About Your Thyroid Surgery

This guide will help you get ready for your thyroid 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 Care Team

Doctor: ________________________________

Phone number: ____________________________

Fax number: ______________________________

Nurse: ________________________________
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About Your Thyroid Gland

Your **thyroid gland** is a small, butterfly shaped gland in the lower part of the front of your neck (see Figure 1). It consists of 2 lobes. Your thyroid produces hormones that control the way your body turns oxygen and calories into energy.

**Lymph nodes** are small oval or round structures found throughout your body. They make and store cells that fight infection.

Your **parathyroid glands** lie behind your thyroid. They produce a hormone that helps to maintain the level of calcium in your blood.

![Figure 1. Your thyroid gland](image)

Removing Your Thyroid Gland

During your thyroid surgery, all or part of your thyroid gland will be removed. The surgery is done through an incision (surgical cut) in the lower part of the front of your neck. Your surgeon will examine the whole thyroid gland. They will decide how much of your thyroid needs to be removed and will check the lymph nodes that are next to your thyroid.

- If half of your thyroid is removed, it’s called a lobectomy or hemi-thyroidectomy.
- If your entire thyroid is removed, it’s called a total thyroidectomy.

Your surgery will take 2 to 3 hours.
Nerve Injuries During Your Thyroid Surgery

There are 2 nerves around your thyroid gland that help your larynx (voice box) work. These nerves are called the recurrent laryngeal nerve and the superior laryngeal nerve. They may be affected during your thyroid surgery.

**Recurrent laryngeal nerve**

Your recurrent laryngeal nerve goes behind your thyroid to your voice box. If your tumor is close to this nerve or if this nerve is injured during your surgery, your vocal cords (2 bands of tissue in your voice box that help you speak) could be damaged. This can make your voice hoarse. Voice hoarseness is common after thyroid surgery and usually goes away with time.

If the hoarseness in your voice doesn’t get better, you will need to have a procedure to have your throat checked. You may also need to see a laryngologist (voice doctor).

There are different ways to improve your voice if your recurrent laryngeal nerve is injured, including surgery or an injection (shot) into your vocal cord. Your doctor will talk with you about these options.

Before your thyroid surgery, your doctor will check your vocal cords to make sure your recurrent laryngeal nerve isn’t close to your tumor. If the tumor is large or close to your nerve, your risk of nerve injury is much higher. While this is rare, it may lead to problems with your vocal cords.

**Superior laryngeal nerve**

Your superior laryngeal nerve helps you raise your voice. If this nerve gets weak or injured, the pitch and tone of your voice can be affected. This may make it hard for you to raise your voice or sing. Some nerve injury is common after thyroid surgery and will go away with time. If your voice doesn’t get better, you will need to have a procedure to have your throat checked.

After your surgery, your doctor will check your airway. If you have any changes in your voice or breathing, you may need to have your throat checked. If this happens, your doctor will give you more information.
The information in this section will help you get ready for your surgery.

Read through this section when your surgery is scheduled and refer to it as your surgery date gets closer. It 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 get ready for your surgery.

**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.

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

- If you drink alcohol regularly, you may be at risk for other complications during and after your surgery. These include bleeding, infections, heart problems, 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 healthcare provider right away. These are early signs of alcohol withdrawal and can be treated.

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

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

**About Smoking**

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

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

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

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

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

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

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

- I have sleep apnea.

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

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

- I am not willing to receive a blood transfusion.

- I drink alcohol.

- I smoke.

- I use recreational drugs.
About Sleep Apnea

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

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

Within 30 Days of Your Surgery

Presurgical Testing (PST)

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

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

During your appointment, you will meet with a nurse practitioner (NP) who works closely with anesthesiology staff (doctors and specialized nurses who will give you 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 needed to plan your care. Your NP may also recommend you see other healthcare providers.

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

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

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

Identify Your Caregiver

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

Complete a Health Care Proxy Form

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

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

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

Exercise

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

Follow a Healthy Diet

Follow 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.

Sign up for MyMSK

MyMSK is our patient portal. If you don’t have a MyMSK account, visit my.mskcc.org or call 646-227-2593 to sign up. For more information, talk with someone in your surgeon’s office or watch the video *How to Enroll in the Patient Portal: MyMSK* on our website, www.mskcc.org/pe.

10 Days Before Your Surgery

Stop Taking Vitamin E

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

Buy Supplies

You will need to have the following medications once you’re home after your surgery:

- ☐ Calcium supplement such as calcium carbonate (Tums Ultra®)
- ☐ __________________________________________________________________________________
- ☐ __________________________________________________________________________________
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 of this guide.

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

Days Before Your Surgery

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

Day Before Your Surgery

Note the Time of Your Surgery
A staff member from the Admitting Office will call you after 2:00 PM the day before your surgery. If you’re scheduled for surgery on a Monday, you will be called on the Friday before.

The staff member 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.

Surgery date: ___________ Scheduled arrival time: ___________

If you don’t receive a call by 7:00 PM, please call 212-639-5014.
Instructions for eating and drinking before your surgery

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

Sleep

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

The Morning of Your Surgery

Take Your Medications

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

Things to remember

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

Instructions for eating and drinking before your surgery
What to bring

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

Once You’ve Arrived In the Hospital

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

Get Dressed for Surgery

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

Meet With Your Nurse

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

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

Meet With Your Anesthesiologist

Your anesthesiologist will:

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

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.
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.
What to Expect

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

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 may have a drain in your neck under your incision. It’s usually removed the day after surgery.

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

- Start moving around and walking as soon as you're able to. Walking helps lower your risk for blood clots and pneumonia. It also helps to stimulate your bowels so they begin working again. Your nurse or physical therapist will help you move around. Your nurse will also give you medication to relieve pain.

- Use your incentive spirometer. This will help your lungs expand, which prevents pneumonia. For more information, read our resource How to Use Your Incentive Spirometer, located in the “Educational Resources” section of this guide.

Commonly Asked Questions: During Your Stay

Will I have pain?

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

You will be given pain medication through your intravenous (IV) catheter at first. When you can swallow liquids, you will get your pain medication by mouth. You will be given a prescription for a mild pain medication before you go home. You may want to take extra strength acetaminophen (Extra Strength Tylenol®) instead. Talk with your doctor or nurse about possible side effects and when you should start switching to over-the-counter pain medications.

Will I be able to eat after surgery?

You can begin to take ice chips and liquids several hours after your surgery. It’s normal to feel some discomfort while you’re swallowing. You will slowly progress to a regular diet. There will be no dietary restrictions after the first night.

What side effects will I have after my surgery?

You may have temporary parathyroid dysfunction after your surgery. This means that your parathyroid glands may not make enough hormone to maintain the level of calcium in your blood. While this is temporary, it can cause hypocalcemia. Hypocalcemia is when you don’t have enough calcium in your blood.

Hypocalcemia may cause numbness and tingling in your hands, feet, and around your mouth. Call your doctor if you have any of these symptoms. Your doctor will tell you if you have to take calcium supplements to help with this.
Commonly Asked Questions: At Home

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

**Will I have pain when I am home?**
The length of time each person has pain or discomfort varies. You may still have some pain when you go home.

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

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

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

**Can I shower?**
You can shower 48 hours after your surgical drain is removed. If you don’t have a drain, you can shower 48 hours after your surgery.

Don’t tilt your head upwards during your shower for 4 weeks after your surgery. Let the water run over your incision line. Gently pat your incision dry with a clean towel or wash cloth. Call your doctor if you see any redness or drainage from your incision.

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

**How do I care for my incision?**
Before you go home, your nurse will teach you how to care for your incision. These instructions will be written in the paperwork you will receive when you leave. In most cases, your staples or stitches will be removed during your first appointment with your doctor after your surgery.

By the time you’re ready to leave the hospital, your incision will have started to heal. Before you leave the hospital, look at your incision with your nurse and caregiver. Knowing what your incision looks like will help you notice any changes later.
The location of your incision will depend on the type of surgery you had. It’s normal for the skin below your incision to feel numb, because some of the nerves were cut. The numbness will go away over time.

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

**What other medications will I need to take after surgery?**

**Thyroid hormone medication**

If your entire thyroid gland was removed, you will need to take a medication to replace the hormone your thyroid used to produce. You must take it every day for the rest of your life. There are many thyroid hormone medications. Levothyroxine (Levoxyl®, Synthroid®) is one example. For more information, read the resource *Levothyroxine*, located in the “Educational Resources” section of this guide.

Your doctor will prescribe a thyroid hormone medication for you and tell you how much to take. You may also need blood tests to make sure you’re getting enough, but not too much, of the medication. Your doctor will change the dose as needed.

**Calcium supplements**

If you have parathyroid dysfunction or hypocalcemia after your surgery, you may also need to take calcium supplements. You can buy them at your local pharmacy without a prescription. Ask your doctor how much you should take. If you’re taking calcium, your doctor may also want you to take vitamin D to help your body absorb it.

Calcium can cause constipation, especially while you’re also taking pain medication. If you think this might be a problem for you, talk with your nurse. A stool softener or laxative may be recommended.

**When is it safe for me to drive?**

You may resume driving 1 week after surgery as long as you feel comfortable turning your neck to look for traffic.

**When can I lift heavy objects?**

Ask your doctor when it’s safe for you to lift heavy objects after your surgery. Most people shouldn’t lift anything heavier than 10 pounds (4.5 kilograms) for at least 6 weeks after surgery.

**What exercises can I do?**

Don’t use weights or machines on your upper body for at least 4 weeks after your surgery. You can do lower body exercises.

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

Ask your doctor or nurse before starting more demanding exercises.
What other restrictions will I have?
For at least 4 weeks after your surgery, don’t tilt your head backward (as in looking up at the ceiling). This pulls on your incision. You can move your neck from side to side and downward.

For the first year after your surgery, avoid having the sun on your incision site. Your doctor or nurse will tell you when it’s safe to use sunscreen, but it’s usually when your incision has closed completely.

How long will it take for me to recover?
You will notice a gradual return of energy in the weeks after surgery. Some people find that their energy level varies for a month or 2.

My incision feels tight, is that normal?
You may feel tightness along your incision as it heals. This feeling can come and go. It can last from a week to more than several months. It’s normal and you don’t need to worry about it. You may also have numbness at your incision site and in the surrounding area. This is also normal and will improve with time.

When is my first appointment after surgery?
Your first appointment after surgery will be 7 to 10 days after your surgery. Your nurse will give you instructions on how to make this appointment, including the phone number to call.

Your surgeon will check your incision. Your pathology report should be ready and your surgeon will discuss it with you. You will also talk about whether you need more treatment.

Will I need more treatment?
Many people will not need more treatment. However, if you have papillary thyroid cancer, you might need radioactive iodine therapy. Your healthcare team will talk with you to decide if this is the best treatment for you. Your team will include your surgeon, an endocrinologist, and a doctor from nuclear medicine. If you need radioactive iodine, your endocrinologist will talk to you about how the treatment is given.

Will I need special blood tests after my surgery?
You will have thyroid function tests beginning 6 to 8 weeks after your surgery. There are 2 tests: thyroid stimulating hormone (TSH) and free thyroxine (FT4). These tests will show whether you have the right amount of thyroid hormone in your blood. Your doctor or NP will use the results of these tests to adjust the amount of thyroid medication you take.

If you had your entire thyroid removed for papillary cancer, you will need to have a blood test called thyroglobulin 6 weeks after your surgery. You will have this blood test every year so that your doctor can look out for patterns in your results.

If you have medullary thyroid cancer, you will need to have blood tests called carcinoembryonic antigen (CEA) and calcitonin 6 weeks after your surgery. You will have these blood tests every year so that your doctor can look out for patterns in your results.
What if I have other questions?

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

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

Call your doctor right away if you have:

- A temperature of 100.4°F (38°C) or higher
- Drainage from your incision
- Trouble breathing
- Warmer than normal skin around your incision
- Increased discomfort in the area around your incision
- Increased redness around your incision
- New or increased swelling around your incision
- Numbness, twitching, or tingling around your mouth, fingertips, or toes
This section contains 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.

Notes

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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).

<table>
<thead>
<tr>
<th>Common Medications that Contain Aspirin</th>
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</thead>
<tbody>
<tr>
<td>Aggrenox®</td>
</tr>
<tr>
<td>Alka Seltzer®</td>
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<tr>
<td>Anacin®</td>
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<tr>
<td>Arthritis Pain Formula</td>
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<td>Arthritis Foundation Pain Reliever®</td>
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<td>ASA Enseals®</td>
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<td>ASA Suppositories®</td>
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<td>Axotal®</td>
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<td>Azdone®</td>
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<tr>
<td>Bayer® (most formulations)</td>
</tr>
<tr>
<td>BC® Powder and Cold formulations</td>
</tr>
<tr>
<td>---------------------------------</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>Meclomenamate</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.
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.

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.
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 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.
   ① 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.
Levothyroxine

Brand Names: US
Levoxyl; Synthroid; Tirosint; Unithroid; Unithroid Direct

Brand Names: Canada
Eltroxin; Synthroid

Warning

- Do not use this drug to treat obesity or for weight loss. Very bad and sometimes deadly side effects may happen with this drug if it is taken in large doses or with other drugs for weight loss. Talk with the doctor.

What is this drug used for?

- It is used to add thyroid hormone to the body.
- It is used to treat or prevent an enlarged thyroid gland.
- It is used to manage thyroid cancer.
- It may be given to you for other reasons. Talk with the doctor.

What do I need to tell my doctor BEFORE I take this drug?

All products:

- If you have an allergy to levothyroxine or any other part of this drug.
- If you are allergic to any drugs like this one, any other drugs, foods, or other substances. Tell your doctor about the allergy and what signs you had, like rash; hives; itching; shortness of breath; wheezing; cough; swelling of face, lips, tongue, or throat; or any other signs.
- If you have any of these health problems: Overactive thyroid gland, recent heart attack, or weak adrenal gland.
Tablets and capsules:

- If you have trouble swallowing.

This is not a list of all drugs or health problems that interact with this drug.

Tell your doctor and pharmacist about all of your drugs (prescription or OTC, natural products, vitamins) and health problems. You must check to make sure that it is safe for you to take this drug with all of your drugs and health problems. Do not start, stop, or change the dose of any drug without checking with your doctor.

What are some things I need to know or do while I take this drug?

For all patients taking this drug:

- Tell all of your health care providers that you take this drug. This includes your doctors, nurses, pharmacists, and dentists.
- Do not run out of this drug.
- It may take several weeks to see the full effects.
- If you have high blood sugar (diabetes), you will need to watch your blood sugar closely.
- Have blood work checked as you have been told by the doctor. Talk with the doctor.
- This drug may cause weak bones (osteoporosis) with long-term use. Talk with your doctor to see if you have a higher chance of weak bones or if you have any questions.
- This drug may affect how much of some other drugs are in your body. If you are taking other drugs, talk with your doctor. You may need to have your blood work checked more closely while taking this drug with your other drugs.
- If you are 65 or older, use this drug with care. You could have more side effects.
- Tell your doctor if you are pregnant or plan on getting pregnant. You will need to talk about the benefits and risks of using this drug while you are pregnant.
Tell your doctor if you are breast-feeding. You will need to talk about any risks to your baby.

**Children:**

- If giving to your child, the dose of this drug may need to be changed as your child’s weight changes. Have your child’s weight checked often. Talk with the doctor before changing your child’s dose.
- This drug may affect growth in children and teens in some cases. They may need regular growth checks. Talk with the doctor.

**What are some side effects that I need to call my doctor about right away?**

**WARNING/CAUTION:** Even though it may be rare, some people may have very bad and sometimes deadly side effects when taking a drug. Tell your doctor or get medical help right away if you have any of the following signs or symptoms that may be related to a very bad side effect:

- Signs of an allergic reaction, like rash; hives; itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing, swallowing, or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat.
- Chest pain or pressure or a fast heartbeat.
- A heartbeat that does not feel normal.
- Shortness of breath, a big weight gain, or swelling in the arms or legs.
- Lump on your neck.
- Headache.
- Feeling more or less hungry.
- A change in weight without trying.
- Loose stools (diarrhea).
- Stomach cramps.
- Throwing up.
- Feeling irritable.
Feeling nervous and excitable.

Shakiness.

Not able to sleep.

Bothered by heat.

Sweating a lot.

Fever.

Leg cramps.

Muscle weakness.

Period (menstrual) changes.

What are some other side effects of this drug?

All drugs may cause side effects. However, many people have no side effects or only have minor side effects. Call your doctor or get medical help if any of these side effects or any other side effects bother you or do not go away:

- Hair loss may happen in some people in the first few months of using this drug. This most often goes back to normal.

These are not all of the side effects that may occur. If you have questions about side effects, call your doctor. Call your doctor for medical advice about side effects.

You may report side effects to your national health agency.

How is this drug best taken?

Use this drug as ordered by your doctor. Read all information given to you. Follow all instructions closely.

All oral products:

- Take on an empty stomach 30 minutes before breakfast.

- Do not take iron products, antacids that have aluminum or magnesium, or calcium carbonate, within 4 hours before or 4 hours after taking this drug.

- Some other drugs may need to be taken at some other time than this drug. If you take other drugs, check with your doctor or pharmacist to see if you need to take them at some other time than this drug.
• Some foods like soybean flour (infant formula) may change how this drug works in your body. Talk with your doctor.

• If you drink grapefruit juice or eat grapefruit often, talk with your doctor.

• To gain the most benefit, do not miss doses.

• Keep taking this drug as you have been told by your doctor or other health care provider, even if you feel well.

Capsules:

• Swallow capsule whole. Do not chew, break, or crush.

Tablets:

• Some products may cause choking, gagging, or trouble swallowing. These products must be taken with a full glass of water. Ask your pharmacist if you need to take your product with a full glass of water.

• You may crush tablet and mix with 1 or 2 teaspoons (5 or 10 mL) of water.

Tablets and capsules:

• There is more than 1 brand of this drug. One brand cannot safely be used for the other. The doctor will tell you about any needed change.

Oral solution:

• You may put this drug right in your mouth or you may mix it with water. If mixing with water, empty the contents into a cup with water in it. Squeeze the container over the cup at least 5 times until no more drug comes out. Stir well.

• After mixing, take your dose right away. Do not store for future use.

• Rinse cup with more water and drink.

• Take with water only; do not take with other drinks.

Injection:

• It is given as a shot into a vein.
What do I do if I miss a dose?

All oral products:

- Take a missed dose as soon as you think about it.
- If it is close to the time for your next dose, skip the missed dose and go back to your normal time.
- Do not take 2 doses at the same time or extra doses.

Injection:

- Call your doctor to find out what to do.

How do I store and/or throw out this drug?

All oral products:

- Store at room temperature.
- Protect from light.
- Store in a dry place. Do not store in a bathroom.

Capsules:

- Protect from heat.
- Do not take this drug out of the blister pack until you are ready to take it. Take this drug right away after opening the blister pack. Do not store the removed drug for future use.

Oral solution:

- Store in protective pouch until ready for use.
- Throw away 15 days after opening the pouch.

Injection:

- If you need to store this drug at home, talk with your doctor, nurse, or pharmacist about how to store it.

All products:
• Keep all drugs in a safe place. Keep all drugs out of the reach of children and pets.

• Throw away unused or expired drugs. Do not flush down a toilet or pour down a drain unless you are told to do so. Check with your pharmacist if you have questions about the best way to throw out drugs. There may be drug take-back programs in your area.

**General drug facts**

• If your symptoms or health problems do not get better or if they become worse, call your doctor.

• Do not share your drugs with others and do not take anyone else’s drugs.

• Keep a list of all your drugs (prescription, natural products, vitamins, OTC) with you. Give this list to your doctor.

• Talk with the doctor before starting any new drug, including prescription or OTC, natural products, or vitamins.

• Some drugs may have another patient information leaflet. If you have any questions about this drug, please talk with your doctor, nurse, pharmacist, or other health care provider.

• If you think there has been an overdose, call your poison control center or get medical care right away. Be ready to tell or show what was taken, how much, and when it happened.

**Consumer Information Use and Disclaimer**

_This information should not be used to decide whether or not to take this medicine or any other medicine. Only the healthcare provider has the knowledge and training to decide which medicines are right for a specific patient. This information does not endorse any medicine as safe, effective, or approved for treating any patient or health condition. This is only a brief summary of general information about this medicine. It does NOT include all information about the possible uses, directions, warnings, precautions, interactions, adverse effects, or risks that may apply to this medicine. This information is not specific medical advice and does not replace information you receive from the healthcare provider. You must talk with the healthcare provider for complete information about the risks and benefits of using this medicine._
If you have any questions or concerns, talk with a member of your healthcare team. You can reach them Monday through Friday from 9:00 AM to 5:00 PM at ____________________. After 5:00 PM, during the weekend, and on holidays, please call____________________. If there’s no number listed, or you’re not sure, call 212-639-2000.

Levothyroxine
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](http://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.

Support for People with Oral and Head and Neck Cancer (SPOHNC)
www.spohnc.org
800-377-0928
Provides information and support for people with oral and head and neck cancer.

Thyroid Cancer Survivors’ Association
www.thyca.org