



About Your Robotic-Assisted or Laparoscopic Hysterectomy

This guide will help you get ready for your robotic-assisted or laparoscopic hysterectomy at Memorial Sloan Kettering (MSK). It will also help you understand what to expect during your recovery.

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

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/robotic_laparoscopic_hysterectomy

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About Your Surgery

A hysterectomy is surgery to remove your uterus. You may be having a hysterectomy because you have:

- Uterine cancer, cervical cancer, or ovarian cancer
- Uterine fibroids
- Endometriosis
- Heavy vaginal bleeding
- Pelvic pain

Your healthcare provider will talk with you about why you're having the surgery.

About your reproductive system

Your reproductive system includes your ovaries, fallopian tubes, uterus, cervix, and vagina (see Figure 1). Your uterus is in your lower abdomen (belly) between your bladder and rectum. The lower narrow end of your uterus is called your cervix. Your ovaries and fallopian tubes are attached to your uterus.

After your hysterectomy, you won't be able to have children naturally. You'll also stop menstruating (getting your monthly period). A hysterectomy doesn't cause menopause unless your ovaries are removed.

If you want to have biological children in the future, ask your healthcare provider for a referral to a fertility specialist.

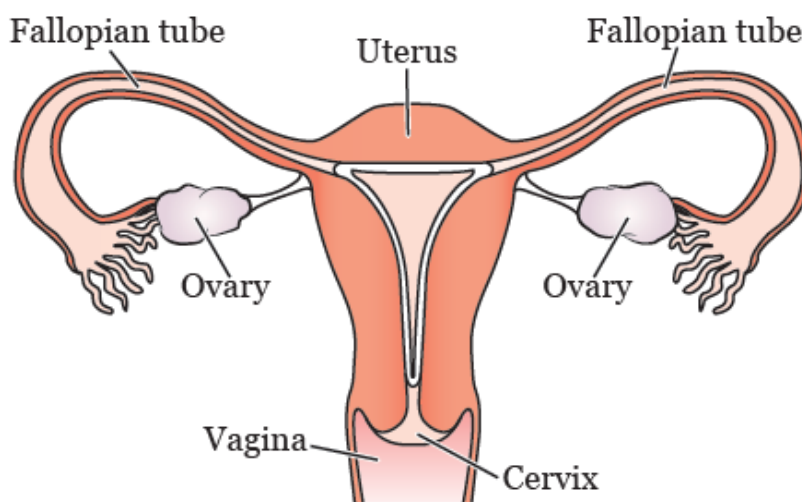


Figure 1. Your reproductive system

Robotic-assisted or laparoscopic hysterectomy

You'll have either a robotic-assisted or a laparoscopic hysterectomy.

With both types of hysterectomies, your surgeon will make several small incisions (surgical cuts) on your abdomen. They'll put a laparoscope (long, thin surgical tool with a video camera) through one of the incisions into your abdomen. The laparoscope lets your surgeon see the inside of your abdomen.

Carbon dioxide gas will be pumped into your abdomen to make space. This gives your surgeon more room to do your surgery. Your surgeon will also put long, skinny surgical tools into the other incisions on your abdomen.

- With a **laparoscopic hysterectomy**, your surgeon directly controls the surgical tools with their hands. They can see the images from the laparoscope on a television monitor.
- With a **robotic-assisted hysterectomy**, your surgeon sits at a console and controls a robot that moves the surgical tools. The console has a special monitor where they can see the images from the laparoscope in 3 dimensions (3-D).

With both types of hysterectomies, your surgeon will remove your uterus and cervix through your vagina, if possible. If your uterus or cervix can't be removed through your vagina, your surgeon will make one of your incisions bigger and remove your uterus and cervix from there. Then they'll close your incisions with sutures (stitches).

You might also have one or both of the following procedures during your hysterectomy. Your surgeon will talk with you about the plan for your specific surgery.

Salpingo-oophorectomy

A salpingo-oophorectomy (sal-PIN-goh-oh-oh-foh-REK-toh-mee) is a surgery to remove your ovary and fallopian tube on 1 or both sides of your body.

If you haven't started menopause, you'll go into menopause if both of your ovaries are removed. You may have some of the common symptoms, including night sweats, hot flashes, and vaginal dryness. Talk with your healthcare provider about ways to manage these symptoms. If you've already gone through menopause, you shouldn't notice any changes.

Sentinel lymph node mapping and lymph node dissection

Lymph nodes are small, bean-shaped glands that make and store the cells that help your body fight infections. Lymph nodes are found throughout your body. Sentinel lymph nodes are the lymph nodes most likely to be affected if you have cancer and it has spread.

If your surgeon thinks you may have cancer, they may do sentinel lymph node mapping and remove some of your lymph nodes during your surgery. This is called a lymph node dissection.

For sentinel lymph node mapping, your surgeon will inject a small amount of dye in the area where the cancer may be. They'll talk with you about the type of dye they'll use. This dye will travel to the sentinel lymph node(s) and turn them blue or green.

Once the sentinel node(s) are located, your surgeon will make a small incision. They'll remove the sentinel node(s) and send them to the Pathology Department to be checked for cancer cells.

Notes _____

Before Your Surgery

The information in this section will help you get ready for your surgery. Read 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.

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

Notes _____

Getting ready for your surgery

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

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.

- | | |
|--|--|
| <ul style="list-style-type: none"><input type="checkbox"/> I take a blood thinner, such as:<ul style="list-style-type: none">• Aspirin• Heparin• Warfarin (Jantoven® or Coumadin®)• Clopidogrel (Plavix®)• Enoxaparin (Lovenox®)• Dabigatran (Pradaxa®)• Apixaban (Eliquis®)• Rivaroxaban (Xarelto®) <p>There are others, so be sure your healthcare provider knows all the medications you're taking.</p> <ul style="list-style-type: none"><input type="checkbox"/> I take prescription medications (medications my healthcare provider prescribes), including patches and creams.<input type="checkbox"/> I take over-the-counter medications (medications I buy without a prescription), including patches and creams. | <ul style="list-style-type: none"><input type="checkbox"/> I take dietary supplements, such as herbs, vitamins, minerals, or natural or home remedies.<input type="checkbox"/> I have a pacemaker, automatic implantable cardioverter-defibrillator (AICD), or other heart device.<input type="checkbox"/> I have sleep apnea.<input type="checkbox"/> I've had a problem with anesthesia (medication to make me sleep during surgery) in the past.<input type="checkbox"/> I'm allergic to certain medication(s) or materials, including latex.<input type="checkbox"/> I'm not willing to receive a blood transfusion.<input type="checkbox"/> I drink alcohol.<input type="checkbox"/> I smoke or use an electronic smoking device (such as a vape pen, e-cigarette, or Juul®).<input type="checkbox"/> I use recreational drugs. |
|--|--|

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 your medical information will be kept confidential.

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.

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 doctor's office for an enrollment ID to sign up. You can also watch our video *How to Enroll in MyMSK: Memorial Sloan Kettering's Patient Portal* (www.mskcc.org/pe/enroll_mymsk). For help, contact the MyMSK Help Desk by emailing mymsk@mskcc.org or calling 800-248-0593.

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 will be printed on the appointment reminder from your surgeon's office. You can eat and take your usual medications the day of your appointment.

During your PST appointment, you'll meet with a nurse practitioner (NP) who works closely with anesthesiology staff (specialized healthcare providers who will give you anesthesia during your surgery). Your NP will review your medical and surgical history with you. You may have tests, such as 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 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.



For caregivers

Resources and support are available to help manage the responsibilities that come with caring for a person going through cancer treatment. For support resources and information, visit www.mskcc.org/caregivers or read *A Guide for Caregivers*. You can find it online at www.mskcc.org/pe/guide_caregivers or ask your healthcare provider for a copy.

Arrange for a ride home

You must have a responsible care partner take you home after your surgery. A responsible care partner is someone who can help you get home safely and report concerns to your healthcare providers, if needed. Make sure to plan this before the day of your surgery.

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

Agencies in New York

- Partners in Care: 888-735-8913
- Caring People: 877-227-4649

Agencies in New Jersey

- Caring People: 877-227-4649

Complete a Health Care Proxy form

If you haven't already completed a Health Care Proxy form, we recommend you complete one now. If you've already completed one or 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'd like to complete a health care proxy. You can also read the resources *Advance Care Planning* and *How to Be a Health Care Agent* for information about health care proxies, other advance directives, and being a health care agent. You can find them online at www.mskcc.org/pe/advance_care_planning and www.mskcc.org/pe/health_care_agent or ask your healthcare provider for a copy.

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 the resource *How to Use Your Incentive Spirometer*. You can find it in the "Educational Resources" section of this guide.

Exercise

Try to do aerobic exercise every day. Aerobic exercise is any exercise that makes your heart beat faster, such as walking, 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.

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

Your nurse will tell you if you need to wash with a 4% CHG solution antiseptic skin cleanser before your surgery. Follow their instructions.

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 the resource *Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E*. You can find it in the "Educational Resources" section of this guide.

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

Stop taking vitamin E, multivitamins, herbal remedies, and other dietary supplements 7 days before your surgery. These things can cause bleeding. For more information, read the resource *Herbal Remedies and Cancer Treatment*. You can find it in the "Educational Resources" section of this guide.

2 days before your surgery

Stop taking nonsteroidal anti-inflammatory drugs (NSAIDs)

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

1 day before your surgery

Note the time of your surgery

A staff member 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. They’ll also remind you where to go.

Shower with a 4% CHG solution antiseptic skin cleanser (such as Hibiclens), if needed

If your healthcare provider told you to, shower using a 4% CHG solution antiseptic skin cleanser the night before your surgery.

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.

Instructions for eating before your surgery



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

The morning of your surgery

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), if needed

If your healthcare provider told you to, 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 tools used during your surgery can cause burns if they touch metal.
- Leave valuable items at home.
- If you're menstruating (have your monthly period), use a sanitary pad, not a tampon. You'll get disposable underwear, as well as a pad if needed.

What to bring

- Your breathing device for sleep apnea (such as your CPAP device), if you have one.
- Your incentive spirometer, if you have one.
- Your Health Care Proxy form and other advance directives, if you 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 aids, dentures, prosthetic devices, wig, or religious articles), if you have any.
- This guide. Your healthcare team will use it to teach you how to care for yourself after surgery.

Once you're in the hospital

Staff members will ask you 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.

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 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.

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 and place compression boots on your lower legs. These gently inflate and deflate to help blood flow in your legs. You may also have a blood pressure cuff and EKG pads to monitor you during your surgery.

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 surgeon will close your incisions with sutures and cover them with Steri-Strips™ (thin pieces of surgical tape) or Dermabond® (surgical glue). They may also cover them with a dry, square, white dressing (bandage) called a Primapore® dressing.

Your breathing tube is usually taken out while you're still in the operating room.

After Your Surgery

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.

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

Notes _____

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

When you wake up after your surgery, you'll be in the PACU or your recovery room. A nurse will be keeping track of your body temperature, blood pressure, pulse, and oxygen levels. You may be getting oxygen through a thin tube that rests below your nose. You'll also have compression boots on your lower legs.

You may have a urinary catheter in your bladder to help keep track of how much urine (pee) you're making. If you do, it should be removed before you go home.

Managing your pain

You'll get pain medication through your IV line or as a tablet that you swallow. Your healthcare providers will ask you about your pain often and give you medication as needed. If your pain isn't relieved, tell one of your healthcare providers. It's important to control your pain so you can use your incentive spirometer and move around.

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

Moving around and walking

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

Read the resource *Call! Don't Fall!* to learn what you can do to stay safe and keep from falling while you're in the hospital. You can ask your healthcare provider for a copy or find it online at www.mskcc.org/pe/call_dont_fall

Using your incentive spirometer

Use your incentive spirometer 10 times every hour you're awake. This will help your lungs expand fully, which helps prevent pneumonia. For more information, read the resource *How to Use Your Incentive Spirometer*. You can find it in the "Educational Resources" section of this guide.

Leaving the hospital

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

Most people don't need any supplies after surgery. If you do, such as if you're leaving the hospital with tubes or drains, your nurse will order them for you.

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

At Home

Filling out your Recovery Tracker

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

Fill out your Recovery Tracker every day before midnight (12:00 AM). It only takes 2 to 3 minutes to complete. Your answers to these questions will help us understand how you're feeling and what you need.

Based on your answers, we may reach out to you for more information or ask you to call your surgeon's office. You can always contact your surgeon's office if you have any questions. For more information, read the resource *About Your Recovery Tracker*. You can find it in the "Educational Resources" section of this guide.

Eating and drinking

You'll be able to eat after your surgery. Start with foods that are soft and easy to digest, such as applesauce and chicken noodle soup. Eat small meals often. Then start adding your regular foods to your diet.

If you have bloating, gas, or cramps, limit high-fiber foods, such as:

- Whole grain breads and cereal
- Nuts
- Seeds
- Salads
- Fresh fruit
- Broccoli
- Cabbage
- Cauliflower

Managing your pain

You'll have some pain after your surgery, especially in the first few days. The length of time each person has pain or discomfort varies.

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

- 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 incisions heal, you'll have less pain and need less pain medication. An over-the-counter pain reliever such as acetaminophen (Tylenol®) or ibuprofen (Advil® or Motrin®) 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. Taking too much can harm your liver. Don't take more than 1 medication that contains acetaminophen at a time 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.

It's also common to have some discomfort after surgery from the air that was pumped into your abdomen during surgery. To help with this, walk, drink plenty of liquids, and make sure to take the stool softeners your healthcare provider gave you.

Preventing and managing constipation

Some prescription pain medications (such as opioids) may cause constipation (having fewer bowel movements than usual). 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. If you feel like you need to go, though, don't put it off.
- Try to use the bathroom 5 to 15 minutes after meals. After breakfast is a good time to go. That's when the reflexes in your colon are strongest.
- Exercise, if you can. Walking is an excellent form of exercise.
- Drink 8 to 10 (8-ounce) glasses (2 liters) of liquids daily, if you can.
 - Choose liquids such as water, juices (such as prune juice), soups, and ice cream shakes.
 - Avoid liquids with caffeine (such as coffee and soda). Caffeine can pull fluid out of your body.
- Slowly increase the fiber in your diet to 25 to 35 grams per day. Fruits, vegetables, whole grains, and cereals contain fiber. If you have an ostomy or have had recent bowel surgery, check with your healthcare provider before making any changes in your diet.
- 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.

If you haven't had a bowel movement in 2 days, call your healthcare provider.

Caring for your incisions

You'll have several small incisions on your abdomen. They'll be closed with Steri-Strips or Dermabond. They may also be covered with square white Primapore dressings.

- If you have Primapore dressings, you can take them off in the shower 24 hours after your surgery.
- If you have Steri-Strips or Dermabond, they'll loosen and may fall or peel off on their own. If they haven't fallen off within 10 days, you can take them off. Don't take them off before then.

Don't get your incisions wet for the first 24 hours (1 day) after your surgery. After that, clean them with soap and water in the shower every day.

Showering

Don't shower for the first 24 hours after your surgery. After that, take a shower every day to clean your incisions. Taking a warm shower is also relaxing and can help muscle aches.

During your shower, use soap to gently wash your incisions. After your shower, pat the areas dry with a clean towel and leave your incisions uncovered (unless there's drainage). Call your healthcare provider if you see any redness or drainage from your incision.

Don't take tub baths until you talk with your healthcare provider at your first appointment after your surgery.

Managing vaginal spotting or bleeding

It's common to have some vaginal spotting or light bleeding after surgery. Use a pad or a panty liner so you can see how much you're spotting or bleeding. Don't use a tampon.

If you have heavy bleeding (you're bleeding through a pad or liner every 1 to 2 hours), call your healthcare provider right away.

Sexual activity

Don't put anything in your vagina or have vaginal intercourse (sex) for 8 weeks after your surgery. Some people will need to wait longer than 8 weeks, so speak with your healthcare provider before starting to have vaginal sex again.

Driving and traveling

You can start driving again 2 weeks after surgery as long as you aren't taking pain medication that may make you drowsy.

It's OK to travel after your surgery. If you're traveling by plane within a few weeks after your surgery, make sure you get up and walk every hour. Be sure to stretch your legs, drink plenty of liquids, and keep your feet elevated when possible.

Going back to work

Most people can return to work about 2 to 4 weeks after the surgery. Talk with your healthcare provider about your job and when it may be safe for you to start working again. 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.

Physical activity and exercise

Don't lift anything heavier than 10 pounds (4.5 kilograms) for at least 4 weeks after surgery. Speak with your healthcare provider about when you can do heavy lifting.

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 healthcare provider before starting more strenuous exercises.

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. Your healthcare provider can refer you to MSK's Counseling Center. You can also reach them by calling 646-888-0200.

The first step in coping is to talk about how you feel. Family and friends can help. 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.

Follow-up appointments after surgery

Your first appointment after surgery will be 2 to 4 weeks after surgery. Your nurse will give you instructions on how to make this appointment, including the phone number to call.

When to call your healthcare provider



Call your healthcare provider if:

- Have a temperature of 101° F (38.3° C) or higher
- Have pain that doesn't get better with pain medication
- Have redness, drainage, or swelling from your incisions
- Have swelling or tenderness in your calves or thighs
- Cough up blood
- Have any shortness of breath or difficulty breathing
- Do not pass gas or have any bowel movement for 3 days or longer
- Have nausea, vomiting, or diarrhea
- Have any questions or concerns.

Contact information

Monday through Friday from 9:00 AM to 5:00 PM, call 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.

Support Services

This section has a list of support services that may help you get ready for your surgery and recover safely.

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

Notes _____

MSK support services

Admitting Office

212-639-7606

Call if you have questions about your hospital admission, including requesting a private room.

Anesthesia

212-639-6840

Call if you have questions about anesthesia.

Blood Donor Room

212-639-7643

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

Bobst International Center

888-675-7722

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

Chaplaincy Service

212-639-5982

At MSK, our chaplains are available to listen, help support family members, pray, contact community clergy or faith groups, or simply be a comforting companion and a spiritual presence. Anyone can request spiritual support, regardless of formal religious affiliation. The interfaith chapel is located near 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. To make an appointment, ask your healthcare provider for a referral or call the number above.

Female Sexual Medicine and Women's Health Program

646-888-5076

This program helps people who are dealing with cancer-related sexual health challenges, including premature menopause and fertility issues. For more information or to make an appointment, call the number above.

Food Pantry Program

646-888-8055

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

Integrative Medicine Service

646-888-0800

Integrative Medicine Service offers many services to complement (go along with) 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 similar to yours. You can talk with a former MSK patient or caregiver through our Patient and Caregiver Peer Support Program. These conversations are confidential. They may take place in person or over the phone.

Patient Billing

646-227-3378

Call if you have questions about preauthorization with your insurance company. This is also called preapproval.

Patient Representative Office

212-639-7202

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

Perioperative Nurse Liaison

212-639-5935

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

Private Duty Nursing Office

212-639-6892

You may request private nurses or companions. Call for more information.

Resources for Life After Cancer (RLAC) Program

646-888-8106

At MSK, care doesn't end after active treatment. The RLAC Program is for patients and their families who have finished treatment. This program has many services, including seminars, workshops, support groups, counseling on life after treatment, and help with insurance and employment issues.

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 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

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

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

Educational Resources

This section has the educational resources mentioned in this guide. These resources will help you get ready for your surgery and recover safely after surgery.

As you read through these resources, you can use space below to write down any questions you want to ask your healthcare provider.

Notes _____

About Your Recovery Tracker

This information explains your Recovery Tracker and how to use it.

What is the Recovery Tracker?

After your surgery, you may have some pain or other symptoms. To help us care for you, we'll send a group of questions to your MyMSK account. These questions are known as your Recovery Tracker. Your responses to these questions will help us understand how you're feeling after your surgery.

How do I use it?



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

- You must be signed up for MyMSK. You can access MyMSK at my.mskcc.org. If you're not sure if you signed up for MyMSK or if you don't remember how to use it, ask your healthcare provider or call 646-227-2593 for help.
 - If you don't have a MyMSK account, you can visit my.mskcc.org, call 646-227-2593, or call your doctor's office for an enrollment ID to sign up. You can also watch our video *How to Enroll in MyMSK: Memorial Sloan Kettering's Patient Portal* (www.mskcc.org/pe/enroll_mymsk).
- After you leave the hospital, we'll send questions to your MyMSK account every day for 5 to 10 days.
- Make sure to answer the questions in your recovery tracker every day before midnight (12:00 AM). After midnight, the questions will be removed and you'll get new questions the next day.

- Answering the questions in your Recovery Tracker will only take you 2 to 3 minutes to complete. You can have your caregiver help you fill them out.

What happens to the information I enter?

- Your responses will be sent to your MSK healthcare team. Based on your responses, someone may contact you or you may be told to call your surgeon's office to provide more information.
- Your information is secure. It will be stored at Memorial Sloan Kettering (MSK) and only your healthcare team will see it.



If you need medical care right away, call 911 or go to your local emergency room.

Contact Information

If you have a question or concern, call your surgeon's office from 9:00 AM to 5:00 PM Monday through Friday. After 5:00 PM, during the weekend, or on holidays, call 212-639-2000 and ask for the doctor on call for your surgeon.

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

About Your Recovery Tracker - Last updated on November 23, 2020

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PATIENT & CAREGIVER EDUCATION

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 Cancer Treatment

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.

Before your surgery

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

- If you take aspirin or a 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.

Before your radiology procedure

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

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

Before and during your chemotherapy

Chemotherapy can lower your platelet count, which can increase your risk of bleeding. Whether you're just starting chemotherapy or have been getting it, talk with your healthcare provider before taking aspirin, other NSAIDs, or vitamin E.

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.

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

Common NSAID Medications That Don't Contain Aspirin

Advil®	Duexis®	Mefenamic Acid	PediaCare Fever®
Advil Migraine®	Etodolac®	Meloxicam	Piroxicam
Aleve®	Feldene®	Menadol®	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

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, 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.

Medications Containing Acetaminophen			
Acephen®	Esgic®	Percocet®	Vanquish®
Aceta® with Codeine	Excedrin P.M.®	Primlev®	Vicodin®
Acetaminophen with Codeine	Fiorcet®	Repan®	Wygesic®
Aspirin-Free Anacin®	Lorcet®	Roxicet®	Xartemis XR®
Arthritis Pain Formula® Aspirin-Free	Lortab®	Talacen®	Xodol®
Datril®	Naldegesic®	Tempra®	Zydone®
Di-Gesic®	Norco®	Tylenol®	
Endocet®	Panadol®	Tylenol® with Codeine No. 3	

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.

Common Abbreviations for Acetaminophen		
APAP	AC	Acetaminop
Acetamin	Acetam	Acetaminoph

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.

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

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

Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E - Last updated on September 21, 2020

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PATIENT & CAREGIVER EDUCATION

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.

Ginkgo (also known as *Ginkgo 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.aboutherb.com.

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

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

Herbal Remedies and Cancer Treatment - Last updated on June 24, 2019
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PATIENT & CAREGIVER EDUCATION

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.

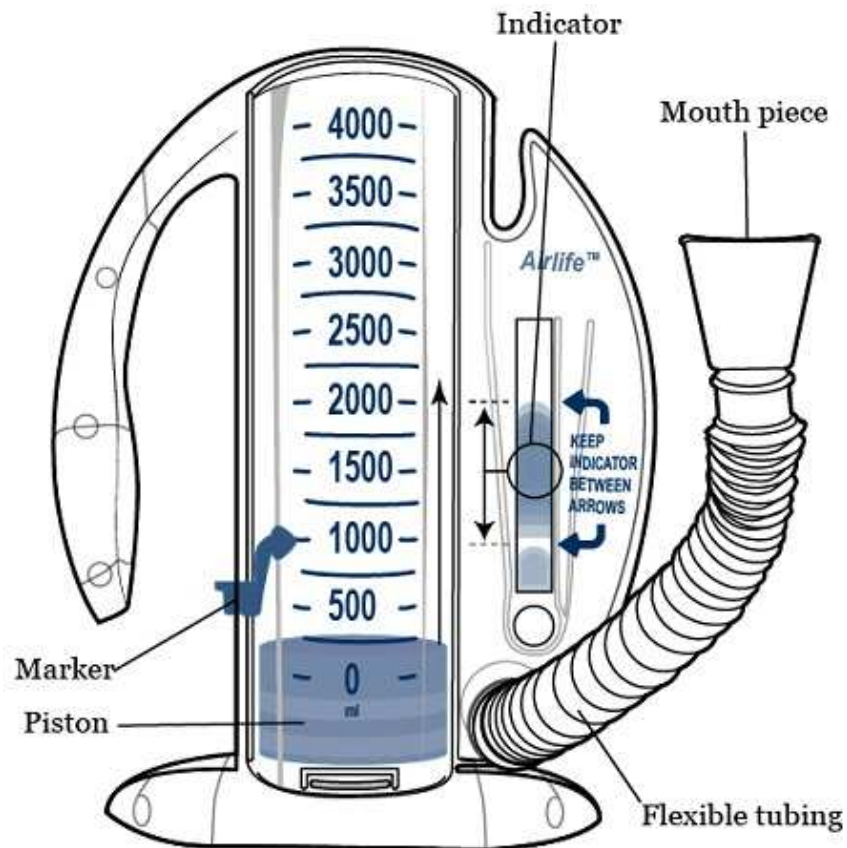


Figure 1. Incentive Spirometer

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.

If you have an active respiratory infection (such as pneumonia, bronchitis, or COVID-19) do not use the device when other people are around.

How To Use Your Incentive Spirometer

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



Please visit www.mskcc.org/pe/incentive_spirometer_video 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're using your incentive spirometer, make sure to breathe through your mouth. If you breathe through your nose, the incentive spirometer won't work properly. You can hold 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 doesn't stay between the arrows, you're 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're awake.

Cover the mouthpiece of the incentive spirometer when you aren't using it.

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

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

How to Use Your Incentive Spirometer - Last updated on June 27, 2019

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