About Your Thoracic Surgery

This guide will help you get ready for your thoracic 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 Healthcare Team

Doctor's name: ___________________________________________________

    Phone number: _______________________________________________

Nurse's name: __________________________________________________

Nurse's name: __________________________________________________

Your Baseline Vital Signs

Your nurse will help you fill in this information before your surgery. It will help you and your healthcare team know how you’re doing during your recovery.

Weight: _________________________________________________________

Blood oxygen level: ______________________________________________

Heart rate: ______________________________________________________

Blood pressure: __________________________________________________

Incentive spirometer level: _______________________________________

To view this guide online, visit www.mskcc.org/pe/about_thoracic_surgery
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The word “thoracic” refers to your thorax, which is your chest (see Figure 1). Your thorax contains your:

- **Lungs**

- **Pleura**: 2 thin layers of tissue that surround your lungs. The space between your pleura is called the pleural space.

- **Heart**

- **Pericardium**: the thin layer of tissue that surrounds your heart

- **Diaphragm**: the muscle that separates your chest from your abdomen (belly)

- **Thymus**: a gland that helps protect you from infections during childhood. The thymus has no known function in adults.

You have 2 lungs, 1 on each side of your chest. Your lungs are made up of lobes. Your left lung has 2 lobes and your right lung has 3 lobes.

![Figure 1. Your thorax](image-url)
There are many types of thoracic surgeries. Your surgeon will talk with you about which type you’ll have. Examples of some surgeries are described below. Your surgeon may also use the image and lines below to describe your surgery.
- A wedge is the removal of a small part of a lobe of your lung.

- A segmentectomy is the removal of a slightly bigger part of a lobe of your lung.

- A lobectomy is the removal of an entire lobe of your lung.

- A pneumonectomy is the removal of 1 entire lung.
An extrapleural pneumonectomy is the removal of:

- One entire lung
- The pleura
- Your pericardium
- Your diaphragm
- Your diaphragm and pericardium may be reconstructed during your surgery.

A pleurectomy and decortication is the removal of all or part of the pleura.

A thymectomy is the removal of your thymus.
Some conditions can be treated with a procedure that doesn’t remove your lung or the pleura. Three common procedures are listed below.

- **A pleurodesis** is a procedure to prevent pleural effusion from coming back. Pleural effusion is a condition in which too much fluid builds up around your lung. During the procedure, a medication is put into your pleural space and the fluid is drained.

- **A pleural biopsy** is a procedure to remove a sample of tissue from your pleura.

- **A pleural drainage catheter** may be placed to drain extra fluid (see Figure 2).

![Figure 2. Pleural drainage catheter](image)
There are different ways thoracic surgery can be done. Your surgeon will tell you which type of incision you’ll have.

- **Thoracotomy**: 1 large incision on one side of your back.

- **Video-assisted thoracic surgery (VATS)**: 1 or more small incisions on your side, back, or both.

  For VATS, your surgeon will use a long, thin video camera and surgical tools during your surgery. This is sometimes called minimally invasive surgery.

  Your surgeon may use a robot to control the video camera and surgical tools. This is called robotically-assisted VATS.

- **Median sternotomy**: 1 large incision in the center of your chest.

How long you stay in the hospital after your surgery depends on the type of surgery and incision you have. Your surgeon will talk with you about this before your surgery.
The information in this section will help you get ready for your surgery. Read through this section when your surgery is scheduled and refer to it as your surgery date gets closer. It has important information about what you need to do before your surgery.

Write down your questions and be sure to ask your healthcare provider.
Getting Ready for Your Surgery

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

**Quit Smoking Before Your Surgery**

You’re considered a smoker if you have smoked, even a puff, or used any kind of tobacco product in the last 30 days. This includes e-cigarettes, vaporizers, and other types of electronic nicotine delivery systems (ENDS). If you’re a smoker, you need to stop smoking 2 weeks before your surgery.

Quitting smoking will help you recover better after your surgery. Quitting will:

- Help your heart and lungs work better
- Reduce complications during and after your surgery
- Help your wounds heal
- Lower your need for rehabilitation to improve your breathing after surgery
- Lower your risk of getting an infection after surgery

If you smoke, tell the nurse who works with your surgeon. They’ll refer you to our Tobacco Treatment Program. You can also reach the program by calling 212-610-0507.

If you’ve quit smoking, tell the nurse the date you quit and how much you smoked before you quit. They can refer you to our Tobacco Treatment Program to help you avoid starting to smoke again.

**MSK’s Tobacco Treatment Program**

Our Tobacco Treatment Program has a team of Tobacco Treatment Specialists (TTS) who can help you create a plan to quit smoking or stay quit. A TTS will call you to talk with you about the benefits of quitting smoking, especially before surgery.

The TTS may suggest nicotine replacement therapy medication (such as a nicotine patch, gum, lozenge, or inhaler) or cessation medication to help you quit safely and effectively. These medications:

- Are safe to use before and after surgery
- Can double your quitting success rate
- Can help you feel more comfortable during a very stressful time

The TTS will also teach you practical skills to cope with your urges to smoke and help you find ways to manage nicotine withdrawal symptoms.

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You Don’t Have to Quit Alone!

Call 212-610-0507 to talk with a Tobacco Treatment Specialist.
About Drinking Alcohol

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

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

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

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

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

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

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

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

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.

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

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

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

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

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

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

- I have sleep apnea.

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

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

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

- I drink alcohol.

- I smoke.

- I use recreational drugs.
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.

**About Benign Prostate Hyperplasia (BPH)**

BPH is when your prostate gland is enlarged (bigger than normal). If you’re male, age 50 or older, and have a history of BPH, your surgeon will give you a prescription for tamsulosin (Flomax®). Taking tamsulosin before your surgery can help prevent problems with urination (peeing) after your procedure.

Start taking the tamsulosin 3 days before your surgery.

**About Enhanced Recovery After Surgery (ERAS)**

ERAS is a program to help you get better faster after your surgery. As part of the ERAS program, it’s important to do certain things before and after your surgery.

Before your surgery, make sure you’re ready by doing the following things:

- **Read this guide.** It will help you know what to expect before, during, and after your surgery. If you have questions, write them down. You can ask your healthcare provider at your next appointment, or you can call their office.

- **Exercise and follow a healthy diet.** This will help get your body ready for your surgery.

After your surgery, help yourself recover more quickly by doing the following things:

- **Read your recovery pathway.** This is a written educational resource that your healthcare provider will give you. It has goals for your recovery and will help you know what to do and expect on each day during your recovery.

- **Start moving around as soon as you can.** The sooner you’re able to get out of bed and walk, the quicker you’ll be able to get back to your normal activities.

**Within 30 Days of Your Surgery**

**Presurgical Testing (PST)**

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

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

During your appointment, you’ll meet with a nurse practitioner (NP) who works closely with anesthesiology staff (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 very helpful to bring the following things to your PST appointment:

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

**Complete a Health Care Proxy Form**

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

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

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

**Do Breathing and Coughing Exercises**

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

**Exercise**

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

**Follow a Healthy Diet**

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

**Buy a 4% Chlorhexidine Gluconate (CHG) Solution Antiseptic Skin Cleanser (Such as Hibiclens®)**

4% CHG solution is a skin cleanser that kills germs for 24 hours after you use it. Showering with it before your surgery will help lower your risk of infection after surgery. You can buy a 4% CHG solution antiseptic skin cleanser at your local pharmacy without a prescription.
Days Before Your Surgery

Follow Your Healthcare Provider’s Instructions for Taking Aspirin

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

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

Stop Taking 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 Herbal Remedies and Cancer Treatment, located in the “Educational Resources” section of this guide.

Days Before Your Surgery

Start Taking Tamsulosin, If Needed

If your healthcare provider gave you a prescription for tamsulosin, start taking it 3 days before your surgery. For more information, read the “About Benign Prostate Hyperplasia (BPH)” section above.

Days Before Your Surgery

Stop Taking Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

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

A staff member from the Admitting Office will call you after 2:00 PM the day before your surgery. If your surgery is scheduled for a Monday, they’ll call you on the Friday before. If you don’t get a call by 7:00 PM, call 212-639-5014.

The staff member will tell you what time to arrive at the hospital for your surgery. Use the area to the right to write down your surgery date and scheduled arrival time.

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

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

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

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

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

Sleep

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

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**

Finish the ClearFast preop® drink your healthcare provider gave you 2 hours before your scheduled arrival time. Do not drink anything else, including water.

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

**Take Your Medications as Instructed**

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

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

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

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

**Things to Remember**

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

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What to Bring

- This guide. Your healthcare team will use it to teach you how to care for yourself after surgery.
- Sneakers that lace up. You may have some swelling in your feet. Lace-up sneakers can accommodate this swelling.
- Your breathing device for sleep apnea (such as your CPAP device), if you have one.
- Your Health Care Proxy form and other advance directives, if you completed them.
- 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.
- Your toothbrush and other toiletries, if you’d like.
- __________________________________________________________________________________________
- __________________________________________________________________________________________
- __________________________________________________________________________________________
- __________________________________________________________________________________________

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

When you get to the hospital, take the B elevator to the 6th floor. Check in at the desk in the PSC waiting room.

You’ll be asked to say and spell your name and birth date many times. This is for your safety. People with the same or a similar name may be having surgery on the same day.
Get Dressed for Surgery
When it’s time to change for surgery, you’ll get a hospital gown, robe, and nonskid socks to wear.

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

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

Meet With an Anesthesiologist
You’ll also meet with an anesthesiologist before surgery. They will:

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

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

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

You’ll either walk into the operating room or be taken in on a stretcher. A member of the operating room team will help you onto the operating bed. Compression boots will be placed on your lower legs. These gently inflate and deflate to help blood flow in your legs.

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

What to Expect
After you’re asleep, a urinary (Foley) catheter may be placed to drain urine from your bladder. You may also have an arterial line (small catheter connected to a machine by a tube) placed in a blood vessel, usually in your arm or wrist. The arterial line will measure your blood pressure during your surgery.

Once your surgery is finished, your incisions will be closed with sutures (stitches) that will dissolve as you heal. You may also have Steri-Strips™ (thin pieces of surgical tape) or Dermabond® (surgical glue) over your incisions. Your incisions may be covered with a bandage.
The information in this section will tell you what to expect after your surgery, both during your hospital stay and after you leave the hospital. You’ll learn how to safely recover from your surgery.

Write down your questions and be sure to ask your healthcare provider.
In the Post Anesthesia Care Unit (PACU)

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

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

You may have a urinary catheter in your bladder to monitor the amount of urine you’re making. You’ll also have a chest tube that goes into a drainage device (see Figure 3).

You may stay in the PACU for a few hours or overnight, depending on when an inpatient bed is available.

In Your Hospital Room

After your stay in the PACU, a staff member will take you to your hospital room. There, you’ll meet one of the nurses who will care for you while you’re in the hospital recovering from your surgery. Tell the nurse if you drink alcohol every day or if you’ve recently stopped drinking alcohol. **Tell the nurse if you smoke or if you have recently quit smoking.** They’ll offer you a nicotine replacement therapy to make you more comfortable while you’re in the hospital.

While you’re in the hospital, your healthcare providers will teach you how to care for yourself while you’re recovering from your surgery. Below are examples of ways you can help yourself recover safely.

- Try to walk around after surgery. Walking every 2 hours is a good goal. This will help prevent blood clots in your legs and lower your risk of developing pneumonia (lung infection). **You’ll have tubes and an IV line, so make sure you have help while you’re walking.**
- Use your incentive spirometer. This will help your lungs expand, which prevents pneumonia. For more information, read *How to Use Your Incentive Spirometer*, located in the “Educational Resources” section.
- Do your breathing and coughing exercises every 1 to 2 hours while you’re awake.
- Read the *Lung Resection Pathway* handout to see what to expect and how to help your recovery while you’re in the hospital.

Commonly Asked Questions: During Your Hospital Stay

**Will I have pain after my surgery?**

You’ll have some pain after your surgery. 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 cough, breathe deeply, use your incentive spirometer, and get out of bed and walk.

You may get 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 medications.
Pain medication may cause constipation (having fewer bowel movements than usual). For more information, read the “How can I prevent constipation?” section below.

**What is a chest tube?**

A chest tube is a flexible tube that drains blood, fluid, and air from around your lung after surgery. The tube enters your body between your ribs and goes into the space between your chest wall and lung (see Figure 3).

**When will my chest tube be removed?**

Your chest tube will be removed when your lung is no longer leaking air and the drainage from your tube has decreased enough. Usually, this is when there’s less than 350 cubic centimeters (cc) of drainage per 24 hours.

After the tube is removed, the area will be covered with a bandage. Keep the bandage on for at least 48 hours, unless your nurse gives you other instructions.

Most people go home the same day that their chest tube is removed. Sometimes, your doctor may want you to stay in the hospital for another day after your chest tube is removed.

Look at your incisions with your nurse before you leave the hospital. This will help you notice any changes once you're at home.

**Why is it important to walk?**

Walking helps prevent blood clots in your legs. It also lowers your risk of having other complications such as pneumonia. Walking 1 mile each day, which is 14 laps around the unit while you're in the hospital, is a good goal.

**Will I be able to eat?**

You’ll gradually start eating your normal diet again when you’re ready. Your healthcare providers will give you more information.
When will I leave the hospital?

How long you stay in the hospital depends on many things, such as the type of surgery you had and how you’re recovering. You’ll stay in the hospital until your doctor feels you’re ready to go home. Your nurse or doctor will tell you what day and time you can expect to be discharged.

Your doctor will talk with you if you need to stay in the hospital longer than planned. Examples of things that can cause you to stay in the hospital longer include:

- Air leaking from your lung
- Having an irregular heart rate
- Having problems with your breathing
- Having a fever of 101°F (38.3°C) or higher

Commonly Asked Questions: At Home

What is the 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 a group of 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 or ask you to call your surgeon’s office to give us more information. You can always contact your surgeon’s office if you have any questions. For more information, read About Your Recovery Tracker, located in the “Educational Resources” section.

Will I have pain when I’m home?

People have pain or discomfort for different lengths of time. You may still have some pain when you go home and will probably be taking pain medication. Some people have soreness, tightness, or muscle aches around their incision 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 healthcare provider if the medication prescribed for you doesn’t ease your pain.
- Don’t drive or drink alcohol while you’re taking prescription pain medication. Some prescription pain medications can make you drowsy.* Alcohol can make the drowsiness worse.
- As your incision heals, you’ll have less pain and need less pain medication. An over-the-counter pain reliever such as acetaminophen (Tylenol®) or ibuprofen (Advil®) will ease aches and discomfort.
- Follow your healthcare provider’s instructions for stopping your prescription pain medication.

- Don’t take more of any medication than the amount directed on the label or as instructed by your healthcare provider.

- Read the labels on all the medications you’re taking, especially if you’re taking acetaminophen. Acetaminophen is an ingredient in many over-the-counter and prescription medications. But, taking too much can harm your liver. Don’t take more than 1 medication that contains acetaminophen without talking with a member of your healthcare team.

- Pain medication should help you resume your normal activities. Take enough medication to do your activities and exercises comfortably. It's normal for your pain to increase a little as you start to be more active.

- Keep track of when you take your pain medication. It works best 30 to 45 minutes after you take it. Taking it when you first have pain is better than waiting for the pain to get worse.

Do the stretching exercises described in the “What exercises can I do?” section below. These will help to relieve the pain on the side of your surgery.

Some prescription pain medications (such as opioids) may cause constipation (having fewer bowel movements than usual). For more information, read the “How can I prevent constipation?” section below.

How do I care for my incisions?

You’ll have more than 1 incision after your surgery. The location of your incisions will depend on the type of surgery you had. There will be incisions from the surgical site and the chest tube. You may have some numbness below and in front of your incisions. You may also have some tingling and increased sensitivity around your incisions as they heal.

Surgical incision(s)

- By the time you’re ready to leave the hospital, your surgical incision(s) will have started to heal.

- Look at your incision(s) with your nurse before you leave the hospital so you know what it looks like. This will help you know if there are any changes later.

- If any fluid is draining from your incision(s), write down the amount, color, and if it has a smell.

- If you go home with Steri-Strips or Dermabond on your incisions, they’ll loosen and fall off on their own. If they haven’t fallen off within 10 days, you can gently remove them.

Chest tube incision

- You may have some thin, yellow or pink-colored drainage from your incision. This is normal.

- Keep your incision covered with a bandage for 48 hours after your chest tube is removed, unless the bandage gets wet. If it gets wet, change it as soon as possible.

- After 48 hours, if you don’t have any drainage, you can remove the bandage and keep your incision uncovered.
• If you have drainage, keep wearing a bandage until the drainage stops. Change it at least once a day or more often if the bandage becomes wet.

• Sometimes, the drainage may start again after it has stopped. This is normal. If this happens, cover the area with a bandage. Call your healthcare provider if you have questions.

**Can I shower?**

You can shower 48 hours (2 days) after your chest tube is removed. Taking a warm shower is relaxing and can help decrease muscle aches. Remove your bandages and use soap to gently wash your incisions. Pat the areas dry with a towel after showering, and leave your incisions uncovered (unless there’s drainage).

Don’t take tub baths until talking with your surgeon at the first appointment after your surgery.

**What should I eat at home?**

Eating a balanced diet high in protein will help you heal after surgery. Your diet should include a healthy protein source at each meal, as well as fruits, vegetables, and whole grains. For more tips on increasing the amount of calories and protein in your diet, ask your nurse for the resource *Eating Well During Your Cancer Treatment*. If you have questions about your diet, ask to see a clinical dietitian nutritionist.

**How can I prevent constipation?**

Your usual bowel pattern will change after surgery. You may have trouble passing stool (feces). Talk with your healthcare provider about how to prevent and manage constipation. You can also follow the guidelines below.

• 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 the body.

• Both over-the-counter and prescription medications are available to treat constipation. Start with 1 of the following over-the-counter medications first:
  - Docusate sodium (Colace®) 100 mg. Take 3 capsules once a day. This is a stool softener that causes few side effects. Don’t take it with mineral oil.
  - Senna (Senokot®) 2 tablets at bedtime. This is a stimulant laxative, which can cause cramping.

• If you feel bloated, avoid foods that can cause gas, such as beans, broccoli, onions, cabbage, and cauliflower.

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

For more information, read *Constipation*, located in the “Educational Resources” section.
How can I help my recovery?

- Exercise for at least 30 minutes each day. This will help you get stronger, feel better, and heal. Make a daily walk part of your routine.

- Keep using your incentive spirometer and do your coughing and deep breathing exercises at home.

- Drink liquids to help keep your mucus thin and easy to cough up. Ask your doctor how much you should drink each day. For most people, this will be at least 8 to 10 (8-ounce) glasses of water or other liquids (such as juices) each day.

- Use a humidifier in your bedroom during the winter months. Follow the directions for cleaning it. Change the water often.

- Avoid contact with people with colds, sore throats, or the flu. These things can cause infection.

- Don’t smoke. Smoking cigarettes is harmful to your health at any time, but it’s even more harmful as you’re healing after your surgery. Smoking causes the blood vessels in your body to become narrow. This decreases the amount of oxygen that reaches your wounds as they’re healing. Smoking can also cause problems with breathing and regular activities. It’s also important to avoid places that are smoky. Your nurse can give you information to help you deal with other smokers or situations where smoke is present. Remember, if you need help quitting, MSK’s Tobacco Treatment Program can help. Call 212-610-0507 to make an appointment.

- Don’t drink alcohol, especially while you’re taking pain medication.

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.

- Walking and stair climbing are excellent forms of exercise. Gradually increase the distance you walk. Climb stairs slowly, resting or stopping as needed.

- Do light household tasks. Try dusting, washing dishes, preparing light meals, and other activities as you’re able.

- Use the arm and shoulder on the side of your surgery in all of your activities. For example, use them when you bathe, brush your hair, and reach up to a cabinet shelf. This will help restore full use of your arm and shoulder.

- You can 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’ve 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.

Is it normal to feel tired after surgery?

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

It may take some time until your normal sleep pattern returns. Try not to nap during the day. Taking a shower before bed and taking your prescribed pain medications can also help.
When is it safe for me to drive?
You can start driving again after you have:

- Regained full movement of the arm and shoulder on the side of your surgery.
- Stopped taking narcotic pain medication (pain medication that may make you drowsy) for 24 hours.

Can I travel by plane?
Don’t travel by plane until your doctor says it’s okay. They’ll talk with you about this during your first appointment after your surgery.

When can I go back 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. If you need a letter to go back to work, contact your healthcare provider.

When should I start doing arm and shoulder exercises?
Start doing arm and shoulder exercises as soon as your chest tube is removed. This will help you regain full arm and shoulder movement. To do the exercises, follow the instructions below.
Axillary stretch

1. Sit in a straight-backed chair with your feet flat on the floor.
2. Clasp your hands together (see Figure 4).
3. Lift your arms up and over your head.
4. Slide your hands down to the back of your neck.
5. Slowly twist the upper part of your body to the right side. Hold this position for 5 seconds while bringing your elbows as far back as possible.
6. Return to the starting position.
7. Slowly twist the upper part of your body to the left side. Hold this position for 5 seconds while bringing your elbows as far back as possible.
8. Return to the starting position.

Repeat _______________
**Towel Stretch**

1. Stand comfortably with your feet about 6 inches (15 centimeters) apart.

2. Put your arms in front of your body and hold one end of a hand towel in each hand (see Figure 5).

3. Bring your arms over your head, straighten your elbows, and stretch toward your upper back. Do not arch your back and do not force the movement if it is difficult. Try to hold the position for 5 seconds.

4. Relax and return to the starting position.

5. Stand as in Step 1.

6. Grasp the towel behind your back and lift upward as far as possible (see Figure 6). Be sure to stand straight. Try to hold the position for 5 seconds.

7. Return to the starting position.

Repeat ________________
**When can I start doing other kinds of exercise?**

The best exercise is walking, climbing stairs, or doing another kind of aerobic exercise for at least 30 minutes each day. You can start doing this again right after your surgery, unless your doctor or nurse gives you other instructions.

Don’t do heavy exercise or play contact sports until your doctor tells you it’s safe. When you start again, remember that it will take time for you to return to your previous level of activity. Start out slowly and increase your activity as you feel better.

**When can I lift heavy objects?**

Check with your doctor before you do any heavy lifting. Normally, you shouldn’t lift anything heavier than 10 pounds (4.5 kilograms) for at least 3 weeks. Ask your doctor how long you should avoid heavy lifting. This depends on the type of surgery you had.

**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 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.

**When is my first appointment after my surgery?**

Your first appointment after surgery will be 1 to 3 weeks after you leave the hospital. Your nurse will give you instructions on how to make this appointment, including the phone number to call.

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

You may also have appointments with other healthcare providers after your surgery. Use this space to write down information about other appointments, such as the type of appointment and when it should be scheduled.
When to Contact Your Healthcare Provider

Contact your healthcare provider right away if you have:

- New or worsening shortness of breath
- Swelling in your chest, neck, or face
- A sudden change in your voice
- A faster heartbeat than usual
- A fever of 101°F (38.3°C) or higher
- Pain that doesn’t get better with your medications
- Redness or swelling around your incision
- Drainage from your incisions that smells bad or is thick or yellow (pus-like)
- No bowel movement for 3 days or longer
- Any new symptom or physical change
- Any questions or concerns

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

After 5:00 PM, during the weekend, and on holidays, call 212-639-2000 and ask to speak to the thoracic surgeon on call.

Using MyMSK

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

External Support Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Write down your questions and be sure to ask your healthcare provider.
Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E

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

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

Instructions Before Your Surgery

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

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

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

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

### Examples of Medications

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

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

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

### Common NSAID Medications That Don’t Contain Aspirin

<table>
<thead>
<tr>
<th>Common NSAID Medications That Don’t Contain Aspirin</th>
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<th>Common NSAID Medications That Don’t Contain Aspirin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advil®</td>
<td>Duexis®</td>
<td>Mefenamic Acid</td>
<td>PediaCare Fever®</td>
</tr>
<tr>
<td>Advil Migraine®</td>
<td>Etodolac®</td>
<td>Meloxicam</td>
<td>Piroxicam</td>
</tr>
<tr>
<td>Aleve®</td>
<td>Feldene®</td>
<td>Menadol®</td>
<td>Ponstel®</td>
</tr>
<tr>
<td>Anaprox DS®</td>
<td>Fenoprofen</td>
<td>Midol®</td>
<td>Relafen®</td>
</tr>
<tr>
<td>Ansaïd®</td>
<td>Flurbiprofen</td>
<td>Mobic®</td>
<td>Saleto 200®</td>
</tr>
<tr>
<td>Arthrotec®</td>
<td>Genpril®</td>
<td>Motrin®</td>
<td>Sulindac</td>
</tr>
<tr>
<td>Bayer® Select Pain Relief Formula Caplets</td>
<td>Ibuprofen</td>
<td>Nabumetone</td>
<td>Toradol®</td>
</tr>
<tr>
<td>Celebrex®</td>
<td>Indomethacin</td>
<td>Nalfon®</td>
<td>Treximet®</td>
</tr>
<tr>
<td>Celecoxib</td>
<td>Indocin®</td>
<td>Naproxen</td>
<td>Vicoprofen®</td>
</tr>
<tr>
<td>Children’s Motrin®</td>
<td>Ketoprofen</td>
<td>Naprosyn®</td>
<td>Vimovo®</td>
</tr>
<tr>
<td>Clinoril®</td>
<td>Ketorolac</td>
<td>Nuprin®</td>
<td>Voltaren®</td>
</tr>
<tr>
<td>Daypro®</td>
<td>Lodine®</td>
<td>Orudis®</td>
<td></td>
</tr>
<tr>
<td>Diclofenac</td>
<td>Meclofenamate</td>
<td>Oxaprozin</td>
<td></td>
</tr>
</tbody>
</table>
### Products Containing Vitamin E

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

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

## About Acetaminophen

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

### Medications Containing Acetaminophen

<table>
<thead>
<tr>
<th>Medication</th>
<th>Brand Name</th>
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</thead>
<tbody>
<tr>
<td>Acephen®</td>
<td>Esgic®</td>
</tr>
<tr>
<td>Aceta® with Codeine</td>
<td>Excedrin P.M.®</td>
</tr>
<tr>
<td>Acetaminophen with Codeine</td>
<td>Fiorcet®</td>
</tr>
<tr>
<td>Acetaminophen with Codeine</td>
<td>Repan®</td>
</tr>
<tr>
<td>Aspirin-Free Anacin®</td>
<td>Loracet®</td>
</tr>
<tr>
<td>Arthritis Pain Formula® Aspirin-Free</td>
<td>Lortab®</td>
</tr>
<tr>
<td>Datril®</td>
<td>Naldegesic®</td>
</tr>
<tr>
<td>Di-Gesic®</td>
<td>Norco®</td>
</tr>
<tr>
<td>Endocet®</td>
<td>Panadol®</td>
</tr>
<tr>
<td>Endocet®</td>
<td>Tylenol® with Codeine No. 3</td>
</tr>
<tr>
<td>Vanquish®</td>
<td>Primlev®</td>
</tr>
<tr>
<td>Vicodin®</td>
<td>Repan®</td>
</tr>
<tr>
<td>Wygesic®</td>
<td>Xartemis XR®</td>
</tr>
<tr>
<td>Xodol®</td>
<td>Talacen®</td>
</tr>
<tr>
<td>Zydone®</td>
<td>Tempra®</td>
</tr>
</tbody>
</table>

### Read the labels on all your medications

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

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

<table>
<thead>
<tr>
<th>Common Abbreviations for Acetaminophen</th>
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<tbody>
<tr>
<td>APAP</td>
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<tr>
<td>Acetamin</td>
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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.
Herbal Remedies and Cancer Treatment

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

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

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

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

**Common Herbal Supplements and Their Effects**

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

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

**Garlic**

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

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

- Can increase your risk of bleeding.

**Ginseng**

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

**Turmeric**

- Can make chemotherapy less effective.

**St. John’s Wort**

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

**Valerian**

- Can increase the effects of sedation or anesthesia.

**Herbal formulas**

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

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

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

About Constipation

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

Your bowel movements or stool (poop) might be:

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

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

Causes of Constipation

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

Constipation can be caused by many things, including:

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

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

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

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

- Go to the bathroom at the same time every day. Your body will get used to going at that time. But, if you feel like you need to go, don’t put it off.

- Try to use the bathroom 5 to 15 minutes after meals. After breakfast is a good time to move your bowels. This is when the reflexes in your colon are the strongest.

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

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

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

Please visit www.mskcc.org/pe/constipation_after_surgery to watch this video.
Read the resource *Food Sources of Fiber* ([www.mskcc.org/pe/food_sources_fiber](http://www.mskcc.org/pe/food_sources_fiber)) for information about the amount of fiber found in many foods.

### Medications for Constipation

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

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

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

**Common over-the-counter laxatives**

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

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

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

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

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

**Suppositories and enemas**

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

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

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