



About Your Thoracic Surgery

This guide will help you get ready for your thoracic surgery at MSK. It will also help you know what to expect during your recovery.

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

Your care team

Doctor: _____

Nurse: _____

Phone number: _____

Fax number: _____

Your caregiver

It's important to choose someone to help you care for yourself before and after your surgery. This person is called your caregiver. They'll learn about your surgery with you and help you care for yourself while you're healing after surgery. Write their name below.

Caregiver: _____



Visit www.mskcc.org/pe/about_thoracic_surgery to view this guide online.

Your baseline vital signs

Your baseline vital signs measure how you're doing in certain health areas before your surgery. After your surgery, your healthcare providers will measure your vital signs again and compare the results to your baseline. This helps them see any changes.

Your nurse will fill in this information before your surgery. It will help you and your health 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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About Your Surgery

The word “thoracic” refers to your thorax, which is your chest (see Figure 1). Your thorax contains your:

- **Lungs:** You have 2 lungs, 1 on each side of your chest. Your lungs are made up of lobes. Your left lung has 2 lobes. Your right lung has 3 lobes.
- **Pleura:** 2 thin layers of tissue that surround your lungs. The space between your pleura is called the pleural space.
- **Pericardium** (PAYR-ih-KAR-dee-um): The thin layer of tissue that surrounds your heart.
- **Diaphragm** (DY-uh-fram): The muscle that separates your chest from your abdomen (belly).
- **Thymus:** A gland that helps protect you from infections.
- **Heart:** The organ that pumps blood through your body.

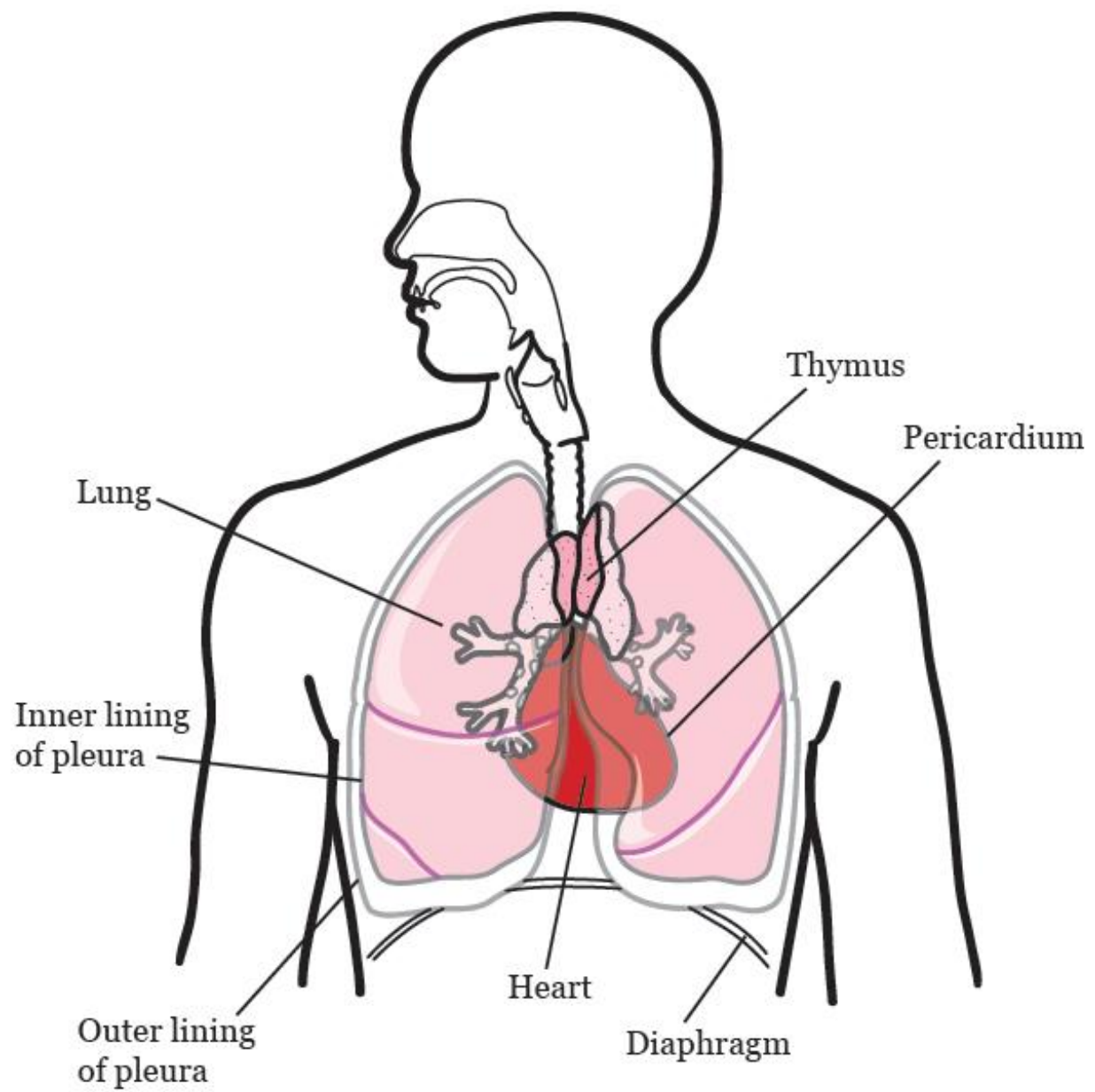
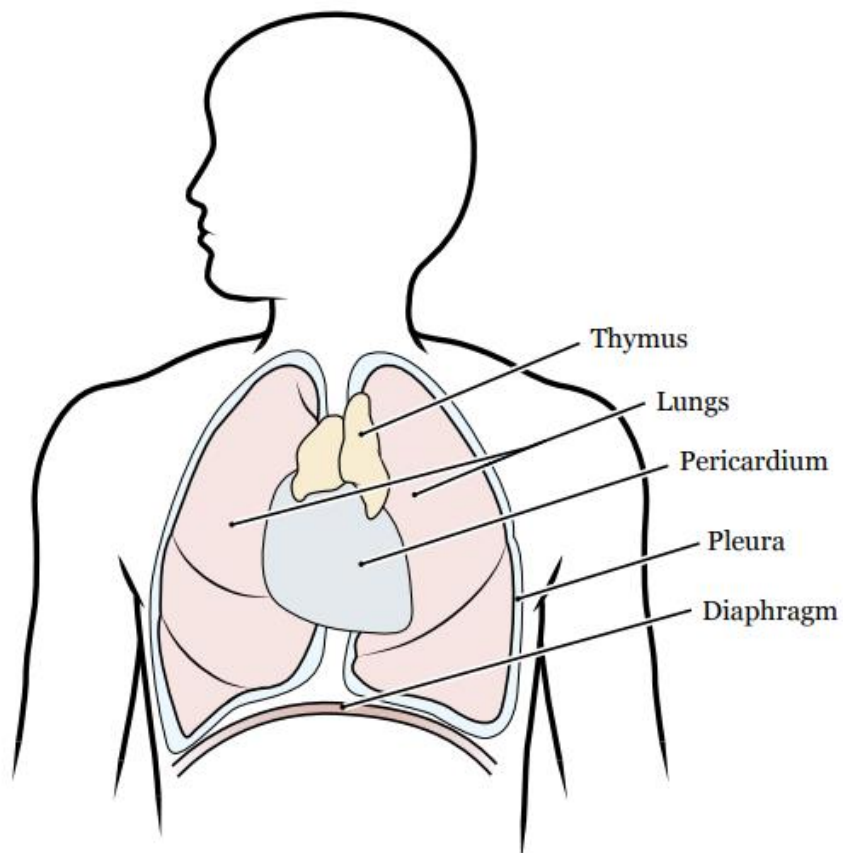


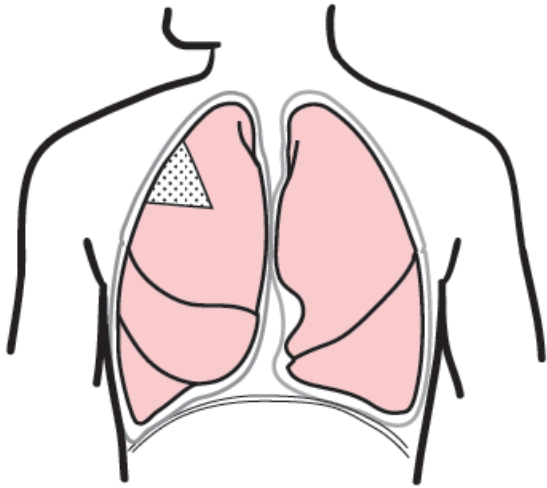
Figure 1. Your thorax

Types of thoracic surgeries

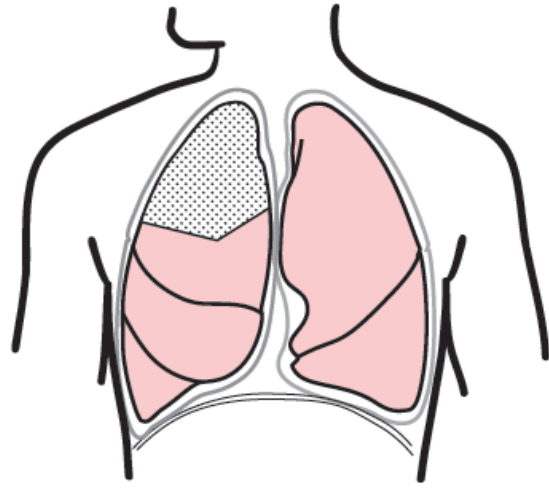
There are many types of thoracic surgeries. Your surgeon will talk with you about which type you'll have. Examples of some surgeries are described in this section. Your surgeon may also use the lines and pictures in this section to describe your surgery.

Notes _____

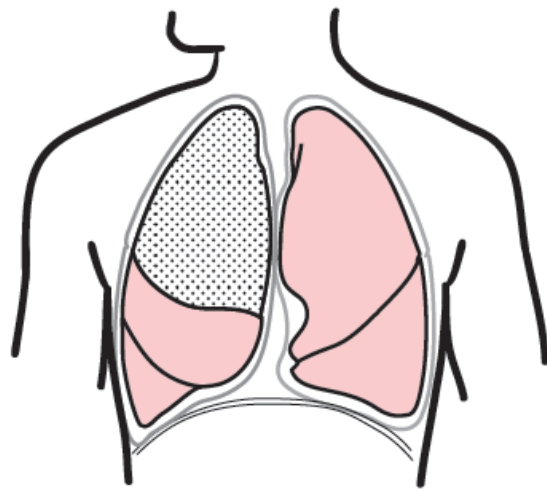




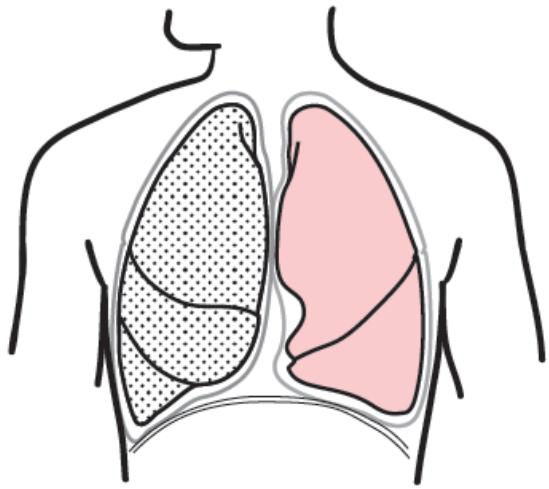
- A **wedge** is when a small part of a lobe of your lung is removed.



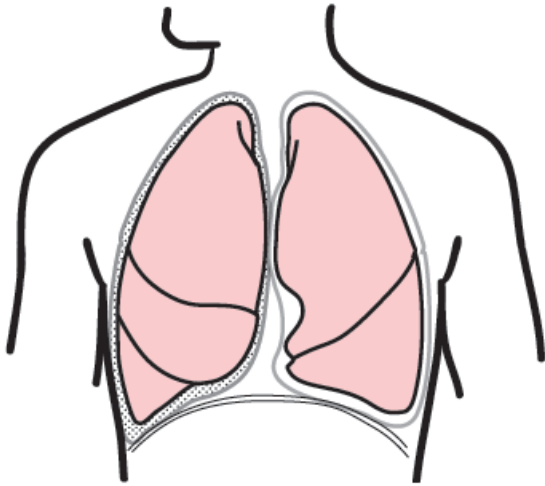
- A **segmentectomy** (seg-men-TEK-toh-mee) is when a slightly bigger part of a lobe of your lung is removed.



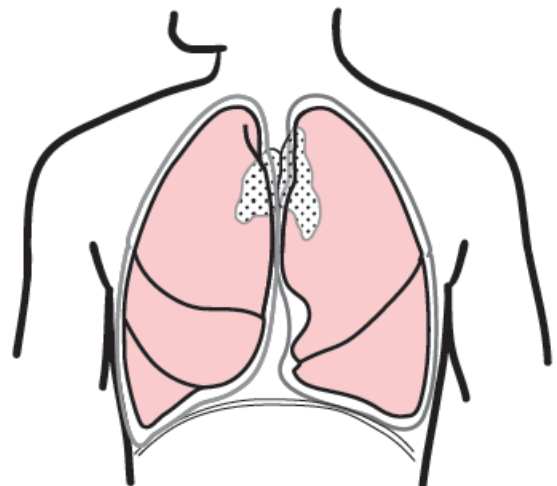
- A **lobectomy** (loh-BEK-toh-mee) is when a whole lobe of your lung is removed.



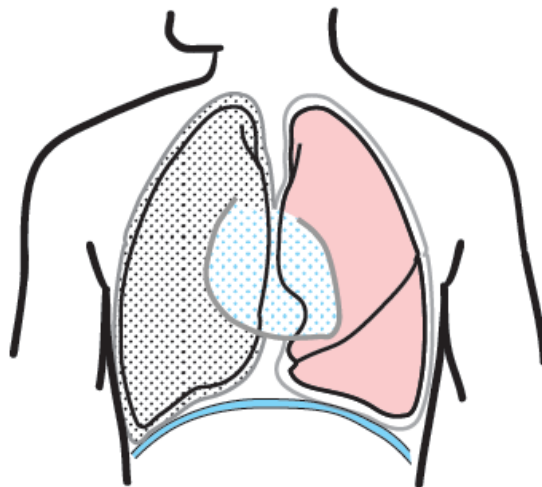
- A **pneumonectomy** (NOO-moh-NEK-toh-mee) is when 1 whole lung is removed.



- ☐ A **pleurectomy and decortication** is when all or part of the pleura around 1 lung is removed.



- ☐ A **thymectomy** is when your thymus is removed.



- ☐ An **extrapleural pneumonectomy** is when these parts of your thorax are removed:
- One entire lung
 - The pleura around that lung
 - Your pericardium
 - Your diaphragm

Your surgeon may reconstruct your diaphragm and pericardium during your surgery.

Other thoracic procedures

Some conditions can be treated with a procedure that does not remove your lung or pleura. Three common procedures are listed below.

- ❑ A **pleurodesis** is a procedure to keep pleural effusion from coming back. Pleural effusion is when too much fluid builds up around your lung. During the procedure, your surgeon will put a medication into your pleural space to drain fluid from the area.
- ❑ A **pleural biopsy** is a procedure to take a sample of tissue from your pleura.
- ❑ A **pleural drainage catheter** is placed in your pleural space to drain extra fluid from the area (see Figure 2).

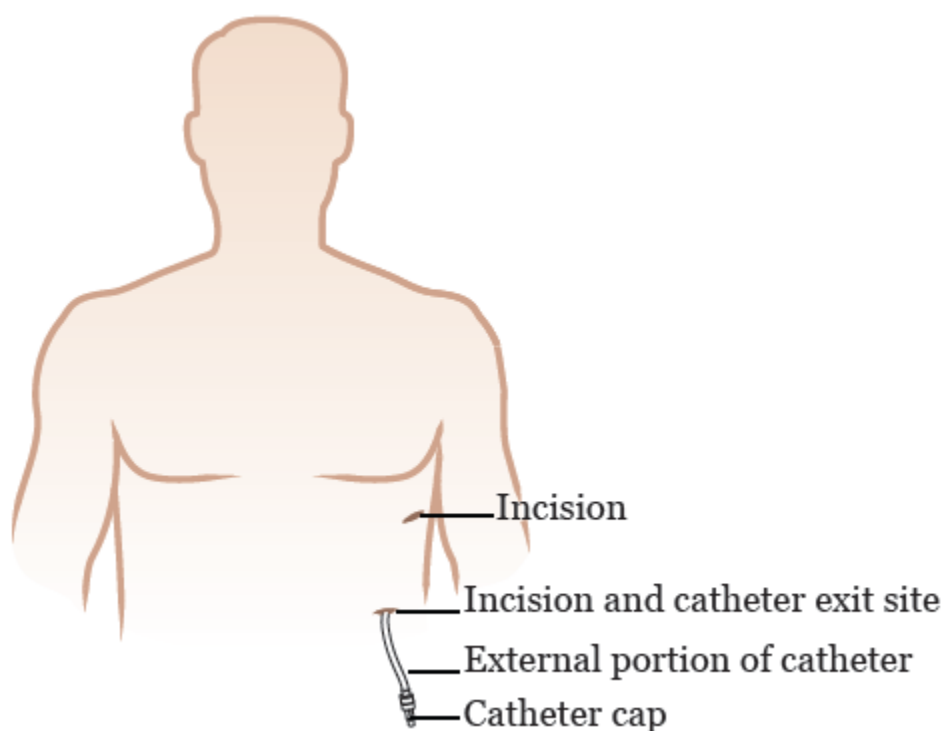


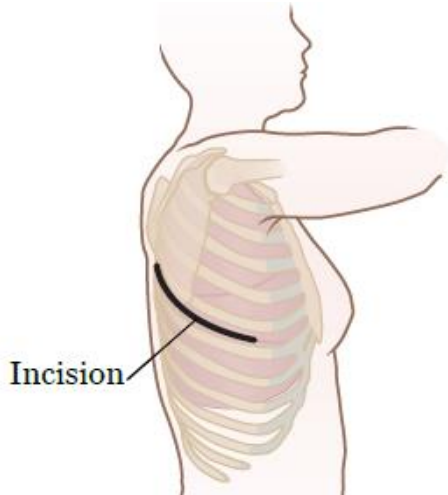
Figure 2. Pleural drainage catheter

Ways to do thoracic surgery

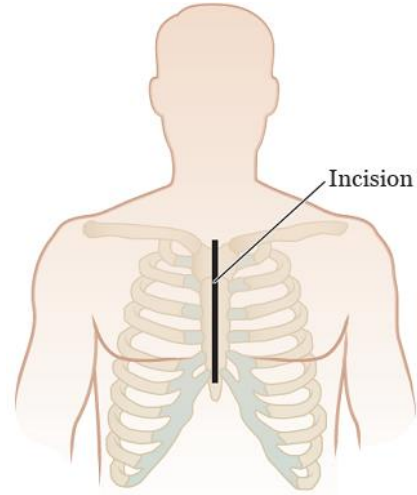
There are different ways thoracic surgery can be done. Your surgeon will tell you which type of incision you'll have.

How long you stay in the hospital will depend on which type of surgery you have. Your doctor will talk with you about this before your surgery.

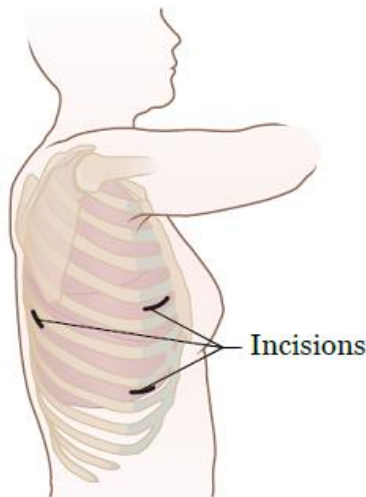
Types of thoracic incisions



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



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



- ❑ **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.

With a robotically-assisted VATS, your surgeon sits at a console and controls a robot that moves the surgical tools. The console has a special monitor where they can see the images from inside your chest in 3 dimensions (3-D).

Before Your Surgery

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

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

Notes _____

Getting ready for your surgery

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

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

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

About drinking alcohol

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

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

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

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

- Be honest with your healthcare providers about how much alcohol you drink.
Try to stop drinking alcohol once your surgery is planned. If you develop a headache, nausea (feeling like you're going to throw up), increased anxiety, or cannot 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 cannot stop drinking.
- Ask your healthcare provider questions about drinking and surgery. As always, all your medical information will be kept confidential.

Quit smoking before your surgery

If you smoke, you need to stop smoking 2 weeks before your surgery. This includes e-cigarettes, vaporizers, and other types of electronic nicotine delivery systems (ENDS).

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

- Help your heart and lungs work better.
- Lower your risk of problems during and after your surgery.
- Help your wounds heal.
- Lower your need for rehabilitation to help you breathe better.
- Lower your risk of getting an infection after surgery.

If you smoke, tell the nurse who works with your surgeon. They'll refer to you 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 again.

MSK's Tobacco Treatment Program

Our Tobacco Treatment Program has a team of Tobacco Treatment Specialists (TTS). They 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 (such as a nicotine patch, gum, lozenge, or inhaler) or other cessation medications.

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.

You do not have to quit alone!

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

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

About sleep apnea

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

Please tell us if you have sleep apnea or if you think you might have it. If you use a breathing device (such as a CPAP machine) 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.

Using MyMSK

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

If you do not 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* at www.mskcc.org/pe/enroll_mysk. For help, contact the MyMSK Help Desk by emailing mysk@mskcc.org or calling 800-248-0593.

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 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 get out of bed and walk, the quicker you can get back to your normal activities.

Within 30 days of your surgery

Presurgical Testing (PST)

You'll have a PST appointment before your surgery. The date, time, and location will be printed on the appointment reminder from your surgeon's office. You can eat and take your usual medications the day of your appointment.

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

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

During your PST appointment, you'll meet with a nurse practitioner (NP). They work 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.

Identify your caregiver

Your caregiver plays an important role in your care. Before your surgery, you and your caregiver will learn about your surgery from your healthcare providers. After your surgery, your caregiver will take you home when you're discharged. They'll also help you care for yourself at home.



For caregivers

Resources and support are available to help manage the responsibilities that come with caring for a person going through cancer treatment.

For information, visit www.mskcc.org/caregivers or read *A Guide for Caregivers*. You can ask your healthcare provider for a copy or find it at www.mskcc.org/pe/guide_caregivers

Complete a Health Care Proxy form

If you have not already filled out a Health Care Proxy form, we recommend you do now. If you've already filled one out or have any other advance directives, bring them to your next appointment.

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

Talk with your healthcare provider if you'd like to complete a health care proxy. You can also read *Advance Care Planning for Cancer Patients and Their Loved Ones* and *How to Be a Health Care Agent* for information about health care proxies, other advance directives, and being a health care agent. You can find them at www.mskcc.org/pe/advance_care_planning and www.mskcc.org/pe/health_care_agent or ask your healthcare provider for a copy.

Do breathing and coughing exercises

Practice taking deep breaths and coughing before your surgery. Your healthcare provider will give you an incentive spirometer to help expand your lungs. For more information, read *How to Use Your Incentive Spirometer*. You can find it in the "Educational Resources" section of this guide.

Exercise

Try to do aerobic exercise every day. Aerobic exercise is any exercise that makes your heart beat faster, such as walking, swimming, or biking. If it's cold outside, use stairs in your home or go to a mall or shopping center. Exercising will help your body get into its best condition for your surgery and make your recovery faster and easier.

Follow a healthy diet

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

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

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

7 days before your surgery

Follow your healthcare provider's instructions for taking aspirin

Aspirin can cause bleeding. 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. **Do not stop taking aspirin unless they tell you to.**

For more information, read *How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil*. You can find it in the "Educational Resources" section of this guide.

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

Vitamin E, multivitamins, herbal remedies, and other dietary supplements can cause bleeding. Stop taking them 7 days before your surgery. If your healthcare provider gives you other instructions, follow those instead.

For more information, read *Herbal Remedies and Cancer Treatment*. You can find it in the "Educational Resources" section of this guide.

3 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 of this guide.

2 days before your surgery

Stop taking nonsteroidal anti-inflammatory drugs (NSAIDs)

NSAIDs, such as ibuprofen (Advil® and Motrin®) and naproxen (Aleve®), can cause bleeding. Stop taking them 2 days before your surgery. If your healthcare provider gives you other instructions, follow those instead.

For more information, read *How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil*. You can find it in the “Educational Resources” section of this guide.

1 day before your surgery

Note the time of your surgery

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

The staff member will tell you what time to arrive at the hospital for your surgery. They’ll also remind you where to go. This will be the following location:

Presurgical Center (PSC) on the 6th floor
1275 York Ave. (between East 67th and East 68th Streets)
New York, NY 10065
Take the B elevator to the 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. Do not 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. Do not put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne after your shower.

Instructions for eating and drinking: 8 hours before your arrival time



- **Stop eating 8 hours before your arrival time, if you have not already.**
 - Your healthcare provider may tell you to stop eating earlier. If they do, follow their instructions.
- **8 hours before your arrival time, do not eat or drink anything except these clear liquids:**
 - Water.
 - Soda.
 - Clear juices, such as lemonade, apple, and cranberry juices. Do not drink orange juice or juices with pulp.
 - Black coffee or tea (without any type of milk or creamer).
 - Sports drinks, such as Gatorade®.
 - ClearFast CF(Preop)® or Ensure® Pre-Surgery clear carbohydrate drink.
 - Gelatin, such as Jell-O®.

You can keep having these until 2 hours before your arrival time.

The day of your surgery

Remember, starting 8 hours before your arrival time, do not eat or drink anything except the things listed earlier.

Instructions for drinking: 2 hours before your arrival time



If your healthcare provider gave you a ClearFast CF(Preop) or Ensure Pre-Surgery clear carbohydrate drink, finish it 2 hours before your arrival time.



Stop drinking 2 hours before your arrival time. This includes water.

Take your medicines as instructed

A member of your care team will tell you which medicines to take the morning of your surgery. Take only those medicines with a sip of water. Depending on what you usually take, this may be all, some, or none of your usual morning medicines.

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.

Do not 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.
- Do not wear any metal objects. Remove all jewelry, including body piercings. The tools used during your surgery can cause burns if they touch metal.
- Remove nail polish and nail wraps.
- Leave valuable items at home.
- If you're menstruating (have your monthly period), use a sanitary pad, not a tampon. You'll get disposable underwear, as well as a pad if needed.

What to bring

- Your breathing device for sleep apnea, (such as your CPAP machine), if you have one.
- Your Health Care Proxy form and other advance directives, if you completed them.
- Your cell phone and charger.
- Only the money you may want for small purchases (such as a newspaper).
- A case for your personal items, if you have any. Examples of personal items include eyeglasses, hearing aids, dentures, prosthetic devices, wigs, and religious articles.
- Sneakers that lace up. You may have some swelling in your feet. Lace-up sneakers can fit over this swelling.
- Your toothbrush and other toiletries, if you'd like.
- This guide. You'll use it when you learn how to care for yourself after surgery.

Where to park

MSK's parking garage is 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 about a quarter of a block in from York Avenue on the right (north) side of the street. There's a tunnel you can walk through that connects the garage to the hospital.

There are other garages 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.

Many staff members will ask you to say and spell your name and birth date. This is for your safety. People with the same or a similar name may be having surgery on the same day.

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

Meet with a nurse

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

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

Meet with an anesthesiologist

You'll also meet with an anesthesiologist before surgery. They will:

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

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.

Information for your visitors

At MSK, we make every effort to provide a safe and welcoming environment for our patients and visitors. We may sometimes change our visitor policy to help us do this. Visit www.mskcc.org/visit for the most up-to-date information.

Get ready for your surgery

When it's time for your surgery, you'll need to remove your hearing aids, dentures, prosthetic devices, wig, and religious articles, if you have them.

You'll either walk into the operating room or a staff member will bring you there on a stretcher. A member of the operating room team will help you onto the operating bed and place compression boots on your lower legs. These gently inflate and deflate to help blood flow in your legs.

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

During your surgery

After you're fully asleep, your care team will place a breathing tube through your mouth into your airway. It will help you breathe. They'll also place a urinary (Foley) catheter in your bladder. It will drain your urine (pee) during your surgery.

Once they finish your surgery, your surgeon will close your incisions with staples or sutures (stitches). They may also place Steri-Strips™ (thin pieces of surgical tape) or Dermabond® (surgical glue) over your incisions. They may cover your incisions with a bandage.

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

After Your Surgery

The information in this section will tell you what to expect after your surgery, both during your hospital stay and after you leave the hospital. You'll learn how to safely recover from your surgery.

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

Notes _____

In the Post-Anesthesia Care Unit (PACU)

When you wake up after your surgery, you'll be in the PACU. A nurse will be keeping track of 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.

Tubes and drains

You'll have 1 or more of the tubes and drains below. Your healthcare providers will talk with you about what to expect.

- **A urinary (Foley) catheter:** This is a tube that drains urine from your bladder. Your care team will keep track of how much urine you're making while you're in the hospital.
- **A chest tube:** This is a tube that drains blood, fluid, and air from around your lung. The tube enters your body between your ribs and goes into the space between your chest wall and lung (see Figure 3). Your care team will keep track of how much drainage you have.

Your chest tube will be removed when your lung is no longer leaking air. Most people go home the day after their chest tube is removed.

- **Drainage device:** This device is attached to your chest tube. This is where the blood, fluid, and air drained from around your lung will go.

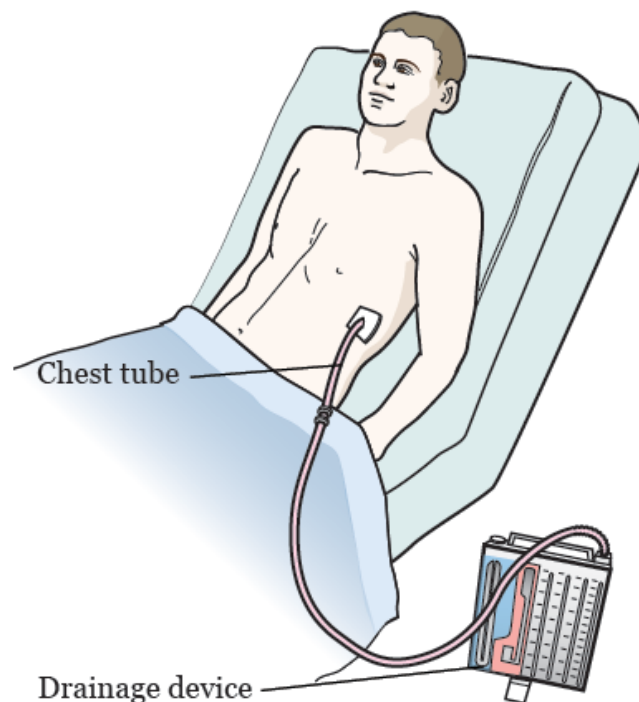


Figure 3. Your chest tube and drainage device

Pain medication

You'll get epidural or IV pain medication while you're in the PACU.

- If you're getting epidural pain medication, it will be put into your epidural space through your epidural catheter. Your epidural space is the space in your spine just outside your spinal cord.
- If you're getting IV pain medication, it will be put into your bloodstream through your IV line.

You'll be able to control your pain medication using a button called a patient-controlled analgesia (PCA) device. For more information, read *Patient-Controlled Analgesia (PCA)*. You can find it at www.mskcc.org/pe/pca or ask a member of your care team for a copy.

Moving to your hospital room

You may stay in the PACU for a few hours or overnight. How long you stay depends on when an inpatient bed comes available. After your stay in the PACU, a staff member will bring you to your hospital room.

In your hospital room

The length of time you're in the hospital after your surgery depends on your recovery.

In your hospital room, you'll meet one of the nurses who will care for you during your stay. Soon after you get there, a nurse will help you out of bed and into your chair.

Your healthcare providers will teach you how to care for yourself while you're recovering from your surgery. You can help yourself recover more quickly by:

- **Reading your recovery pathway.** Your healthcare provider will give you a pathway with goals for your recovery if you do not already have one. It will help you know what to do and expect on each day during your recovery.
- **Starting to move around as soon as you can.** The sooner you get out of bed and walk, the quicker you can get back to your normal activities.

Managing your pain

You'll have some pain after your surgery. At first, you'll get your pain medication through your epidural catheter or IV line. You'll be able to control your pain medication using a PCA device. You'll get oral pain medication (medication you swallow) once your chest tube is removed.

Your healthcare providers will ask you about your pain often and give you medication as needed. If your pain is not relieved, tell one of your healthcare providers. It's important to control your pain so you can use your incentive spirometer and move around. Controlling your pain will help you recover better.

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

Moving around and walking

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

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

Exercising your lungs

It's important to exercise your lungs so they expand fully. This helps prevent pneumonia.

- Use your incentive spirometer 10 times every hour you're awake. For more information, read *How to Use Your Incentive Spirometer*. You can find it in the "Educational Resources" section of this guide.
- Do coughing and deep breathing exercises. A member of your care team will teach you how.

Eating and drinking

You'll slowly go back to eating solid foods starting the day after your surgery. Read your pathway and talk with your care team for more information.

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

Planning for discharge

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.

Leaving the hospital

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

On the day of your discharge, plan to leave the hospital around 11 a.m. Before you leave, your healthcare provider will write your discharge order and prescriptions. You'll also get written discharge instructions. One of your healthcare providers will review them with you before you leave.

If your ride is not at the hospital when you're ready to leave, you may be able to wait in the Patient Transition Lounge. A member of your care team will give you more information.

At home

Read *What You Can Do to Avoid Falling* to learn what you can do to keep from falling at home and during your appointments at MSK. You can find it at www.mskcc.org/pe/avoid_falling or ask a member of your care team for a copy.

Filling out your Recovery Tracker

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

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

Based on your answers, we may reach out to you for more information or ask you to call your surgeon's office. You can always contact your surgeon's office if you have any questions. For more information, read *About Your Recovery Tracker*. You can find it at www.mskcc.org/pe/recovery_tracker or ask a member of your care team for a copy.

Managing your pain

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 does not 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 does not ease your pain.
- Do not 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® or Motrin®) will ease aches and discomfort.
 - Follow your healthcare provider's instructions for stopping your prescription pain medication.
 - Do not take more of any medication than the amount directed on the label or as instructed by your healthcare provider.
 - Read the labels on all the medications you're taking, especially if you're taking acetaminophen. Acetaminophen is an ingredient in many over-the-counter and prescription medications. Taking too much can harm your liver. Do not take more than one medication that contains acetaminophen without talking with a member of your care team.
- Pain medication should help you get back to your normal activities. Take enough medication to do your activities and exercises comfortably. It's normal for your pain to increase a little as you start to be more active.
- Keep track of when you take your pain medication. It works best 30 to 45 minutes after you take it. Taking it when you first have pain is better than waiting for the pain to get worse.

Some prescription pain medications (such as opioids) may cause constipation (having fewer bowel movements than usual).

Preventing and managing constipation

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

- Go to the bathroom at the same time every day. Your body will get used to going at that time. If you feel like you need to go, though, do not put it off.
- Try to use the bathroom 5 to 15 minutes after meals. After breakfast is a good time to go. That's when the reflexes in your colon are strongest.
- Exercise, if you can. Walking is an excellent form of exercise.
- Drink 8 to 10 (8-ounce) glasses (2 liters) of liquids daily, if you can. Choose liquids such as water, juices (such as prune juice), soups, and ice cream shakes. Avoid liquids with caffeine (such as coffee and soda). Caffeine can pull fluid out of your body.
- Slowly increase the fiber in your diet to 25 to 35 grams per day. Unpeeled fruits and vegetables, whole grains, and cereals contain fiber. If you have an ostomy or have had recent bowel surgery, check with your healthcare provider before making any changes in your diet.
- Both over-the-counter and prescription medications are available to treat constipation. Check with your healthcare provider before taking any medications for constipation, especially if you have an ostomy or have had bowel surgery. Follow the instructions on the label or from your healthcare provider. Examples of over-the-counter medications for constipation include:
 - Docusate sodium (Colace®). This is a stool softener (medication that makes your bowel movements softer) that causes few side effects. You can use it to help prevent constipation. Do not take it with mineral oil.
 - Polyethylene glycol (MiraLAX®). This is a laxative (medication that causes bowel movements) that causes few side effects. Take it with 8 ounces (1 cup) of a liquid. Only take it if you're already constipated.
 - Senna (Senokot®). This is a stimulant laxative, which can cause cramping. It's best to take it at bedtime. Only take it if you're already constipated.

If any of these medications cause diarrhea (loose, watery bowel movements), stop taking them. You can start again if needed.

Caring for your incision

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

It’s normal for the skin below your incision to feel numb. This happens because some of your nerves were cut during your surgery. The numbness will go away over time.

Call your healthcare provider’s office if:

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

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

If you go home with Steri-Strips or Dermabond on your incision, they’ll loosen and fall or peel off on their own. If they have not fallen off after 10 days, you can take them off.

Caring for your chest tube incision

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

Keep your incision covered with a bandage for 48 hours (2 days) after your chest tube is removed. If it gets wet, change it as soon as possible.

After 48 hours, if you do not 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.

Showering

You can shower 48 hours (2 days) after your chest tube is removed. Take a shower every day to clean your incision. If you have staples in your incision, it's OK to get them wet.

Take your bandage(s) off before you shower. Use soap during your shower, but do not put it directly on your incision. Do not rub the area around your incision.

After you shower, pat the area dry with a clean towel. Leave your incision uncovered or cover it with a bandage if your clothing may rub it or if you have drainage.

Do not take tub baths until talking with your surgeon.

Eating and drinking

You can eat all the foods you did before your surgery, unless your healthcare provider gives you other instructions. Eating a balanced diet with lots of calories and protein will help you heal after surgery. Try to eat a good protein source (such as meat, fish, or eggs) at each meal. You should also try to eat fruits, vegetables, and whole grains.

It's also important to drink plenty of liquids. Choose liquids without alcohol or caffeine. Try to drink 8 to 10 (8-ounce) glasses of liquids every day.

For more information, read *Eating Well During Your Cancer Treatment*. You can find it at www.mskcc.org/pe/eating_cancer_treatment or ask your healthcare provider for a copy.

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

Physical activity and exercise

When you leave the hospital, your incision may look healed on the outside, but it will not be healed on the inside. For the first 3 weeks after your surgery:

- Do not lift anything heavier than 10 pounds (4.5 kilograms).
- Do not do any high-energy activities (such as jogging and tennis).
- Do not play any contact sports (such as football).

Doing aerobic exercise, such as walking and stair climbing, will help you gain strength and feel better. Walk at least 2 to 3 times a day for 20 to 30 minutes. You can walk outside or indoors at your local mall or shopping center.

It's normal to have less energy than usual after your surgery. Recovery time is different for each person. Increase your activities each day as much as you can. Always balance activity periods with rest periods. Rest is an important part of your recovery.

Strengthening your arm and shoulder

Stretching exercises will help you regain full arm and shoulder movement. They'll also help relieve pain on the side of your surgery.

Do the exercises described in the "Stretching exercises" section. Start doing them as soon as your chest tube is removed.

Use the arm and shoulder on the side of your surgery in all 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.

Loosen your mucus

Drink liquids to help keep your mucus thin and easy to cough up. Ask your healthcare provider how much you should drink each day. For most people, this will be at least 8 to 10 (8-ounce) glasses of liquid each day.

Use a humidifier while you sleep during the winter months. Make sure to change the water and clean the humidifier often. Follow the manufacturer's instructions.

Smoking

Do not smoke. Smoking is harmful to your health at any time, but it's even more harmful as you're healing. 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.

Driving

Ask your healthcare provider when you can drive. Do not drive while you're taking pain medication that may make you drowsy.

You can ride in a car as a passenger at any time after you leave the hospital.

Sexual activity

Your healthcare provider will tell you when you can start having sexual activity. This is usually as soon as your incisions have healed.

Going back to work

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

Traveling

Do not travel by plane until your healthcare provider says it's OK. They'll talk with you about this during your first appointment after your surgery.

Follow-up appointments

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. Write down the type of appointment and when it should be scheduled.

Notes _____

Managing your feelings

After surgery for a serious illness, you may have new and upsetting feelings. Many people say they felt weepy, sad, worried, nervous, irritable, and angry at one time or another. You may find that you cannot control some of these feelings. If this happens, it's a good idea to seek emotional support. Your healthcare provider can refer you to MSK's Counseling Center. You can also reach them by calling 646-888-0200.

Patient and Caregiver Peer Support Program

Call 212-639-5007 to get connected with a former MSK patient who has been through a treatment like yours.

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 to call your healthcare provider



Call your healthcare provider if:

- You have a fever of 101 °F (38.3 °C) or higher.
- You have swelling in your chest, neck, or face.
- You have a sudden change in your voice.
- You have not had a bowel movement for 3 days or longer.
- You have pain that does not get better with your medications.
- You're having trouble breathing.
- The skin around your incision is warmer than usual.
- The skin around your incision is very red or getting more red.
- The area around your incision is starting to swell or getting more swollen.
- You have drainage from your incision that smells bad or is thick or yellow.
- You have any questions or concerns.

Contact information

If you have questions or concerns, contact your healthcare provider. A member of your care team will answer Monday through Friday from 9 a.m. to 5 p.m. Outside those hours, you can leave a message or talk with another MSK provider. There is always a doctor or nurse on call. If you're not sure how to reach your healthcare provider, call 212-639-2000.

Stretching exercises

Stretching exercises will help you regain full arm and shoulder movement. You can start doing them once your chest tube is removed.

To do the exercises, follow the instructions below. One of your healthcare providers will tell you how many times to repeat each exercise.

You'll need a straight-backed chair and a hand towel to do these exercises.

Axillary stretch

1. Sit in a straight-backed chair with your feet flat on the floor.
2. Clasp your hands together in front of you (see Figure 4).
3. Keeping your hands clasped, 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. 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. Hold this position for 5 seconds while bringing your elbows as far back as possible.
8. Return to the starting position.

Repeat _____



Figure 4. Axillary stretch

Towel stretch

1. Stand comfortably with your feet about 6 inches (15 centimeters) apart.
2. Hold the hand towel in front of you. Hold one end 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. 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 _____



Figure 5. Stretching up

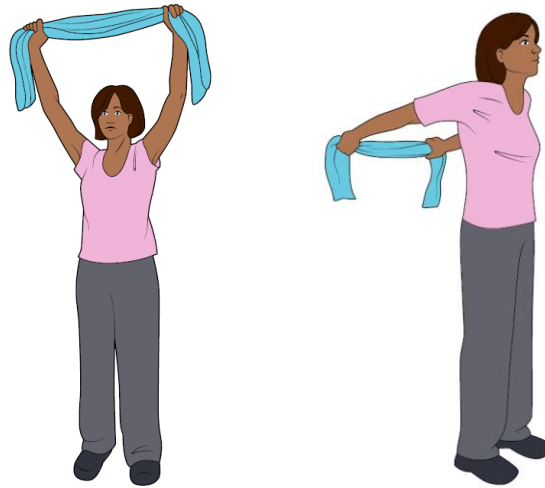


Figure 6. Stretching back

Support Services

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

As you read through this section, you can use the space below to write

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MSK support services

Visit the Cancer Types section of www.mskcc.org for more information.

Admitting Office

212-639-7606

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

Anesthesia

212-639-6840

Call if you have questions about anesthesia.

Blood Donor Room

212-639-7643

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

Bobst International Center

332-699-7968

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

Counseling Center

646-888-0200

Many people find that counseling helps them. We provide counseling for individuals, couples, families, and groups, as well as medications to help if you feel anxious or depressed. To make an appointment, ask your healthcare provider for a referral or call the number above.

Female Sexual Medicine and Women's Health Program

646-888-5076

Cancer and cancer treatments can have an impact on your sexual health. Our Female Sexual Medicine and Women's Health Program can help if you're dealing with cancer-related sexual health challenges such as premature menopause or fertility issues. Call for more information or to make an appointment. We can help you take action and address sexual health issues before, during, or after your treatment.

Food Pantry Program

646-888-8055

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

Integrative Medicine Service

www.mskcc.org/integrativemedicine

Our Integrative Medicine Service offers many services to complement (go along with) traditional medical care, including music therapy, mind/body therapies, dance and movement therapy, yoga, and touch therapy. To schedule an appointment for these services, call 646-449-1010.

You can also schedule a consultation with a healthcare provider in the Integrative Medicine Service. They will work with you to come up with a plan for creating a healthy lifestyle and managing side effects. To make an appointment, call 646-608-8550.

Male Sexual and Reproductive Medicine Program

646-888-6024

Cancer and cancer treatments can have an impact on your sexual health. Our Male Sexual and Reproductive Medicine Program can help if you're dealing with cancer-related sexual health challenges such as erectile dysfunction (ED). Call for information or to make an appointment. We can help you take action and address sexual health issues before, during, or after your treatment.

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 Nurses and Companions

917-862-6373

You can request private nurses or companions to care for you in the hospital and at home. Call for more information.

Resources for Life After Cancer (RLAC) Program

646-888-8106

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

Social Work

212-639-7020

Social workers help patients, family, and friends deal with issues that are common for cancer patients. They provide individual counseling and support groups throughout the course of treatment and can help you communicate with children and other family members. Our social workers can also help refer you to community agencies and programs, as well as financial resources if you're eligible.

Spiritual Care

212-639-5982

Our chaplains (spiritual counselors) 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.

MSK's interfaith chapel is located near Memorial Hospital's main lobby. It's open 24 hours a day. If you have an emergency, call 212-639-2000. Ask for the chaplain on call.

Tobacco Treatment Program

212-610-0507

If you want to quit smoking, MSK has specialists who can help. Call for information.

Virtual Programs

www.mskcc.org/vp

MSK's Virtual Programs offer online education and support for patients and caregivers, even when you cannot 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.

External support services

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

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

Educational Resources

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

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

Notes _____



PATIENT & CAREGIVER EDUCATION

How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil

This information will help you check if your medicines or dietary supplements have aspirin, other NSAIDs, vitamin E, or fish oil as an active ingredient. NSAID stands for nonsteroidal anti-inflammatory drug.

It's important to stop taking these medicines and supplements before many cancer treatments. They affect your platelets (blood cells that clot to prevent bleeding) and can raise your risk of bleeding.

Other dietary supplements, such as vitamins and herbal remedies, can also affect your cancer treatment. Read *Herbal Remedies and Cancer Treatment* (www.mskcc.org/pe/herbal_remedies) to learn more.

Make sure your healthcare provider always knows all the prescription and over-the-counter medicines and supplements you're taking. This includes patches and creams.

A prescription medicine is one you can only get with a prescription from your healthcare provider. An over-the-counter medicine is one you can buy without a prescription.

What is an active ingredient?

An active ingredient is the part of a medicine or supplement that makes it work. Some medicines and supplements have just one active ingredient. Others have more. For example:

- Ibuprofen is the active ingredient in Advil® and Motrin®. Ibuprofen is an NSAID.
- Naproxen is the active ingredient in Aleve®. Naproxen is an NSAID.
- Acetaminophen is the active ingredient in Tylenol®.
- Aspirin, acetaminophen, and caffeine are the active ingredients in Excedrin®.

Generic medicines sometimes use their active ingredient as their name. But people often call medicines and supplements by a brand name, even if they're generic. This can make it hard to know their active ingredients.

How to find a medicine or supplement's active ingredients

You can always find the active ingredients by reading the label.

Over-the-counter medicines

Over-the-counter medicines list their active ingredients in the “Drug Facts” label (see Figure 1). Active ingredients are always the first thing on the Drug Facts label.



Figure 1. Active ingredients on an over-the-counter medicine label

Prescription medicines

Prescription medicines list their active ingredients on the label. Their active ingredients and their generic name are the same thing.

Labels often look different depending on which pharmacy you use. Here's an example of where to find a medicine's active ingredients (generic name) on a label from MSK's pharmacy (see Figure 2).

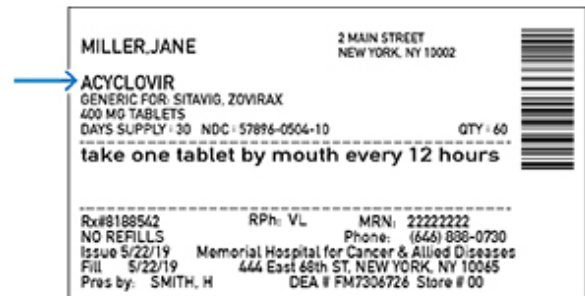


Figure 2. Active ingredients on a prescription medicine label

Dietary supplements

Dietary supplements list their active ingredients in the "Supplement Facts" label (see Figure 3). The active ingredients always have an amount per serving and % daily value included.

Supplement Facts		
Serving Size 1 Tablet		
	Amount Per Serving	% Daily Value
Vitamin A (as retinyl acetate and 50% as beta-carotene)	5000 IU	100%
Vitamin C (as ascorbic acid)	60 mg	100%
Vitamin D (as cholecalciferol)	400 IU	100%
Vitamin E (as di-alpha tocopheryl acetate)	30 IU	100%
Thiamin (as thiamin mononitrate)	1.5 mg	100%
Riboflavin	1.7 mg	100%
Niacin (as niacinamide)	20 mg	100%
Vitamin B ₆ (as pyridoxine hydrochloride)	2.0 mg	100%
Folate (as folic acid)	400 mcg	100%
Vitamin B ₁₂ (as cyanocobalamin)	6 mcg	100%
Biotin	30 mcg	10%
Pantothenic Acid (as calcium pantothenate)	10 mg	100%
Other ingredients: Gelatin, lactose, magnesium stearate, microcrystalline cellulose, FD&C Yellow No. 6, propylene glycol, propylparaben, and sodium benzoate.		

Figure 3. Active ingredients on a supplement label

Active ingredients to look for

If your medicine or supplement has any of these active ingredients, you may need to stop taking it before, during, or after your cancer treatment or surgery. Follow your care team's instructions.

Active ingredients to look for		
<ul style="list-style-type: none">• Acetylsalicylic acid• Alpha-linolenic acid (ALA)• Aspirin• Acetaminophen*• Celecoxib• Diclofenac• Diflunisal• Docosahexaenoic acid (DHA)• Eicosapentaenoic acid (EPA)	<ul style="list-style-type: none">• Etodolac• Fish oil• Fenoprofen Flurbiprofen• Ibuprofen• Indomethacin• Ketoprofen• Ketorolac• Meclofenamate• Mefenamic acid• Meloxicam	<ul style="list-style-type: none">• Nabumetone• Naproxen• Omega-3 fatty acids• Omega-6 fatty acids• Oxaprozin• Piroxicam• Sulindac• Tolmetin• Vitamin E

* 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		
<ul style="list-style-type: none">• APAP• Acetamin	<ul style="list-style-type: none">• AC• Acetam	<ul style="list-style-type: none">• Acetaminop• Acetaminoph

About acetaminophen (Tylenol)

In general, acetaminophen is safe to take during cancer treatment. It doesn't affect platelets. That means it will not raise your chance of bleeding. If you're getting chemotherapy, talk with your healthcare provider before taking acetaminophen.

There is a limit to how much acetaminophen you can take in a day. Always follow the instructions from your care team or on the medicine's label.

Acetaminophen is in many different prescription and over-the-counter medicines. It's possible to take too much without knowing. **Always read the label on the medicines you take.** Do not take more than 1 medicine that has acetaminophen at a time without talking with a member of your care team.

Instructions before your cancer treatment

Tell your healthcare provider if you take aspirin, other NSAIDs, vitamin E, or fish oil. They'll tell you if you need to stop taking it. You'll also find instructions in the information about your treatment.

Before your surgery

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

- If you take aspirin or a medicine that has aspirin, you may need to change your dose or stop taking it 7 days before your surgery. Follow your healthcare provider's instructions. **Do not stop taking aspirin unless your healthcare provider tells you to.**
- If you take vitamin E, fish oil, or a supplement that has vitamin E or fish oil, stop taking it 7 days before your surgery or as directed by your healthcare provider.
- If you take an NSAID or a medicine that has an NSAID, stop taking it 48 hours (2 days) before your surgery or as directed by your healthcare provider.

Before your radiology procedure

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

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

Before and during your chemotherapy

Chemotherapy can lower your platelet count, which can increase your risk of bleeding. No matter if you're just starting chemotherapy or have been getting it, talk with your healthcare provider before taking aspirin, other NSAIDs, vitamin E, or fish oil.

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

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

How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil - Last updated on November 29, 2023

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PATIENT & CAREGIVER EDUCATION

Herbal Remedies and Cancer Treatment

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

About Herbal Remedies

Herbal remedies are any herbs, botanical (plant-based) supplements, or dietary supplements you take for their health benefits. These may come as tablets, capsules, powders, teas, liquid extracts, and fresh or dried plants.

Some herbal remedies can help prevent or manage side effects of cancer or your treatment. The herbal remedies that can help you depend on what symptoms you have and what treatment you're getting.

Even though herbal remedies can feel safe, they may not all be safe. Herbal remedies do not go through the same testing as prescription medications to make sure they work and are safe.

Some herbal remedies may be harmful. This is because they can:

- Affect how your other medications work.
- Raise or lower your blood pressure.
- Thin your blood and increase your risk of bleeding.
- Keep radiation therapy from working as well as it should.
- Change how your body reacts to sedation (medication to make you calmer) or general anesthesia (medication to make you sleepy).

Talk with your healthcare provider about any herbal remedies or other

supplements you are taking. They can provide an open and safe space to talk about these products.

For more information about herbs and supplements, visit www.aboutherbbs.com or call MSK's Integrative Medicine Service at 646-608-8550.

Stop taking herbal remedies before your treatment

Stop taking herbal remedies and other dietary supplements 7 days (1 week) before you:

- Have surgery.
- Start chemotherapy.
- Start radiation therapy.
- Have certain procedures. Your healthcare provider will let you know if you need to stop taking herbal remedies before your procedure.

Herbal remedies and other dietary supplements can cause bleeding and affect your treatment. Follow your healthcare provider's instructions for when to restart taking herbal remedies.

You can still use some herbs in your food and drinks, such as using spices in cooking and drinking tea. Herbal remedies are stronger than the herbs you cook with.

Common Herbal Remedies and Their Effects

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

Echinacea (EH-kih-NAY-shuh)

- Can cause rare but serious allergic reactions, such as a rash or trouble breathing.
- Can keep medications that weaken your immune system from working as well as they should.

Garlic

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

Ginkgo (also known as Ginkgo biloba)

- Can increase your risk of bleeding.

Ginseng (JIN-seng)

- Can keep sedation or general anesthesia from working as well as they should.
- Can increase your blood pressure.
- Can increase your risk of bleeding.
- Can lower your blood glucose (sugar) level.

Turmeric (TER-mayr-ik)

- Can keep chemotherapy from working as well as it should.

St. John's Wort

- Can keep some medications from working as well as they should.
- Can make your skin more sensitive to radiation or laser treatment.

Valerian (vuh-LEER-ee-un)

- Can make sedation or general anesthesia affect you more than they should.

Herbal formulas

- Herbal formulas contain many different herbs and dosages.
- Stop taking these products 7 days (1 week) before treatment. Do not start taking herbal formulas again until your healthcare provider tells you it is safe.

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

Contact Information

- To schedule a consultation with a healthcare provider in Integrative Medicine, call 646-608-8550.
- To make an appointment for Integrative Medicine Service's therapies, classes, and workshops, call 646-449-1010.

For more information, visit www.mskcc.org/IntegrativeMedicine or read *Integrative Medicine Therapies and Your Cancer Treatment* (www.mskcc.org/pe/integrative_therapies).

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

Herbal Remedies and Cancer Treatment - Last updated on May 5, 2022

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PATIENT & CAREGIVER EDUCATION

How To Use Your Incentive Spirometer

This information will help you learn how to use your incentive spirometer (in-SEN-tiv spy-rah-MEE-ter). It also answers some common questions about it.

About your incentive spirometer

After your surgery you may feel weak and sore, and it may be uncomfortable to take deep breaths. Your healthcare provider may recommend using a device called an incentive spirometer (see Figure 1). It helps you practice taking deep breaths.

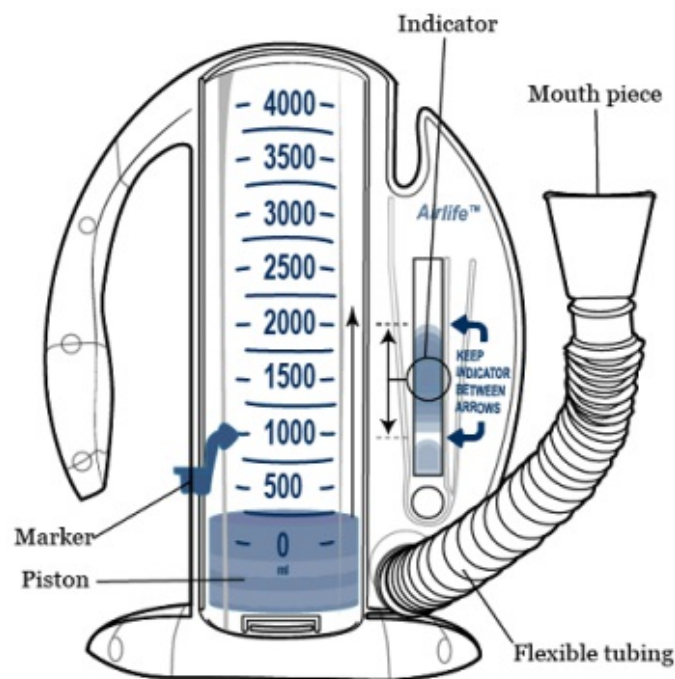


Figure 1. Parts of an incentive spirometer

It's important to use your incentive spirometer after your surgery. Using an incentive spirometer:

- Helps your lungs expand so you can take deep, full breaths.
- Exercises your lungs and makes them stronger as you heal from surgery.

If you have a respiratory infection, do not use your incentive spirometer around other people. A respiratory infection is an infection in your nose, throat, or lungs, such as pneumonia (noo-MOH-nyuh) or COVID-19. This kind of infection can spread from person to person through the air.

How to use your incentive spirometer

Here is a video that shows how to use your incentive spirometer:



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

Setting up your incentive spirometer

Before you use your incentive spirometer for the first time, you will need to set it up. First, take the flexible (bendable) tubing out of the bag and stretch it out. Then, connect the tubing to the outlet on the right side of the base (see Figure 1). The mouthpiece is attached to the other end of the tubing.

Knowing what number to aim for on your incentive spirometer

Your healthcare provider will teach you how to use your incentive spirometer before you leave the hospital. They will help you set a goal and tell you what number to aim for when using your spirometer. If a goal was not set for you, talk with your healthcare provider. Ask them what number you should aim for.

You can also check the package your incentive spirometer came in. It may have a chart to help you figure out what number to aim for. To learn more, read “What number I should aim for?” in the “Common questions about your

incentive spirometer” section.

Using your incentive spirometer

When using your incentive spirometer, make sure to breathe through your mouth. If you breathe through your nose, your spirometer will not work right.

Follow these steps to use your incentive spirometer. Repeat these steps every hour you’re awake. Follow the instructions from your healthcare provider if they’re different from the ones here.

1. Sit upright in a chair or in bed. Hold your incentive spirometer at eye level.
2. Put the mouthpiece in your mouth and close your lips tightly around it. Make sure you do not block the mouthpiece with your tongue.
3. With the mouthpiece in your mouth, breathe out (exhale) slowly and fully.
 - Some people may have trouble exhaling with the mouthpiece in their mouth. If you do, take the mouthpiece out of your mouth, and then exhale slowly and fully. After you exhale, put the mouthpiece back in your mouth and go on to step 4.
4. Breathe in (inhale) slowly through your mouth, as deeply as you can. You will see the piston slowly rise inside the spirometer. The deeper you breathe in, the higher the piston will rise.
5. As the piston rises, the coaching indicator on the right side of the spirometer should also rise. It should float between the 2 arrows (see Figure 1).
 - The coaching indicator measures the speed of your breath. If it does not stay between the 2 arrows, you’re breathing in either too fast or too slow.
 - If the indicator rises above the higher arrow, you’re breathing in too fast. Try to breathe in slower.
 - If the indicator stays below the lower arrow, you’re breathing in too slow. Try to breathe in faster.

6. When you cannot breathe in any further, hold your breath for at least 3 to 5 seconds. Hold it for longer if you can. You will see the piston slowly fall to the bottom of the spirometer.
7. Once the piston reaches the bottom of the spirometer, breathe out slowly and fully through your mouth. If you want, you can take the mouthpiece out of your mouth first and then breathe out.
8. Rest for a few seconds. If you took the mouthpiece out of your mouth, put it back in when you're ready to start again.
9. Repeat steps 1 to 8 at least 10 times. Try to get the piston to the same level with each breath. After you have done the exercise 10 times, go on to step 10.
10. Use the marker on the left side of the spirometer to mark how high the piston rises (see Figure 1). **Look at the very top of the piston, not the bottom. The number you see at the top is the highest number the piston reached. Put the marker there.** This is how high you should try to get the piston the next time you use your spirometer.
 - Write down the highest number the piston reached. This can help you change your goals and track your progress over time.

Take 10 breaths with your incentive spirometer every hour you're awake.

Cover the mouthpiece of your incentive spirometer when you're not using it.

Tips for using your incentive spirometer

Follow these tips when using your incentive spirometer:

- If you had surgery on your chest or abdomen (belly), it may help to splint your incision (surgical cut). To do this, hold a pillow firmly against your incision. This will keep your muscles from moving as much while you're using your incentive spirometer. It will also help ease pain at your incision.
- If you need to clear your lungs, you can try to cough a few times. As

you're coughing, hold a pillow against your incision, as needed.

- If you feel dizzy or lightheaded, take the mouthpiece out of your mouth. Then, take a few normal breaths. Stop and rest for a while, if needed. When you feel better, you can go back to using your incentive spirometer.
- You may find it hard to use your incentive spirometer at first. If you cannot make the piston rise to the number your healthcare provider set for you, it's OK. Reaching your goal takes time and practice. It's important to keep using your spirometer as you heal from surgery. The more you practice, the stronger your lungs will get.

Common questions about your incentive spirometer

How often should I use my incentive spirometer?

How often you will need to use your incentive spirometer is not the same for everyone. It depends on the type of surgery you had and your recovery process.

Most people can take 10 breaths with their spirometer every hour they're awake.

Your healthcare provider will tell you how often to use your spirometer. Follow their instructions.

How long after my surgery will I need to use my incentive spirometer?

The length of time you will need to use your incentive spirometer is not the same for everyone. It depends on the type of surgery you had and your recovery process.

Your healthcare provider will tell you how long you need to use your spirometer. Follow their instructions.

How do I clean my incentive spirometer?

An incentive spirometer is a disposable device and only meant to be used for a short time. Because of this, you may not find cleaning instructions in the package your spirometer came in. If you have questions about cleaning your spirometer, talk with your healthcare provider.

What do the numbers on my incentive spirometer measure?

The large column of your incentive spirometer has numbers on it (see Figure 1). These numbers measure the volume of your breath in milliliters (mL) or cubic centimeters (cc). The volume of your breath is how much air you can breathe into your lungs (inhale).

For example, if the piston rises to 1500, it means you can inhale 1500 mL or cc of air. The higher the number, the more air you're able to inhale, and the better your lungs are working.

What number I should aim for?

The number you should aim for depends on your age, height, and sex. It also depends on the type of surgery you had and your recovery process. Your healthcare provider will look at these things when setting a goal for you. They will tell you what number to aim for.

Most people start with a goal of 500 mL or cc. Your healthcare provider may change your goal and have you aim for higher numbers as you heal from surgery.

The package your incentive spirometer came in may have a chart. You can use the chart to set your goal based on your age, height, and sex. If you cannot find this information, ask your healthcare provider what your goal should be.

What does the coaching indicator on my incentive spirometer measure?

The coaching indicator on your incentive spirometer measures the speed of your breath. As the speed of your breath changes, the indicator moves up and down.

Use the indicator to guide your breathing. If the indicator rises above the higher arrow, it means you're breathing in too fast. If the indicator stays below the lower arrow, it means you're breathing in too slow.

Aim to keep the indicator between the 2 arrows (see Figure 1). This means your breath is steady and controlled.

When to call your healthcare provider

Call your healthcare provider if you have any of these when using your incentive spirometer:

- Feel dizzy or lightheaded.
- Pain in your lungs or chest.
- Severe (very bad) pain when you take deep breaths.
- Trouble breathing.
- Coughing up blood.
- Fluid or blood coming from your incision site when you cough.
- Trouble using your spirometer for any reason.

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

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How To Use Your Incentive Spirometer - Last updated on November 24, 2023

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