted to the PSC.

In the PSC, the nurse will do an exam. One person can come along to the PSC, but other visitors should wait in the waiting area. If the patient wants, other visitors may join them when the nurse has finished the exam.

When the operating room (OR) is ready, a member of the surgical team will come to escort the patient into the OR. They will prepare the patient for surgery, which can take 15 to 90 minutes. Then, the surgery will begin.

Please remember the following:

- **Do not bring food or drinks to the waiting area.** Patients are not allowed to eat or drink before their surgery or procedure
- Our patients are at high risk for infection. Please do not visit if you have any cold or flu symptoms (fever, sneezing, sniffles, or a cough). We may ask you

to wear a mask if there are any concerns about your health.

- If the patient brought any valuables, such as a cell phone, iPod, or iPad, please keep them safe for them during surgery.
- Sometimes, surgeries may be delayed. We make every effort to tell you when this happens.

During the Surgery

After the patient is taken to the OR, please wait in the main lobby on the 1st floor, where you will be updated by the nurse liaison. While you're waiting, here are some things you can do:

- Food and drinks are available in the cafeteria and gift shop. You can also bring your own food and eat it in the cafeteria.
- The coat-check room is located at the bottom of the escalator on the ground level. It's open Monday through Friday from 11:00 am to 4:00 pm.
- Wireless Internet access is available in most areas of the hospital. The wifi network name is MSK_guest. You can also use the computers in the room off the main lobby.
- Please be courteous and mindful of others while using your cell phone. Use the designated area to accept and make calls on your cell phone. It may be useful to bring your phone charger to the hospital.
- The Mary French Rockefeller All Faith Chapel is an interfaith chapel located in room M106 near the main lobby on the 1st floor. It's open at all times for meditation and prayer.
- The Patient Recreation Pavilion is open daily from 9:00 am to 8:00 pm for patients and their visitors. Children are allowed in the pavilion as long as they are supervised by an adult. The pavilion has arts and crafts, a library, an outdoor terrace, and scheduled entertainment events. To get to the pavilion, take the M elevators to the 15th floor.

Surgery updates

A nurse liaison will keep you updated on the progress of surgery. They will:

- Give you information about the patient.

- Prepare you for your meeting with the surgeon.
- Arrange for you to visit the patient in the Post Anesthesia Care Unit (PACU).

To contact the nurse liaison:

- From inside the hospital, use a hospital courtesy phone. Dial 2000 and ask for beeper 9000. Please be patient, as this can take up to 2 minutes.
- From outside of the hospital, call 212-639-2000. Ask for beeper 9000.
- Ask the information desk staff to contact the nurse liaison for you.

After the Surgery

Meeting with the surgeon

When the patient's surgery is completed, we will call you and ask you to return to the concierge desk to tell you where to go to meet with the surgeon.

After you have met with the surgeon, return to the concierge desk and tell them that you have finished your consultation.

Visiting the patient in the PACU

After surgery, the patient will be taken to the PACU. It can take up to 90 minutes before the patient is ready to have visitors. You can use this time to take a walk or just relax in the waiting area until the patient is ready to see you.

When the patient is able to have visitors, a staff member will take you to the PACU for one brief visit. No one is allowed to stay overnight with the patient in the PACU, except for caregivers of pediatric patients.

Please follow these guidelines before your visit:

- Silence your cell phone.
- Apply an alcohol-based hand sanitizer (such as Purell®) before entering. There are hand sanitizer stations located throughout the hospital.
- Do not bring food or flowers into the PACU.

Please remember that only a limited number of visitors can go into the PACU. This is to keep the area quiet and allow the patients to rest and receive care.

While visiting in the PACU

- Speak quietly.
- Respect other patients' privacy by staying at the bedside of your friend or family member.
- If any PACU patient needs special nursing attention, we may ask you to leave or to delay your visit.

The nurse will update you with the plan of care for the patient, such as whether the patient is staying overnight and when they will be moved to an inpatient room. If the patient is staying overnight, you may visit them again in the PACU. If the patient is going home the same day, a caregiver must take them home.

After your visit, a staff member will escort you back from the PACU.

We will give you a card with the PACU phone number. Please choose one person to call for updates.

How to Use Your Incentive Spirometer

This information will help you learn how to use your incentive spirometer.

About Your Incentive Spirometer

An incentive spirometer is a device that will expand your lungs by helping you to breathe more deeply and fully. The parts of your incentive spirometer are labeled in Figure 1.

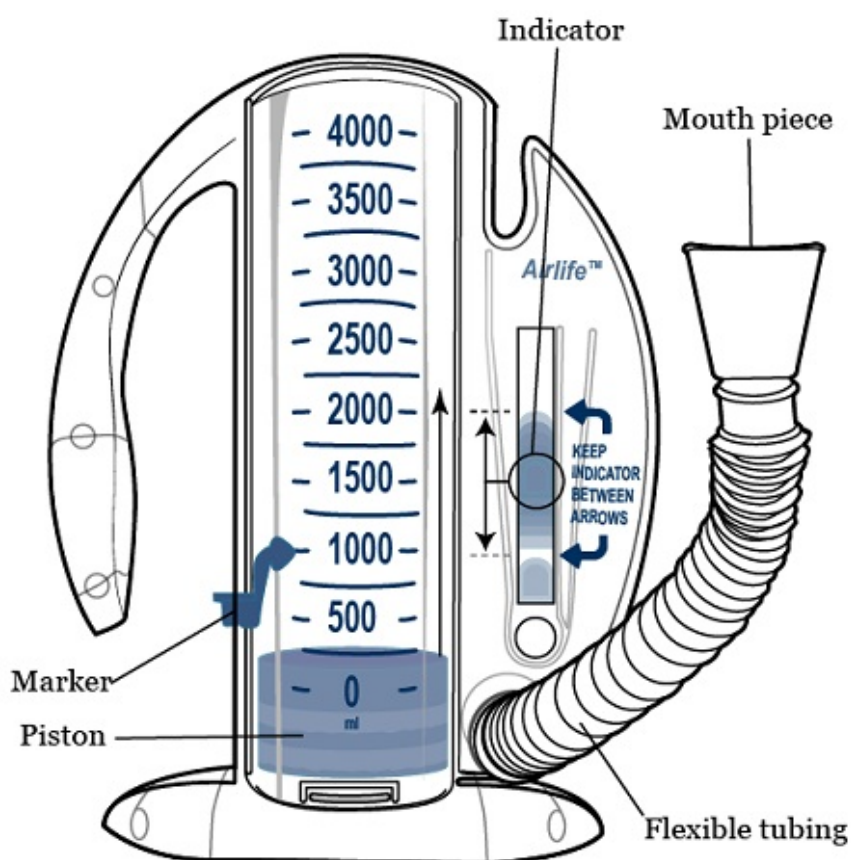


Figure 1. Incentive Spirometer

Use your incentive spirometer after your surgery and do your deep breathing and coughing exercises. This will help keep your lungs active throughout your

recovery and prevent complications such as pneumonia.

How To Use Your Incentive Spirometer

Here is a video demonstrating how to use your incentive spirometer:



Please visit mskcc.org/pe/incentive_spirometer to watch this video.

Setting up your incentive spirometer

The first time you use your incentive spirometer, you will need to take the flexible tubing with the mouthpiece out of the bag. Stretch out the tubing and connect it to the outlet on the right side of the base (see Figure 1). The mouthpiece will be attached to the other end of the tubing.

Using your incentive spirometer

When you are using your incentive spirometer, make sure to breathe through your mouth. If you breathe through your nose the incentive spirometer will not work properly. You can plug your nose if you have trouble.

If you feel dizzy at any time, stop and rest. Try again at a later time.

To use your incentive spirometer, follow the steps below.

1. Sit upright in a chair or in bed. Hold the incentive spirometer at eye level.
 - o If you had surgery on your chest or abdomen (belly), hug or hold a pillow to help splint or brace your incision (surgical cut) while you're using the incentive spirometer. This will help decrease pain at your incision.
2. Put the mouthpiece in your mouth and close your lips tightly around it. Slowly breathe out (exhale) completely.
3. Breathe in (inhale) slowly through your mouth as deeply as you can. As you take the breath, you will see the piston rise inside the large column. While the piston rises, the indicator on the right should move upwards. It should stay in between the 2 arrows (see Figure 1).
4. Try to get the piston as high as you can, while keeping the indicator

between the arrows.

- If the indicator does not stay between the arrows, you are breathing either too fast or too slow.
5. When you get it as high as you can, hold your breath for 10 seconds, or as long as possible. While you're holding your breath, the piston will slowly fall to the base of the spirometer.
 6. Once the piston reaches the bottom of the spirometer, breathe out slowly through your mouth. Rest for a few seconds.
 7. Repeat 10 times. Try to get the piston to the same level with each breath.
 8. After each set of 10 breaths, try to cough, holding a pillow over your incision, as needed. Coughing will help loosen or clear any mucus in your lungs.
 9. Put the marker at the level the piston reached on your incentive spirometer. This will be your goal next time.

Repeat these steps every hour that you are awake.

Cover the mouthpiece of the incentive spirometer when you are not using it.

Patient-Controlled Analgesia (PCA)

This information will help you understand what patient-controlled analgesia (PCA) is and how to use your PCA pump.

PCA helps you control your pain by letting you give yourself pain medication. It uses a computerized pump to deliver pain medication into your vein (intravenous, or IV PCA) or into your epidural space, which is in your spine (see Figure 1). Whether you have an IV PCA or an epidural PCA depends on what you and your doctor decide is right for you.

PCA is not right for everyone. Some people may not be able to use PCA. Tell your doctor if you have weakness in your hands and think you may have trouble pushing the PCA button. Also, before you get PCA, tell your doctor if you have sleep apnea. This may affect the way we prescribe your medication. People who are confused or cannot follow these instructions should not use PCA.



Figure 1. Using the PCA

Using the PCA

To give yourself pain medication, press the button attached to the pump when you have pain. The pump will deliver a safe dose that your doctor has prescribed.

Only you should push the PCA button. **Family and friends should never push the button.**

The pump can be programmed to deliver your medication in 2 ways:

- As needed. You get your pain medication only when you press the button. It will not allow you to get more medication than prescribed. The pump is set to allow only a certain number of doses per hour.
- Continuous. You get your pain medication at a constant rate all the time. This can be combined with the “as needed” mode. That allows you to take extra doses safely if you’re having pain.

Tell your doctor if your PCA is not helping with your pain. Also, tell your doctor if your pain changes, such as if it gets worse, feels different than before, or you feel pain in a new place. Your doctor may be able to change the medication to one that may work better for you.

Side Effects

Pain medication delivered by the PCA can have side effects. Tell your doctor or nurse if you have any of these problems:

- Constipation
- Nausea or vomiting
- Dry mouth
- Itching
- Changes in your vision, such as seeing things that aren’t there
- Drowsiness, dizziness, or confusion
- Weakness, numbness, or tingling in your arms or legs
- Difficulty urinating
- Any other side effects or problems

Your doctor may be able to give you a different medication that has fewer side effects.

Retrograde Ejaculation

This information will help you understand retrograde ejaculation and how it may affect you.

About Retrograde Ejaculation

Retrograde ejaculation occurs when semen flows back into your bladder, instead of out through your penis.

When you're sexually excited, sperm leave your testicles and travel up the vas deferens to the ejaculatory duct (see Figure 1). When they reach the ejaculatory duct, the sperm mix with semen from the seminal vesicles and the prostate.

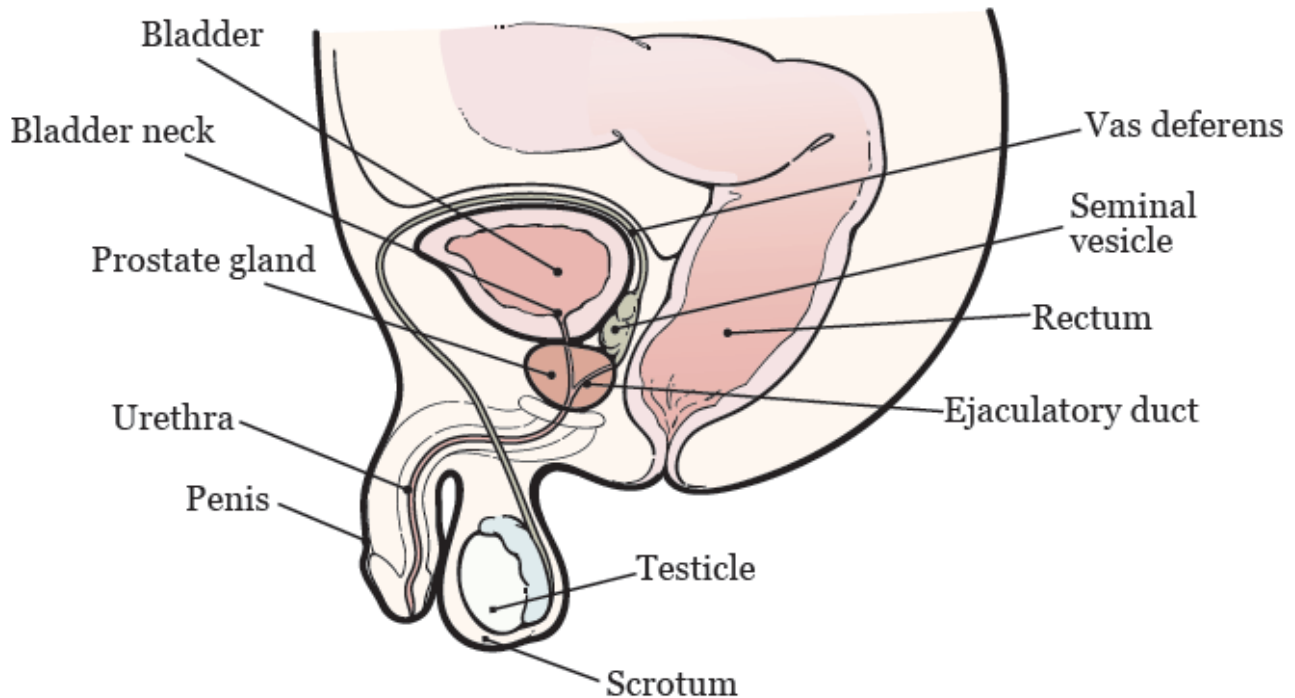


Figure 1. Male reproductive system

Usually, the bladder neck closes during orgasm. This prevents semen from flowing back and entering the bladder, and the semen exits the body through the penis. If you have retrograde ejaculation, however, the bladder neck doesn't

close at orgasm. Semen then flows backward into the bladder rather than forward through the penis.

Causes of Retrograde Ejaculation

You may develop retrograde ejaculation after you have a retroperitoneal lymph node dissection (RPLND). RPLND is surgery to remove some of the lymph nodes in your abdomen. This surgery is a treatment for testicular cancer. During this surgery, the nerves that control your bladder neck may be injured.

Sometimes, these nerves can be spared. However, it can take a month to several years for them to begin to work again. Your doctor can tell you if nerve-sparing surgery is an option for you.

Sexuality

Retrograde ejaculation isn't harmful or painful, but it may cause a small change in sensation because no semen exits the penis. This is called a dry ejaculate. A dry ejaculate doesn't affect erection or orgasm. You will still be able to enjoy sexual activity. After sexual activity, your urine may appear cloudy because it has semen in it.

Fertility

If you plan to have a family after your surgery, tell your doctor you want to bank your sperm before surgery. If you haven't banked your sperm before the surgery and want to have a family, your doctor can tell you about your options and refer you to a specialist.

MSK Support Services

Anesthesia

212-639-6840

Call with any questions about anesthesia.

Blood Donor Room

212-639-7643

Call for more information if you're interested in donating blood or platelets.

Bobst International Center

888-675-7722

MSK welcomes patients from around the world. If you're an international patient, call for help arranging your care.

Chaplaincy Service

212-639-5982

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

Counseling Center

646-888-0200

Many people find that counseling helps them. We provide counseling for individuals, couples, families, and groups, as well as medications to help if you feel anxious or depressed.

Integrative Medicine Service

646-888-0800

Integrative Medicine Service offers patients many services to complement traditional medical care, including music therapy, mind/body therapies, dance and movement therapy, yoga, and touch therapy.

Patient-to-Patient Support Program

212-639-5007

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

Patient Billing

646-227-3378

Call Patient Billing with any questions regarding preauthorization with your insurance company. This is also called preapproval.

Patient Representative Office

212-639-7202

Call if you have any questions about the Health Care Proxy form or if you have any concerns about your care.

Perioperative Nurse Liaison

212-639-5935

Call if you have any questions about MSK releasing any information while you'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.

Social Work

212-639-7020

Social workers help patients, family, and friends deal with issues that are common for cancer patients. They provide individual counseling and support groups throughout the course of treatment, and can help you communicate with children and other family members. Our social workers can also 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.

For additional online information, visit LIBGUIDES on MSK's library website at <http://library.mskcc.org>. You can also contact the library reference staff at 212-639-7439 for help.

External Resources

Access-A-Ride

web.mta.info/nyct/paratran/guide.htm

877-337-2017

In New York City, the MTA offers a shared ride, door-to-door service for people with disabilities who are unable to take the public bus or subway.

Air Charity Network

www.aircharitynetwork.org

877-621-7177

Provides travel to treatment centers.

American Cancer Society (ACS)

www.cancer.org

800-ACS-2345 (800-227-2345)

Offers a variety of information and services, including Hope Lodge, a free place for patients and caregivers to stay during cancer treatment.

Cancer and Careers

www.cancerandcareers.org

A comprehensive resource for education, tools, and events for employees with cancer.

CancerCare

www.cancercare.org

800-813-4673

275 Seventh Avenue (Between West 25th & 26th Streets)

New York, NY 10001

Provides counseling, support groups, educational workshops, publications, and financial assistance.

Cancer Support Community

www.cancersupportcommunity.org

Provides support and education to people affected by cancer.

Caregiver Action Network

www.caregiveraction.org

800-896-3650

Provides education and support for those who care for loved ones with a chronic illness or disability.

Corporate Angel Network

www.corpangelnetwork.org

866-328-1313

Offers free travel to treatment across the country using empty seats on corporate jets.

Gilda's Club

www.gildasclubnyc.org

212-647-9700

A place where men, women, and children living with cancer find social and emotional support through networking, workshops, lectures, and social activities.

Good Days

www.mygooddays.org

877-968-7233

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

Healthwell Foundation

www.healthwellfoundation.org

800-675-8416

Provides financial assistance to cover copayments, health care premiums, and deductibles for certain medications and therapies.

Joe's House

www.joeshouse.org

877-563-7468

Provides a list of places to stay near treatment centers for people with cancer and their families.

LGBT Cancer Project

<http://lgbtcancer.com/>

Provides support and advocacy for the LGBT community, including an online support groups and a database of LGBT friendly clinical trials.

LIVESTRONG Fertility

www.livestrong.org/we-can-help/fertility-services

855-744-7777

Provides reproductive information and support to cancer patients and survivors whose medical treatments have risks associated with infertility.

National Cancer Institute

www.cancer.gov

800-4-CANCER (800-422-6237)

National Cancer Legal Services Network

www.nclsn.org

Free cancer legal advocacy program.

National LGBT Cancer Network

www.cancer-network.org

Provides education, training, and advocacy for LGBT cancer survivors and those at risk.

Needy Meds

www.needymeds.org

Lists Patient Assistance Programs for brand and generic name medications.

NYRx

www.nyrxplan.com

Provides prescription benefits to eligible employees and retirees of public sector employers in New York State.

Partnership for Prescription Assistance

www.pparx.org

888-477-2669

Helps qualifying patients without prescription drug coverage get free or low-cost medications.

Patient Access Network Foundation

www.panfoundation.org

866-316-7263

Provides assistance with copayments for patients with insurance.

Patient Advocate Foundation

www.patientadvocate.org

800-532-5274

Provides access to care, financial assistance, insurance assistance, job retention assistance, and access to the national underinsured resource directory.

RxHope

www.rxhope.com

877-267-0517

Provides assistance to help people obtain medications that they have trouble affording.