About Your Thoracic Surgery

This guide will help you prepare 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 Care 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 care team know how you’re doing during your recovery.

Weight: ________________________________

Blood oxygen level: ________________________________

Heart rate: ________________________________

Blood pressure: ________________________________

Incentive spirometer level: ________________________________
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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
There are many types of thoracic surgeries. Your doctor will explain which type you will be having. Examples of some surgeries are described below. Your doctor may also use the image and lines below to explain 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 larger 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 inserted 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-url)
There are different ways that thoracic surgery can be done. Your doctor will tell you which type of incision you will 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 doctor will use a long, thin video camera and surgical tools during your surgery. This is sometimes called minimally invasive surgery.

    Your doctor 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 will depend on which type of surgery and which type of incision you will have. Your doctor will discuss this with you before your surgery.
The information in this section will help you prepare for your surgery. Read through this section when your surgery is scheduled and refer to it as your surgery date gets closer. It contains important information about what you need to do before your surgery. Write down any questions you have and be sure to ask your doctor or nurse.
Preparing for Your Surgery

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

**Quit Smoking before 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 will refer you to our Tobacco Treatment Program. You can also reach the program at 212-610-0507.

If you have 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 keep from 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 contact you on the phone and 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.

**You Don’t Have to Quit Alone!**

To speak with a Tobacco Treatment Specialist, call 212-610-0507
About Drinking Alcohol

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

- Stopping alcohol suddenly can cause seizures, delirium, and death. If we know you’re at risk for these complications, we can prescribe medication to help prevent them.

- If you use 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 to prevent problems before your surgery:

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

- Try to stop drinking alcohol once your surgery is planned. If you develop a headache, nausea, increased anxiety, or can’t sleep after you stop drinking, tell your doctor right away. These are early signs of alcohol withdrawal and can be treated.

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

- Ask us any questions you have about drinking and surgery. As always, all of your medical information will be kept confidential.

About Sleep Apnea

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

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

BPH is when your prostate gland is enlarged. If you are a male, 50 years of age or older, and have a history of BPH, your doctor will give you a prescription for tamsulosin (Flomax®). Taking tamsulosin before your surgery can help prevent problems with urination 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 doctor or nurse at your next appointment, or you can call your doctor’s office.

- **Exercise and eat 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.** Your nurse will give you a pathway with goals for your recovery. It will help you know what to do and expect on each day during your recovery.

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

Within 30 Days of Your Surgery

Presurgical Testing (PST)

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

During your appointment, you will meet with a nurse practitioner (NP) who works closely with anesthesiology staff (doctors and specialized nurses who will give you medication to put you to sleep during your surgery). Your NP will review your medical and surgical history with you. You will have tests, including an electrocardiogram (EKG) to check your heart rhythm, a chest x-ray, blood tests, and any other tests necessary to plan your care. Your NP may also recommend you see other healthcare providers, such as your local cardiologist or internist or your MSK cardiologist.

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

It’s very helpful if you bring the following with you to your PST appointment:

- A list of all the medications you’re taking, including patches and creams.
Results of any tests done outside of MSK, such as a cardiac stress test, echocardiogram (echo), or carotid doppler study.

The name(s) and telephone number(s) of your doctor(s).

Complete a Health Care Proxy Form

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

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

Do Breathing and Coughing Exercises

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

Exercise

Try to do aerobic exercise, such as walking, swimming, or biking, for 30 minutes to an hour every day. If it’s cold outside, use stairs in your home or go to a mall or shopping market. Exercising will help your body get into its best condition for your surgery and make your recovery faster and easier.

Eat a Healthy Diet

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

Days Before Your Surgery

Stop Taking Vitamin E

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

Buy Hibiclens® Skin Cleanser

Hibiclens is a skin cleanser that kills germs for 24 hours after using it (see Figure 3). Showering with Hibiclens before your surgery will help lower your risk of infection after surgery. You can buy Hibiclens at your local pharmacy without a prescription.
Days Before Your Surgery

Stop Taking Certain Medications

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

Stop Taking Herbal Remedies and Other Supplements

Stop taking herbal remedies and other supplements 7 days before your surgery. If you take a multivitamin, talk with your doctor or nurse about if you should continue. For more information, read *Herbal Remedies and Cancer Treatment*, located in the “Educational Resources” section.

Watch a Virtual Tour

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

[www.mskcc.org/pe/day-your-surgery](http://www.mskcc.org/pe/day-your-surgery)

Days Before Your Surgery

Start Taking Tamsulosin, If Your Doctor Told You To

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

Days Before Your Surgery

Stop Taking Certain Medications

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

Note the Time of Your Surgery

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

The clerk will tell you what time you should arrive at the hospital for your surgery. They will also tell you where to go on the day of your surgery. Use the area below to write in information when the clerk calls.

Date: ______________ Presurgical Center arrival time: ______________

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

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

Shower with Hibiclens

The night before your surgery, shower using Hibiclens.

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

Sleep

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

Do not eat or drink after midnight.
The Morning of Your Surgery

Shower with Hibiclens

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

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

Take Your Medications

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

Two hours before your scheduled arrival time, drink the Clearfast® carbohydrate drink your doctor or nurse gave you. After you finish the Clearfast, do not eat or drink anything else. This includes water, hard candy, and gum.

Things to Remember

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

☐ This guide. Your healthcare team will use this guide to teach you how to care for yourself after your surgery.

☐ Sneakers that lace up. You may have some swelling in your feet. Lace-up sneakers can accommodate this swelling.

☐ Your breathing machine for sleep apnea (such as your CPAP), if you have one.

☐ Your portable music player, if you choose. However, someone will need to hold it for you when you go into surgery.

☐ Your Health Care Proxy Form, if you have completed one.

☐ Your cell phone and charger.

☐ A case for your personal items, such as eyeglasses, hearing aid(s), dentures, prosthetic device(s), wig, and religious articles, if you have it.

☐ Your toothbrush and other toiletries, if you wish.

☐ __________________________________________________________________________________________

☐ __________________________________________________________________________________________

☐ __________________________________________________________________________________________

Parking When You Arrive

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

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

There are also other garages located on East 69th Street between First and Second Avenues, East 67th Street between York and First Avenues, and East 65th Street between First and Second Avenues.

Once You’re in the Hospital

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

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

Meet With Your Nurse

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

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

Meet With Your Anesthesiologist

Your anesthesiologist will:

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

If you’re having a thoracotomy, 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 pain medication.

Prepare for Surgery

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

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

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

What to Expect

After you’re asleep, you may have a urinary (Foley®) catheter 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 will learn how to safely recover from your surgery. Write down any questions you have and be sure to ask your doctor or nurse.
In the Post Anesthesia Care Unit (PACU)

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

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

You may have a urinary catheter in your bladder to monitor the amount of urine you’re making. You will also have a chest tube that goes into a drainage device (see Figure 4).

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

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

In Your Hospital Room

After your stay in the PACU, you will be taken to your hospital room. There, you will 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 have recently stopped drinking alcohol. **Tell the nurse if you smoke or if you have recently quit smoking.** They will offer you a nicotine replacement therapy to make you more comfortable while you’re in the hospital.

Your nurse will explain the best way to recover 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. **You will 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 will have some pain after your surgery. Your doctor and nurse will ask you about your pain often and give you medication as needed. If your pain isn’t relieved, tell your doctor or nurse. It’s important to control your pain so you can 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 what’s normal for you). 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 4).

**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 still in the hospital, is a good goal.

**Will I be able to eat?**

You will gradually start eating your normal diet again when you’re ready. Your doctor or nurse will give you more information.

**When can I have visitors?**

You can have visitors between 8:00 AM and 10:00 PM every day.
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 will 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 temperature of 101° F (38.3° C) or higher

Commonly Asked Questions: At Home

Will I have pain when I am home?

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

- Take your medications as directed and as needed.
- Call your doctor if the medication prescribed for you doesn’t relieve your pain.
- Don’t drive or drink alcohol while you’re taking prescription pain medication.
- As your incisions heal, you will have less pain and need less pain medication. A mild pain reliever such as acetaminophen (Tylenol®) or ibuprofen (Advil®) will relieve aches and discomfort.
  - Don’t stop taking your pain medication suddenly. Follow your doctor or nurse’s instructions for stopping.
  - Don’t take more acetaminophen than the amount directed on the bottle or as instructed by your doctor or nurse. Taking too much acetaminophen can harm your liver.
- Pain medication should help you as you resume your normal activities. Take enough medication to do your exercises comfortably. However, it’s normal for your pain to increase slightly as you increase your level of activity.
- Keep track of when you take your pain medication. It’s most effective 30 to 45 minutes after taking it. Taking it when your pain first begins is more effective 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.
Pain medication may cause constipation (having fewer bowel movements than what's normal for you). For more information, read the “How can I prevent constipation?” section below.

**How do I care for my incisions?**

You will 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 will 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 the bandage 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 doctor's office if you have questions.

**Can I shower?**

You can shower 48 hours 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 is drainage).

Don’t take tub baths until you discuss it with your doctor 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 and After Your Cancer Treatment*. If you have questions about your diet, ask to see a dietitian.
**How can I prevent constipation?**

Your usual bowel pattern will change after surgery. You may have trouble passing stool (feces). Talk with your nurse about how to manage constipation.

- 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 the machine. 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. It is even more so 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 may return to your usual sexual activity as soon as your incisions are well healed and you can do so without pain or fatigue.

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

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 begin 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. You will talk 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 doctor’s office.
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 to 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 5).
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 6).

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 7). Be sure to stand straight. Try to hold the position for 5 seconds.

7. Return to the starting position.

Repeat _______________

Figure 6. Stretching up

Figure 7. Stretching back
**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 nurse, doctor, and social worker can reassure, support, and guide you. It’s always a good idea to let these professionals know how you, your family, and your friends are feeling emotionally. Many resources are available to patients and their families. Whether you’re in the hospital or at home, the nurses, doctors, and social workers are here to help you and your family and friends handle the emotional aspects of your illness.

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

Your first appointment after surgery will be 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 doctor will discuss the pathology results with you in detail.

You may also have appointments with other doctors 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.
Call your doctor immediately 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 temperature 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

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

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.

If you don’t already have a MyMSK account, you can sign up by going to my.mskcc.org. For more information about signing up for a MyMSK account, watch our video How to Enroll in the Patient Portal: MyMSK at www.mskcc.org/pe/enroll_mymsk. You can also contact the MyMSK Help Desk by emailing mymsk@mskcc.org or calling 800-248-0593.
This section includes a list of MSK support services, as well as the resources that were referred to throughout this guide. These resources will help you prepare for your surgery and recover safely. Write down any questions you have and be sure to ask your doctor or nurse.
Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

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

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

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

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

Before Your Surgery

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

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

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

**Before Your Radiology Procedure**

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

- Stop taking medications that contain vitamin E 10 days before your procedure, or as directed by your doctor.

- If your doctor tells you to stop taking aspirin, stop taking it 5 days before your procedure, or as directed by your doctor. If you take aspirin because you’ve had a problem with your heart or you’ve had a stroke, be sure to talk with your doctor before you stop taking it.
  - If you take low dose aspirin (81 mg), you may not need to stop it before your procedure. Your doctor will tell you if you should stop taking low dose aspirin.

- Stop taking NSAIDs 24 hours before your procedure, or as directed by your doctor.

**Before and During Your Chemotherapy**

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

**Examples of Medications**

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

These lists include the most common products, but there are others. Check with your healthcare provider if you aren’t sure. *Always be sure your doctor*
knows all of the medications you’re taking, both prescription and over-the-counter (not prescription).

### Common Medications that Contain Aspirin

<table>
<thead>
<tr>
<th>Common Medications Containing Aspirin</th>
<th>Common Medications Containing Aspirin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggrenox®</td>
<td>Bufferin® (most formulations)</td>
</tr>
<tr>
<td>Alka Seltzer®</td>
<td>Buffets II®</td>
</tr>
<tr>
<td>Anacin®</td>
<td>Buffex®</td>
</tr>
<tr>
<td>Arthritis Pain Formula</td>
<td>Cama® Arthritis Pain Reliever</td>
</tr>
<tr>
<td>Arthritis Foundation Pain Reliever®</td>
<td>COPE®</td>
</tr>
<tr>
<td>ASA Enseals®</td>
<td>Dasin®</td>
</tr>
<tr>
<td>ASA Suppositories®</td>
<td>Easprin®</td>
</tr>
<tr>
<td>Ascriptin® and Ascriptin A/D®</td>
<td>Ecotrin® (most formulations)</td>
</tr>
<tr>
<td>Aspergum®</td>
<td>Empirin® Aspirin (most formulations)</td>
</tr>
<tr>
<td>Asprimox®</td>
<td>Epromate®</td>
</tr>
<tr>
<td>Axotal®</td>
<td>Equagesic Tablets</td>
</tr>
<tr>
<td>Azdone®</td>
<td>Equazine®</td>
</tr>
<tr>
<td>Bayer® (most formulations)</td>
<td>Excedrin® Extra-Strength Analgesic Tablets and Caplets</td>
</tr>
</tbody>
</table>
Common Medications that are NSAIDs that Don’t Contain Aspirin

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

Products that Contain Vitamin E

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

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

About Acetaminophen

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

<table>
<thead>
<tr>
<th>Medicated with Codeine</th>
<th>Esgic®</th>
<th>Panadol®</th>
<th>Tylenol® with Codeine No. 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetaminophen with Codeine</td>
<td>Excedrin P.M.®</td>
<td>Percocet®</td>
<td>Vanquish®</td>
</tr>
<tr>
<td>Aspirin-Free Anacin®</td>
<td>Fiorcet®</td>
<td>Repan</td>
<td>Vicodin®</td>
</tr>
<tr>
<td>Arthritis Pain Formula® Aspirin-Free</td>
<td>Lorcet®</td>
<td>Roxicet®</td>
<td>Wygesic®</td>
</tr>
<tr>
<td>Darvocet-N 100®</td>
<td>Lortab®</td>
<td>Talacen®</td>
<td>Zydone®</td>
</tr>
<tr>
<td>Datril®</td>
<td>Naldegesic®</td>
<td>Tempra®</td>
<td></td>
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</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 1 day. It’s possible to take too much acetaminophen without knowing because it’s in many different medications.

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

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

### Common Abbreviations for Acetaminophen

<table>
<thead>
<tr>
<th>APAP</th>
<th>AC</th>
<th>Acetaminophen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetamin</td>
<td>Acetam</td>
<td>Acetaminophen</td>
</tr>
</tbody>
</table>

Don’t take more than 1 medication that contains acetaminophen at a time without talking with a member of your healthcare team.
Herbal Remedies and Cancer Treatment

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

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

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

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

Common Herbal Supplements and Their Effects

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

Echinacea

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

**Garlic**

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

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

- Can increase your risk of bleeding.

**Ginseng**

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

**Turmeric**

- Can make chemotherapy less effective.

**St. John’s Wort**

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

**Valerian**

- Can increase the effects of anesthesia or sedation.

**Herbal formulas**

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

This information does not cover all herbal remedies or possible side effects. Speak with your healthcare provider if you have any questions or concerns.
For more information about herbs and botanicals, visit the Memorial Sloan Kettering (MSK) Integrative Medicine Service website at www.aboutherbs.com.
Information for Family and Friends for the Day of Surgery

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

Before the Surgery

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

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

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

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

Please remember the following:

- **Do not bring food or drinks to the waiting area.** Patients are not allowed to eat or drink before their surgery or procedure.

- Our patients are at high risk for infection. Please do not visit if you have any cold or flu symptoms (fever, sneezing, sniffles, or a cough). We may ask you
to wear a mask if there are any concerns about your health.

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

## During the Surgery

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

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

## Surgery updates

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

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

To contact the nurse liaison:

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

**After the Surgery**

**Meeting with the surgeon**

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

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

**Visiting the patient in the PACU**

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

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

Please follow these guidelines before your visit:

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

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

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

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

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

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

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

About Your Incentive Spirometer

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

Use your incentive spirometer after your surgery and do your deep breathing and coughing exercises. This will help keep your lungs active throughout your
recovery and prevent complications such as pneumonia.

How To Use Your Incentive Spirometer

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

Please visit [mskcc.org/pe/incentive_spirometer](http://mskcc.org/pe/incentive_spirometer) to watch this video.

Setting up your incentive spirometer

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

Using your incentive spirometer

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

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

To use your incentive spirometer, follow the steps below.

1. Sit upright in a chair or in bed. Hold the incentive spirometer at eye level.
   - If you had surgery on your chest or abdomen (belly), hug or hold a pillow to help splint or brace your incision (surgical cut) while you’re using the incentive spirometer. This will help decrease pain at your incision.

2. Put the mouthpiece in your mouth and close your lips tightly around it. Slowly breathe out (exhale) completely.

3. Breathe in (inhale) slowly through your mouth as deeply as you can. As you take the breath, you will see the piston rise inside the large column. While the piston rises, the indicator on the right should move upwards. It should stay in between the 2 arrows (see Figure 1).

4. Try to get the piston as high as you can, while keeping the indicator
between the arrows.

- If the indicator does not stay between the arrows, you are breathing either too fast or too slow.

5. When you get it as high as you can, hold your breath for 10 seconds, or as long as possible. While you’re holding your breath, the piston will slowly fall to the base of the spirometer.

6. Once the piston reaches the bottom of the spirometer, breathe out slowly through your mouth. Rest for a few seconds.

7. Repeat 10 times. Try to get the piston to the same level with each breath.

8. After each set of 10 breaths, try to cough, holding a pillow over your incision, as needed. Coughing will help loosen or clear any mucus in your lungs.

9. Put the marker at the level the piston reached on your incentive spirometer. This will be your goal next time.

Repeat these steps every hour that you are awake.

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

This information describes the signs, causes, prevention, and treatment of constipation.

The normal length of time between bowel movements varies from person to person, but generally going 3 days without a bowel movement is too long. If you are having fewer bowel movements than what is normal for you, you are constipated. Other signs include having difficulty passing stool (feces), hard stools, and being unable to empty your bowel completely.

Causes of Constipation

- Medications, such as:
  - Pain medication
  - Chemotherapy
  - Antiemetics (medications to control nausea)
  - Antidepressants
  - Anticonvulsants
  - Blood pressure medication
  - Antihistamines (allergy medicine)
  - Antacids
  - Dietary supplements, such as iron and calcium
- Ignoring the urge to have a bowel movement
- Not having enough time or privacy to use the toilet
- Not moving around or walking enough
- Not drinking enough liquids
- Not eating enough fiber
• Age
• Illnesses, such as:
  o Diabetes
  o Depression
  o Diverticulosis
  o Parkinson disease
  o Hypothyroidism
  o Hypercalcemia
  o Spinal cord compression
  o Intestinal obstruction

Preventing and Treating Constipation

• Go to the bathroom at the same time everyday. Your body will get used to going at that time.
• If you feel the urge to go, do not put it off. Try to use the bathroom 5 to 15 minutes after meals.
• After breakfast is a good time to move your bowels because the reflexes in your colon are strongest then.
• Exercise if you can; walking is an excellent form of exercise.
• Drink 8 (8-ounce) glasses (2 liters) of liquids daily, if you can. Drink water, juices, soups, ice cream shakes, and other drinks that do not have caffeine. Beverages with caffeine, such as coffee and soda, pull fluid out of the body.
• Slowly increase the fiber in your diet to 25 to 35 grams per day. Fruits, vegetables, whole grains, and cereals contain fiber. If you have an ostomy or have had recent bowel surgery, check with your doctor or nurse before making any changes in your diet.
• 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 as instructed by your healthcare provider. This is a stool softener that causes few side effects. Do not take it with mineral oil.

Polyethylene glycol (MiraLAX®) 17 grams daily.

Senna (Senokot®) 2 tablets at bedtime. This is a stimulant laxative, which can cause cramping.

Bulk-forming laxatives, such as psyllium (Metamucil®, Fiberall®, Perdiem®), polycarbophil (Fibercon®), and methylcellulose (Citrucel®) can also be helpful when taken with 8 ounces of fluid. Do not use these if your constipation is due to pain medication. Use caution if you are unable to get out of bed or if you are only able to have a limited amount of liquids everyday. If you have strictures or a partial blockage in your intestines, talk with your doctor before trying bulk-forming laxatives.

- If these medications do not help, talk with your doctor or nurse. They may adjust the medication, suggest others, or your doctor might recommend prescription medication.

- Do not use suppositories or enemas unless your doctor or nurse tells you to.

**Call Your Doctor or Nurse if:**

- You have not had a bowel movement for 2 days.

- You have diarrhea after taking any of the medications listed above. Do not take any medication to manage the diarrhea without speaking with your doctor or nurse first

- You have any questions or concerns.
MSK Support Services

Anesthesia
212-639-6840
Call with any questions about anesthesia.

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

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

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

Counseling Center
646-888-0200
Many people find that counseling helps them. We provide counseling for individuals, couples, families, and groups, as well as medications to help if you feel anxious or depressed.

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

Look Good Feel Better Program
800-395-LOOK (800-395-5665)
Learn techniques to help you feel better about your appearance by taking a workshop or visiting the program online at www.lookgoodfeelbetter.org.

Patient-to-Patient Support Program
212-639-5007
You may find it comforting to speak with a cancer survivor or caregiver who has been through a similar treatment. Through our Patient-to-Patient Support Program, we are able to offer you a chance to speak with former patients and caregivers.

Patient Billing
646-227-3378
Call Patient Billing with any questions regarding preauthorization with your insurance company. This is also called preapproval.
**Patient Representative Office**  
212-639-7202  
Call if you have any questions about the Health Care Proxy Form or if you have any concerns about your care.

**Perioperative Nurse Liaison**  
212-639-5935  
Call if you have any questions about MSK releasing any information while you are 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**  
**Breathing Easier in Lung Cancer Survivorship**  
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.

The Breathing Easier in Lung Cancer Survivorship meeting is led by social workers and nurses and is designed to help people adjust to life after lung cancer treatment. This may include physical and psychological changes, lifestyle changes, and concerns about the future. We encourage people to share their concerns while getting information from healthcare providers.

**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.

For additional online information, visit LIBGUIDES on MSK’s library website at http://library.mskcc.org or the Lung Cancer section of www.mskcc.org. You can also contact the library reference staff at 212-639-7439 for help.
External Resources

Access-A-Ride
web.mta.info/nyct/paratran/guide.htm
877-337-2017
In New York City, the MTA offers a shared ride, door-to-door service for people with disabilities who are unable to take the public bus or subway.

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

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

Cancer and Careers
www.cancerandcareers.org
A comprehensive resource for education, tools, and events for employees with cancer.

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

Cancer Support Community
www.cancersupportcommunity.org
Provides support and education to people affected by cancer.

Caregiver Action Network
www.caregiveraction.org
800-896-3650
Provides education and support for those who care for loved ones with a chronic illness or disability.

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

Gilda’s Club
www.gildasclubnyc.org
212-647-9700
A place where men, women, and children living with cancer find social and emotional support through networking, workshops, lectures, and social activities.
**Good Days**  
www.mygooddays.org  
877-968-7233  
Offers financial assistance to pay for copayments during treatment. Patients must have medical insurance, meet the income criteria, and be prescribed medication that is part of the Good Days formulary.

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

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

**LGBT Cancer Project**  
http://lgbtcancer.com/  
Provides support and advocacy for the LGBT community, including online support groups and a database of LGBT friendly clinical trials.

**LIVESTRONG Fertility**  
www.livestrong.org/we-can-help/fertility-services  
855-744-7777  
Provides reproductive information and support to cancer patients and survivors whose medical treatments have risks associated with infertility.

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

**National Cancer Legal Services Network**  
www.nclsn.org  
Free cancer legal advocacy program.

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

**Needy Meds**  
www.needymeds.org  
Lists Patient Assistance Programs for brand and generic name medications.

**NYRx**  
www.nyrxplan.com  
Provides prescription benefits to eligible employees and retirees of public sector employers in New York State.
Partnership for Prescription Assistance
www.pparx.org
888-477-2669
 Helps qualifying patients without prescription drug coverage get free or low-cost medications.

Patient Access Network Foundation
www.panfoundation.org
866-316-7263
Provides assistance with copayments for patients with insurance.

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

RxHope
www.rxhope.com
877-267-0517
Provides assistance to help people obtain medications that they have trouble affording.