About Your Total Pelvic Exenteration Surgery and Wet Colostomy

This guide will help you get ready for your total pelvic exenteration surgery with a wet colostomy at Memorial Sloan Kettering (MSK). It will also help you learn about your wet colostomy and 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 Healthcare Team

Doctor: 

Nurse: 

Phone number: 

Fax number: 

Your Caregiver

It’s important to choose a person to be your caregiver. They’ll learn about your surgery with you and help you care for yourself while you’re recovering after surgery. Write down your caregiver’s name below.

Caregiver: 

To view this guide online, visit www.mskcc.org/pe/pelvic_exenteration_colostomy
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About Your Surgery

During your total pelvic exenteration surgery, organs from your urinary, gastrointestinal, and gynecological systems will be removed and a wet colostomy will be created. You may be having this surgery because you have cancer in your gynecological, urinary, or gastrointestinal systems.

About Your Urinary System

Your urinary system makes urine (pee) and gets it out of your body (see Figure 1).

- Your kidneys clean the toxins out of your blood and make urine.
- Your ureters are tubes that carry urine from your kidneys to your bladder.
- Your bladder stores urine until you feel the need to urinate.
- Your urethra is a tube that carries the urine in your bladder out of your body when you urinate.
  - In women, the urethra is very short. It’s located above the vagina.
  - In men, the urethra is longer. It passes through the prostate gland and the penis.

During your surgery, your bladder and urethra will be removed. This means you'll need a new place for urine to exit your body. This will be the urinary diversion part of your stoma. For more information about your stoma, read the “About Your Wet Colostomy” section.

Figure 1. Your urinary system
About Your Gastrointestinal System

Your gastrointestinal system digests (breaks down) the things you eat and removes solid waste from your body (see Figure 2). It’s made up of your mouth, esophagus, stomach, small intestine, large intestine (colon), rectum, and anus.

During your surgery, part of your colon, your rectum, and your anus will be removed. This means you’ll need a new place for stool (poop) to leave your body. This will be the fecal (stool) diversion part of your stoma.

Figure 2. Your gastrointestinal system
Your gynecologic system is also called your reproductive system. It's made up of your ovaries, fallopian tubes, uterus, and vagina (see Figure 3).

During your surgery, your ovaries, fallopian tubes, and uterus will be removed. This means that you won't be able to bear children. All or part of your vagina may also be removed.

If all or part of your vagina is being removed, your doctor will give you more information. For some people, the vagina can be reconstructed (rebuilt) as part of the surgery. This is called vaginal reconstruction.

- If you're having a vaginal reconstruction, you'll meet with a plastic surgeon to talk about this part of your surgery. If you're having a vaginal reconstruction, your plastic surgeon will create a new vaginal canal using muscles and skin from your abdomen (belly) or inner thighs.
- If you're not having vaginal reconstruction, your vaginal opening will be closed or covered with a flap of skin.

If you have vaginal reconstruction or plastic surgery on your perineum (the area between your legs), you won't be able to sit for 6 to 8 weeks after your surgery. Your nurse will help you find positions that are comfortable for you.
**Vaginal Intercourse After Surgery**

If no part of your vagina is removed during your surgery, you’ll probably be able to have vaginal intercourse once you have healed after surgery. If you have vaginal reconstruction, you may able to have vaginal intercourse when the area heals. Your surgeon will give you more information.

If your vagina is removed and you don’t have vaginal reconstruction, you won’t be able to have vaginal intercourse (vaginal sex). But, remember that sex can include other forms of intimacy. Ask your surgeon if your clitoris will be removed and how much feeling you’ll still have in your vaginal area.

Your doctor and nurse will tell you what to expect. For example, sensations may not be the same as they were before your surgery. You’ll get a referral to our Female Sexual Medicine and Women’s Health Program so that you can meet with a therapist and discuss your concerns.

**About Your Wet Colostomy**

An ostomy is an opening made during surgery. To make the ostomy, a piece of your intestine will be pulled to the outside of your abdomen. The part of your intestine that’s outside your body is called a stoma.

You’ll have a type of ostomy called a wet colostomy. This will allow stool, gas, and urine to exit your body from the same opening (see Figure 4). Your wet colostomy is permanent.

![Figure 4. Wet colostomy stoma](image)

You won’t feel any pain or pressure within your stoma. You also won’t feel heat or cold sensations within your stoma.
About Your Healthcare Team

You’ll see many doctors and nurses before your surgery. Each one will describe their role in your care and answer your questions.

- You’ll see a wound, ostomy, and continence (WOC) nurse, who specializes in caring for people with stomas. Your WOC nurse will go over the information in this resource with you. They’ll also teach you about your wet colostomy and how to care for it.

- You may see surgeons from other departments who will work with your doctor to complete your surgery.

- You may see a psychologist who works with people having a total pelvic exenteration surgery.

It may be helpful to write down questions as you think of them. Bring these questions to your appointments.

Notes

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

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

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

**About Drinking Alcohol**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- I have sleep apnea.

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

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

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

- I drink alcohol.

- I smoke.

- I use recreational drugs.
About Smoking

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

About Sleep Apnea

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

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

Within 30 Days of Your Surgery

Presurgical Testing (PST)

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

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

During your appointment, you’ll meet with a nurse practitioner (NP) who works closely with anesthesiology staff (specialized healthcare providers who will give you anesthesia during your surgery). Your NP will review your medical and surgical history with you. You may have tests, such as an electrocardiogram (EKG) to check your heart rhythm, a chest x-ray, blood tests, and any other tests needed to plan your care. Your NP may also recommend that you see other healthcare providers.

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

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

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

Identify Your Caregiver

Your caregiver plays an important role in your care. You and your caregiver will learn about your surgery from your healthcare providers. After your surgery, your caregiver should be with you when you’re given your discharge instructions so they’re able to help you care for yourself at home. Your caregiver will also need to take you home after you’re discharged from (leave) the hospital.
Complete a Health Care Proxy Form

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

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

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

Do Breathing and Coughing Exercises

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

Exercise

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

Follow a Healthy Diet

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

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

4% chlorhexidine gluconate 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% chlorhexidine gluconate solution antiseptic skin cleanser at your local pharmacy without a prescription.

For Caregivers

Resources and support are available to help manage the responsibilities that come with caring for a person going through cancer treatment. For support resources and information, visit www.mskcc.org/caregivers or read A Guide for Caregivers (www.mskcc.org/pe/guide_caregivers).
Buy Supplies for Your Bowel Preparation

You’ll need to do a bowel preparation to clean out your bowels (colon) before your surgery. Your nurse will tell you what medications you’ll need and how to buy them from your local pharmacy.

Buy Clear Liquids

You’ll need to follow a clear liquid diet before your surgery. Now is a good time to buy your supplies. For a list of clear liquids you can drink, read the section “Follow a Clear Liquid Diet.”

7 Days Before Your Surgery

Follow Your Healthcare Provider’s Instructions for Taking Aspirin

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

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

Stop Taking Vitamin E, Multivitamins, Herbal Remedies, and Other Dietary Supplements

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

Watch a Virtual Tour

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

www.mskcc.org/pe/day-your-surgery

2 Days Before Your Surgery

Stop Taking Vitamin E, Multivitamins, Herbal Remedies, and Other Dietary Supplements

Stop taking vitamin E, multivitamins, herbal remedies, and other dietary supplements 7 days before your surgery. These things can cause bleeding. For more information, read Herbal Remedies and Cancer Treatment, located in the “Educational Resources” section of this guide.
Day Before Your Surgery

Follow a Clear Liquid Diet

You’ll need to follow a clear liquid diet the day before your surgery. A clear liquid diet includes only liquids you can see through. Examples are listed in the “Clear Liquid Diet” table.

While you’re following this diet:

• Don’t eat any solid foods.
• Try to drink at least 1 (8-ounce) glass of clear liquid every hour while you’re awake.
• Drink different types of clear liquids. Don’t just drink water, coffee, and tea.
• Don’t drink sugar-free liquids unless you have diabetes and a member of your healthcare team tells you to.

Clear Liquid Diet

<table>
<thead>
<tr>
<th>Drink</th>
<th>Do Not Drink</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Soups</strong></td>
<td>• Clear broth, bouillon, or consommé</td>
</tr>
<tr>
<td></td>
<td>• Any products with pieces of dried food or seasoning</td>
</tr>
<tr>
<td><strong>Sweets</strong></td>
<td>• Gelatin (such as Jell-O®)</td>
</tr>
<tr>
<td></td>
<td>• Flavored ices</td>
</tr>
<tr>
<td></td>
<td>• Hard candies (such as Life Savers®)</td>
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<tr>
<td></td>
<td>• All others</td>
</tr>
<tr>
<td><strong>Drinks</strong></td>
<td>• Clear fruit juices (such as lemonade, apple, cranberry, and grape juices)</td>
</tr>
<tr>
<td></td>
<td>• Soda (such as ginger ale, 7-Up®, Sprite®, and seltzer)</td>
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<tr>
<td></td>
<td>• Sports drinks (such as Gatorade®)</td>
</tr>
<tr>
<td></td>
<td>• Black coffee</td>
</tr>
<tr>
<td></td>
<td>• Tea</td>
</tr>
<tr>
<td></td>
<td>• Water</td>
</tr>
<tr>
<td></td>
<td>• Juices with pulp</td>
</tr>
<tr>
<td></td>
<td>• Nectars</td>
</tr>
<tr>
<td></td>
<td>• Milk or cream</td>
</tr>
<tr>
<td></td>
<td>• Alcoholic drinks</td>
</tr>
</tbody>
</table>

For People With Diabetes

If you have diabetes, ask the healthcare provider who manages your diabetes what you should do while you’re following a clear liquid diet.

• If you take insulin or another medication for diabetes, ask if you need to change the dose.
• Ask if you should drink sugar-free clear liquids.

While you’re following a clear liquid diet, make sure to check your blood sugar level often. If you have any questions, talk with your healthcare provider.

Start Your Bowel Preparation

Follow your healthcare provider’s instructions for starting your bowel preparation.

Apply zinc oxide ointment (such as Desitin®) to the skin around your anus after every bowel movement (every time you poop). This helps prevent irritation.
Note the Time of Your Surgery

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

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

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

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

Shower With a 4% Chlorhexidine Gluconate Solution Skin Cleanser (such as Hibiclens)

The night before your surgery, shower using a 4% chlorhexidine gluconate 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 antiseptic skin cleanser bottle. Pour some into your hand or a clean washcloth.
4. Move away from the shower stream. Rub the antiseptic skin cleanser gently over your body from your neck to your feet. Don’t put it on your face or genital area.
5. Move back into the shower stream to rinse off the antiseptic skin cleanser. Use warm water.
6. Dry yourself off with a clean towel after your shower.
7. Don’t put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne after your shower.

Sleep

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

Instructions for Eating Before Your Surgery

Do not eat anything after midnight the night before your surgery. This includes hard candy and gum.
The Morning of Your Surgery

Instructions for Drinking Before Your Surgery

You can drink a total of 12 ounces of water between midnight and 2 hours before your scheduled arrival time. Do not drink anything else.

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

Take Your Medications

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

Shower With a 4% Chlorhexidine Gluconate Solution Skin Cleanser (such as Hibiclens)

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

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

Things to Remember

- Wear something comfortable and loose-fitting.
- If you wear contact lenses, wear your glasses instead. Wearing contact lenses during surgery can damage your eyes.
- Don’t wear any metal objects. Remove all jewelry, including body piercings. The equipment used during your surgery can cause burns if it touches metal.
- Don’t put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne.
- Leave valuable items (such as credit cards, jewelry, and your checkbook) at home.
- Before you’re taken into the operating room, you’ll need to remove your hearing aids, dentures, prosthetic device(s), wig, and religious articles.
- If you’re menstruating (have your monthly period), use a sanitary pad, not a tampon. You’ll get disposable underwear, as well as a pad if needed.
What to Bring

- Your breathing device for sleep apnea (such as your CPAP device), if you have one.
- Your rescue inhaler (such as albuterol for asthma), if you have one.
- Your incentive spirometer, if you have one.
- Your Health Care Proxy form and other advance directives, if you have completed them.
- Your cell phone and charger.
- Only the money you may want for small purchases (such as a newspaper).
- A case for your personal items (such as eyeglasses, hearing aid(s), dentures, prosthetic device(s), wig, and religious articles), if you have one.
- A list of the medications you take at home.
- This guide. Your healthcare team will use this guide to teach you how to care for yourself after your surgery.

Where to Park

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

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

There are also other garages located on East 69th Street between First and Second Avenues, East 67th Street between York and First Avenues, and East 65th Street between First and Second Avenues.
Once You’re in the Hospital

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

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

Get Dressed for Surgery

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

Meet With a Nurse

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

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

Meet With an Anesthesiologist

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

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

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

Get Ready for Your Surgery

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

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

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

After you're fully asleep, a breathing tube will be placed through your mouth and into your windpipe to help you breathe. A urinary (Foley) catheter will also be placed to drain urine (pee) from your bladder.

Once your surgery is finished, your incision will be closed with staples or sutures (stitches). You may also have Steri-Strips™ (thin pieces of surgical tape) or Dermabond® (surgical glue) over your incisions. Your incisions may be covered with a bandage.

For Caregivers

When it's time for your loved one's surgery, you'll go to the waiting area. A staff member will call you with updates during the surgery. They'll also call you when the surgery is over.

For more information about what to expect, read the resource Information for Family and Friends for the Day of Surgery, located in the “Educational Resources” section of this guide.
The information in this section will tell you what to expect after your surgery, both during your hospital stay and after you leave the hospital. You’ll learn how to safely recover from your surgery.

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

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

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

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 (the space in your spine just outside your spinal cord) through your epidural catheter.
- 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), located in the “Educational Resources” section of this guide.

Tubes and Drains

You’ll have tubes, drains, a pouch, and bandages on your abdomen (see Figure 5). Your nurse will give you information about the exact tubes and drains that you have. They may include:

- A wound VAC covering your incision. This is a special dressing that lessens the pressure on your incision, which can help it heal.
- Jackson-Pratt® (JP) drains near your incision. These also drain fluid from around your incision. They’ll be taken out when your incision stops draining.
- A pouch on your wet colostomy stoma. This collects your stool and urine. The specific type of pouch you’ll have is called a high-output pouch.
If you had vaginal reconstruction, you’ll also have bandages and drains on the inside of your upper thighs.

When your healthcare provider changes your pouch, you’ll see several tubes coming out of your stoma (see Figure 6). These include:

- **A urinary catheter.** This drains urine from the urinary diversion part of your wet colostomy.
- **Stents (drainage tubes).** These drain urine from your kidneys.
- **A tube to support your stoma.** This is called a rod or bridge.
Visitors

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

Moving to Your Hospital Room

Most people stay in the PACU overnight. After your stay in the PACU, you'll be taken to your hospital room.

In Your Hospital Room

The length of time you're in the hospital after your surgery depends on your recovery. Most people stay in the hospital for 7 to 10 days after having a total pelvic exenteration.

When you're taken to your hospital room, you'll meet one of the nurses who will care for you and teach you how to care for yourself while you're recovering from your surgery.

If you had vaginal reconstruction or plastic surgery on your perineum (the area between your legs), you won’t be able to sit for 6 to 8 weeks. You can lie on your back or side, or you can stand. Your nurse will help you with this.

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

Managing Your Pain

You'll have pain at your incision sites and your abdomen. 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. Once you're able to eat, you'll get oral pain medication (medication you swallow).

Your healthcare provider will ask you about your pain often and give you medication as needed. If your pain isn’t relieved, tell your healthcare provider. 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 be given a prescription for pain medication before you leave the hospital. Talk with your healthcare provider about possible side effects and when you should 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.
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, located in the “Educational Resources” section of this guide.
- Do coughing and deep breathing exercises. A member of your care team will teach you how to do them.

Eating and Drinking

You won’t be able to eat or drink for 1 to 2 days after your surgery. Then, you’ll be on a clear liquid diet. After that, you’ll start to go back to your regular diet.

Your doctor will give you eating and drinking guidelines to follow after your surgery. You’ll also meet with a dietitian while you’re in the hospital to review these guidelines.

Eating a balanced diet high in protein will help you heal after surgery. Your diet should include a healthy protein source at each meal, as well as fruits, vegetables, and whole grains. For more tips on increasing the calories and protein in your diet, read the resource Eating Well During and After Your Cancer Treatment. You can find it online at www.mskcc.org/pe/eating_cancer_treatment, or you can ask your nurse.

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

Showering

Your doctor will tell you when you can shower.

Your Drains, Tubes, and Incisions

You’ll probably have some discharge and tenderness around most of your incisions or around your drains. You may also have some bleeding for a few days after surgery. Your nurses will show and tell you what’s normal and expected. They’ll also help you start learning how to care for your drains, tubes, and incisions.

Your drains and tubes will be removed over the next days to weeks. Removing them won’t hurt, and you won’t need anesthesia. If you go home with any tubes or drains, your nurses will teach you how to care for them before you leave the hospital.

If you have staples in any of your incisions, they may be taken out before you leave the hospital. If you go home with staples in your incisions, they’ll be removed at your first appointment after surgery.
Your Stoma and Pouch

Your wet colostomy stoma will be covered with a pouch to collect stool and urine (see Figure 7).

At first, there will be tubes coming out of your stoma. They’ll be removed as you heal. After the tubes are removed, you’ll have 2 openings in your stoma: 1 for urine and 1 for stool.

Your WOC nurse and other nursing staff will teach you how to care for your stoma as you recover. It’s very helpful if your caregiver also learns how to care for your stoma. This will make it easier for them to help you at home.

For more information about your wet colostomy stoma, read the resource Caring for Your Wet Colostomy, located in the “Educational Resources” section of this guide.

Planning for Your Discharge

Your case manager will arrange for a home care nurse to visit you at home. The home care nurse will help you care for your incisions, drains, and stoma.

Your nurses will give you the supplies you’ll need to care for yourself for the first month after your discharge. After the first month, you’ll order your supplies from an outside source. Your case manager and WOC nurse will give you more information. You can also read the resource Caring for Your Wet Colostomy, located in the “Educational Resources” section of this guide.
Leaving the Hospital

By the time you leave the hospital, your incisions will have started to heal. Before you leave the hospital, look at your incisions with your nurse and caregiver. Knowing what your incisions look like will help you notice any changes later.

On the day of your discharge, you should plan to leave the hospital around 11:00 am. Before you leave, your doctor will write your discharge order and prescriptions. Your nurse will also give you written instructions for how to care for your incision, drains, and wet colostomy.

If your ride isn’t at the hospital when you’re ready to be discharged, you may be able to wait in the Patient Transition Lounge. A member of your healthcare team will give you more information.

At Home

You may still have tubes and drains when you go home. Ask your nurse or doctor when they’ll be removed. Your home care nurse will help you learn how to care for your incisions and wet colostomy.

Read the 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. You can find it online at www.mskcc.org/pe/avoid_falling or you can ask your healthcare provider.

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 doesn’t mean that something is wrong.

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 ease your pain.
- Don’t drive or drink alcohol while you’re taking prescription pain medication.
- As your incision heals, you’ll have less pain and need less pain medication. An over-the-counter pain reliever such as acetaminophen (Tylenol®) or ibuprofen (Advil®) will ease aches and discomfort.
  - Follow your 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 healthcare provider. 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 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 your pain first begins 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).
Caring for Your Incisions

Change your bandages at least once a day, or more often if they become wet with drainage. If there’s more than a small amount of drainage on any of your bandages, contact your doctor’s office to tell them.

You can stop using bandages when there’s no longer any drainage coming from your incisions.

If you go home with Steri-Strips or Dermabond on your incisions, they’ll loosen and fall or peel off by themselves. If they haven’t fallen off within 10 days, you can take them off.

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

Call your doctor’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).

Eating and Drinking

Follow the eating and drinking guidelines that your doctor or clinical dietitian nutritionist gives you. You can also read the resource Caring for Your Wet Colostomy, located in the “Educational Resources” section of this guide.

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

Driving

Your doctor will tell you when you can start driving again. Don’t drive while you’re taking prescription pain medication that may make you drowsy.

Physical Activity and Exercise

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

Don’t do any demanding activities (such as running) for 2 to 3 months after surgery. Don’t lift anything heavier than 10 pounds (4.5 kilograms) for 2 to 3 months after your surgery. Talk with your doctor before you begin doing demanding exercise or lifting heavy objects.

Sexual Activity

Talk with your doctor before starting sexual activity again. Ask them when it’s safe for you to start and what kinds of sexual activities you can do. This will depend on the specific surgery you had, such as if you had vaginal reconstruction.

- Don’t place anything inside your vagina or reconstructed vagina until your doctor tells you it’s okay.
- Don’t use your stoma for sexual activities.
Before starting any sexual activity, check to see if your pouching system is secure and that there's no odor (smell). You may also want to empty your pouch.

Some people with ostomies prefer to cover their pouch with a cloth band or wrap, shirt, or lingerie during sexual activity. You can buy ready-made pouch covers or undergarments to help cover your pouching system.

Sexual health and intimacy is an important part of your recovery. If you have vaginal dryness, pain, or other issues, you may want to talk with someone from our Female Sexual Medicine & Women's Health Program. To reach the program, call 646-888-5076.

**Emotional Support**

Having a total pelvic exenteration will change your body. It will probably take time for you to adjust to these changes. You may feel frightened, angry, embarrassed, or worried. You may have questions or fears about how this surgery will impact your life and sexuality. These feelings are normal, and most people have them.

Everybody adjusts in their own way. For some people, it will take a few months to adjust to a changed body image. For other people, it may take longer. As time goes on, you should get stronger and become more confident in caring for your pouch.

We have many resources to help you. Your doctors and nurses will answer your questions. We also have social workers, psychologists, psychiatrists, and WOC nurses who have helped many people through this change. We also have clergy available for spiritual support.

You can have one-on-one counseling or you can join one of our online or in-person support groups. MSK has a live online support group for people who have ostomies. For more information, go to www.mskcc.org/vp or send an email to virtualprograms@mskcc.org. You can also join a support group in your neighborhood.

Every new situation requires time to adjust. We are here to help you through this transition.

**Using MyMSK**

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

If you don’t have a MyMSK account, you can visit my.mskcc.org, call 646-227-2593, or call your healthcare provider’s office for an enrollment ID to sign up. You can also watch our video *How to Enroll in the Patient Portal: MyMSK* (www.mskcc.org/pe/enroll_mymsk). For help, contact the MyMSK Help Desk by emailing mymsk@mskcc.org or calling 800-248-0593.
When to Contact Your Healthcare Provider

Contact your healthcare provider if you have:

- A fever of 100.5 °F (38 °C) or higher.
- Pain that doesn’t get better with pain medication.
- Redness, drainage, swelling, or a smell from your incisions.
- Vaginal bleeding or foul-smelling discharge.
- No urine passing into the pouch.
- No stool passing into the pouch.
- Any questions or concerns.

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

After 5:00 PM, during the weekend, and on holidays, call 212-639-2000 and ask to speak to the person on call for your healthcare provider.
This section contains a list of support services that may help you get ready for your surgery and recover safely.

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

Ostomy Support Groups

Online Ostomy Support Group
Send your email address to virtualprograms@mskcc.org to take part in an online ostomy support group.

General Support Services

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

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

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

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

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

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

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

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

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**

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**

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

**Patient Representative Office**

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

**Perioperative Nurse Liaison**

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

**Private Duty Nursing Office**

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

**Resources for Life After Cancer (RLAC) Program**

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

**Sexual Health Programs**

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

- Our Female Sexual Medicine and Women’s Health Program helps women who are dealing with cancer-related sexual health challenges, including premature menopause and fertility issues. For more information, or to make an appointment, call 646-888-5076.
- Our Male Sexual and Reproductive Medicine Program helps men who are dealing with cancer-related sexual health challenges, including erectile dysfunction. For more information, or to make an appointment, call 646-888-6024.
Social Work
212-639-7020
Social workers help patients, family, and friends deal with issues that are common for people with cancer. They provide individual counseling and support groups throughout the course of treatment and can help you communicate with children and other family members. Our social workers can also help refer you to community agencies and programs, as well as financial resources if you’re eligible.

Tobacco Treatment Program
212-610-0507
If you want to quit smoking, MSK has specialists who can help. Call for more information.

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

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

External Support Services

Ostomy and Gynecological Cancer Support Services

United Ostomy Associations of America, Inc (UOAA)
800-826-0826
www.ostomy.org
Volunteer group that supports people who have or will have intestinal or urinary diversions or ostomies.

Women’s Cancer Network: Gynecological Cancer Foundation (GCF)
312-578-1439
www.wcn.org
Nonprofit organization that provides education and supports research on gynecologic cancers.

Wound, Ostomy, Continence Nurses Society
888-224-WOCN (888-224-9626)
www.wocn.org
This is a professional nursing society. Nursing members have special training in the care of people with wounds, ostomies, and incontinence.

General Support Services

Access-A-Ride
new.mta.info/accessibility/paratransit
877-337-2017
In New York City, the MTA offers a shared ride, door-to-door service for people with disabilities who aren’t able to take the public bus or subway.
Air Charity Network  
www.aircharitynetwork.org  
877-621-7177  
Provides travel to treatment centers.

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

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

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

Cancer Support Community  
www.cancersupportcommunity.org  
888-793-9355  
Provides support and education to people affected by cancer.

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

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

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

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

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

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

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

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

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

**Look Good Feel Better Program**  
www.lookgoodfeelbetter.org  
800-395-LOOK (800-395-5665)  
This program offers workshops to learn things you can do to help you feel better about your appearance. For more information or to sign up for a workshop, call the number above or visit the program’s website.

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

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

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

**Needy Meds**  
www.needymeds.org  
800-503-6897  
Lists Patient Assistance Programs for brand and generic name medications.
Patient Access Network Foundation
www.panfoundation.org
866-316-7263
Helps people with insurance pay their out-of-pocket medical costs.

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

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

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

Notes

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Caring for Your Wet Colostomy

This information will help you care for your wet colostomy.

About Your Wet Colostomy

After your surgery, your urine (pee) and stool (poop) will leave your body through your wet colostomy stoma. Your stoma will have 2 parts (see Figure 1):

- A urinary diversion. Your urine will flow from your kidneys, through your ureters, and out of your body through your urinary diversion.
- A fecal diversion. Your stool will move through your large intestine (colon) and out of your body through your fecal diversion.

Your stoma should be a deep pink or red color at all times. While it’s contracting and expanding to move stool out of your body, it may look slightly paler in color.
(change from red to pink). This should only last for a few seconds to minutes. If your stoma looks dark maroon, grey, brown, or black, call your doctor right away.

Your stoma will slowly get smaller as it heals. This usually takes about 6 to 8 weeks after your surgery.

**Learning about your wet colostomy**

While you’re in the hospital, your wound, ostomy, and continence (WOC) nurse and nursing staff will teach you how to care for your wet colostomy. Your case manager will arrange for a home care nurse to visit you at home after you’re discharged from (leave) the hospital. They will also make sure you leave the hospital with enough supplies to care for your wet colostomy for the first month you’re home.

After you’re discharged, a home care nurse will help you care for your wet colostomy. At your first appointment after surgery, a WOC nurse will teach you more about caring for your wet colostomy. They will review how to:

- Empty your pouch
- Change your pouching system
- Care for your skin around your stoma
- Order supplies

If you have any questions or problems once you’re home, call your doctor’s office.

**About your Pouching System**

After your surgery, you will wear an odor-proof pouching system over your wet colostomy. The pouching system will probably be a 2-piece system made up of a skin barrier (wafer) and a high-output collection pouch.

- The wafer sticks to your skin and is sized to fit around your stoma. It protects the skin from getting irritated by your urine and stool.
- The high-output pouch attaches to the wafer and collects your urine and stool. You will need to empty the pouch multiple times each day.
For the first 6 to 8 weeks after your surgery, you may need to change the size of your pouching system as your stoma gets smaller. Your WOC nurse and home care nurse will help you measure your stoma and find the pouching system that fits best.

While you’re getting used to your wet colostomy and pouching system, you may find it helpful to buy a waterproof mattress cover. The cover will protect your bedding and mattress if the pouching system leaks.

**Emptying your pouch**

While you’re in the hospital, your nurse and WOC nurse will teach you how to empty your pouch. After you leave the hospital, your home care nurse will help you get more comfortable with changing it.

Empty your pouch when it’s ⅓ to ½ full. Don’t let your pouch get too full.

You will also need to empty your pouch every night before bed. You can use a night drainage bag so you don’t need to empty your pouch during the night. A night drainage bag connects to your pouching system and rests on the floor.

**Changing your pouching system**

Your WOC nurse will teach you how to change your pouching system. You should change your pouching system every 3 to 5 days. *If your pouching system is leaking, change it right away.* This is to keep urine or stool from irritating the skin around your stoma.

If you’re having leakage or irritation, call your doctor’s office to make an appointment with your WOC nurse. You may need a different pouching system that fits your stoma better.

**About wearing gloves**

You can decide if you want to wear gloves when you change your pouching system. Just as you didn’t wear gloves when using the bathroom before your wet colostomy, you don’t need to wear them now. You can wear gloves if you will feel more comfortable, but there’s no risk of infection if you don’t wear them.
Wash your hands before and after caring for your pouching system.

**What to do if you see blood on your stoma**

Your stoma has many blood vessels and may bleed easily. It’s normal to see a small amount of blood on the gauze when you’re cleaning your stoma.

If your stoma starts bleeding, apply pressure to the area that’s bleeding. It should stop on its own within a few minutes. If you take a blood thinner or aspirin, you may bleed more easily and for a longer time. Call your doctor if you bleed a lot or if the bleeding doesn’t stop after 5 to 10 minutes.

*If there’s blood in your stool or coming from the inside of your stoma, call your doctor right away.*

**Odor control**

Pouching systems are designed to be odor-proof. You shouldn’t smell anything while your pouching system is in place. If you do notice an odor, this means there’s urine or stool leaking underneath the wafer or that the outside of the pouching system is dirty.

There will be some odor when you’re emptying your pouch or changing your pouching system. There are deodorants that you can put into your pouch to help lessen the odor. The deodorants come as drops, charcoal tablets, or lubricating gels. You may need to try a few different types to find one that works best for you. Check with your doctor or nurse before using any deodorants in your pouch. You can also buy a deodorant spray to help freshen the air after you empty your pouch.

**Ordering Ostomy Supplies**

Talk with your WOC nurse about ordering supplies. Your WOC nurse is familiar with the latest products on the market. You can also call companies and ask for samples of their products. You may want to wait to do this until you’re comfortable with caring for your stoma. Too many options may get overwhelming.
Mail-order medical supply companies

Mail-order supply companies will mail your supplies to you every month. Choose a company that accepts your insurance. You can call the company directly to find out. If they don’t accept your insurance, call your insurance company to get a list of suppliers that do.

The company you’re ordering from will contact your doctor’s office to get a prescription for your supplies. It’s important for you to give your doctor’s office a clear and complete list of the supplies you need, including the product numbers, so they can send a correct prescription to the supply company.

Below is a list of some mail-order medical supply companies. These companies offer many different products. You can call and ask them to send you a catalog, or you can view one online.

- **Byram Healthcare**
  - Phone: 877-902-9726
  - Website: www.byramhealthcare.com

- **Liberator Medical**
  - Phone: 877-649-7359
  - Website: www.liberatormedical.com

- **CCS Medical**
  - Phone: 800-722-2604
  - Website: www.ccsmed.com

- **McKesson Medical-Surgical**
  - Phone: 800-453-5180
  - Website: www.mckesson.com

- **Edgepark Medical Supplies**
  - Phone: 888-394-5375
  - Website: www.edgepark.com

- **180 Medical**
  - Phone: 877-688-2729
  - Website: www.180medical.com

You can also buy ostomy supplies at your local pharmacy or medical supply store. However, the prices may be higher, or they may not take your insurance. Also, they may not be able to get the exact product you need.

Ostomy product manufacturers

If you have questions about your supplies, you can call an ostomy product manufacturer. Many of these companies have a WOC nurse on staff to answer
questions. You can also call to ask for samples of products.

Below is a list of some companies that make ostomy products (such as wafers and pouches) and other ostomy accessories (such as barrier strips, powders, and rings).

**Coloplast**
888-726-7872
[www.coloplast.us](http://www.coloplast.us)

**Hollister**
888-740-8999
[www.hollister.com](http://www.hollister.com)

**ConvaTec**
800-422-8811
[www.convatec.com](http://www.convatec.com)

**Marlen**
216-292-7060
[www.marlenmfg.com](http://www.marlenmfg.com)

**Cymed**
800-582-0707
[www.cymed-ostomy.com](http://www.cymed-ostomy.com)

**Nu-Hope Laboratories, Inc.**
800-899-5017
[www.nu-hope.com](http://www.nu-hope.com)

**Lifestyle Issues**

**Staying hydrated**

It’s important to drink 8 to 10 (8-ounce) glasses of liquids every day. This will help you stay hydrated, keep your kidneys healthy, and keep urine flowing. Limit the amount of caffeine and alcohol you drink, because these things can make you dehydrated.

If you get diarrhea (loose or watery bowel movements), call your doctor’s office. Make sure to drink extra liquids so you don’t get dehydrated. You should also call your doctor’s office if you feel nauseous (like you’re going to throw up) or weak.

**Nutrition**

Your appetite may be smaller than it was before your surgery. You will probably be able to eat the same foods you did before your surgery. Foods that upset your stomach before your surgery may still upset your stomach after your surgery. If you feel bloating and pain after eating a certain food, remove it from your diet.
eating it again in a few weeks. If you’re still having discomfort and bloating after eating this food, avoid it.

Now that you have a wet colostomy, you won’t be able to control when you pass gas. You may want to avoid things that increase gas, such as:

- Cruciferous vegetables (such as cabbage and broccoli)
- Carbonated drinks
- Drinking through a straw
- Chewing gum

If you have tried avoiding these things but have a problem with gas, talk with your WOC nurse or a clinical dietitian nutritionist.

If you’re having problems with gas building up inside your pouch, talk with your WOC nurse. They may suggest using pouches with charcoal filters. The filter can help keep gas from building up and inflating your pouch. You may also find it useful to use a pouch with a filter when you travel on an airplane, because the altitude changes may cause air pressure to build up inside your pouch.

If you’re constipated (having fewer bowel movements than usual):

- Drink more liquids.
- Eat foods that are high in fiber, such as fruits, vegetables, and bran.
- Exercise, if you can. Walking is an excellent form of exercise.

**Exercise**

Talk with your doctor about what exercise is right for you. For most people, walking and light stretching are good exercises to do while recovering from surgery. Avoid lifting or pushing anything heavier than 10 pounds (4.5 kilograms) for 2 to 3 months after your surgery. This includes housework such as vacuuming or mowing the lawn. If this will be a problem for you, talk with your doctor.

Don’t do sit-ups, push-ups, or any strenuous exercise for 2 to 3 months after your
surgery. This will help prevent a hernia (bulging of your intestines through a weakened abdominal muscle) near or around your stoma.

Your WOC nurse can measure you for a hernia belt to wear while you exercise. Your nurse will also tell you how you can order one.

**Showering, bathing, and swimming**

Your colostomy pouching system is waterproof. Always wear your pouching system when you take a bath or swim. You can use waterproof tape around the edges of the wafer or adhesive strips to help keep a tight seal around your pouching system, if needed. Most people can wear the same swimsuit they wore before their surgery. Some companies sell swim wraps or bathing suits to cover the pouching system.

You can shower with or without your pouching system. If you shower without your pouching system, urine, stool, or both may leak out of your stoma and you will need to clean the shower area afterward.

**Positioning your pouch**

You can position your pouch downward or to the side. You can also fold it, if you prefer.

**Wearing a belt**

Try to wear the belt above or below your stoma. If the belt is worn directly on your stoma, it can cause irritation, bleeding, or an overgrowth of tissue. There are stoma guards that help protect your stoma from being injured by your belt. If you’d like to order a stoma guard, ask your WOC nurse for more information.

**Going back to work**

You can go back to work when you and your doctor feel you have recovered and are able to work.

You may feel uncomfortable going back to work. This is okay. Your pouching system probably won’t be visible. You will probably be able to wear most of the same clothes you wore before your surgery.
You can choose if you want to tell your coworkers, friends, or family about your wet colostomy. Usually, people won’t know you have a wet colostomy unless you tell them.

**Traveling**

Some people are nervous the first few times they travel. If you feel anxious, it may help to look up the locations of some bathrooms on your route.

Always carry 2 sets of extra supplies with you wherever you go, even if it’s only a short trip or a doctor’s appointment. This way, you will be prepared in case you have an accident while away from home. Remember to bring:

- Pouches
- Wafers
- Clamps (if you have a pouching system with a clamp closure)
- Cleaning items such as paper towels, gauze, or wipes
- Adhesive remover wipes and skin prep wipes
- A trash bag for dirty items

If you’re going to be away from home for several hours, think about where you’re going and prepare yourself in case you need to empty your pouch while you’re out of the house.

When you’re traveling on an airplane:

- Pack your ostomy supplies in at least 2 places, such as in your carry-on and checked luggage.
- Take extra supplies in case you’re stranded where supplies aren’t available.
- You may want to precut your pouches at home and pack them already cut into your travel bag.

You may want to bring a letter from your doctor that says that you have an ostomy and need ostomy supplies. The letter should also ask transportation security
administration (TSA) staff members to use a private area if they need to do an extended search. You may also want to carry copies of the catalog pages that show and explain your equipment.

If you’re traveling to a foreign country, it’s a good idea to have important ostomy information written in that language. One of the 70 members of the International Ostomy Association may be able to help with this translation and with finding supplies while visiting their country. For more information, visit [www.ostomyinternational.org](http://www.ostomyinternational.org).

The United Ostomy Association of America web site ([www.uoaa.org](http://www.uoaa.org)) has more information and travel tips that you can print and use.

**About Parastomal Hernias**

If the area around your stoma seems to bulge, you may have a hernia. A hernia is when a loop of bowel (intestine) pokes through a weak area of muscle. This causes a bulge to form. A hernia that’s near a stoma is called a parastomal hernia. If you see a bulge around your stoma, contact your doctor or WOC nurse.

Hernias can feel tender, uncomfortable, like pressure, or like something is hanging. Sometimes, hernias can become twisted or blocked and need to be treated.

If your hernia is causing pain or any other symptoms, call your doctor’s office. You should also call your doctor’s office if you have:

- Nausea (feeling like you’re going to throw up) or vomiting (throwing up)
- Pain in your abdomen (belly)
- Bloating in your abdomen and no gas or stool in your pouch

If you have a parastomal hernia, your WOC nurse can suggest a hernia support belt. You can also use a girdle, specially made spandex clothes, or biking shorts to support the hernia. If you use biking shorts, you will need to cut out a hole for your pouch. Talk with your WOC nurse about what will work best for your needs.
Using a hernia support belt, girdle, or biking shorts won’t cure the hernia, but they may keep the hernia from getting worse. They can also make you feel more comfortable and pull in the bulge to help your clothes fit better.

**About Urinary Tract Infections (UTIs)**

The signs and symptoms of a UTI are:

- Cloudy urine
- Back pain
- Nausea and vomiting
- Loss of appetite
- Fever of 100.4 °F (38 °C) or higher

If you think you have a UTI, call your doctor’s office.

To keep from getting a UTI:

- Drink 6 to 8 (8-ounce) glasses of liquids every day. It’s best to drink water.
- Limit the amount of alcohol and caffeine you drink.
- Use a night drainage system overnight, if possible. This keeps urine from sitting on your stoma and causing an infection.
- Empty your pouch when it’s ⅓ to ½ full.

**What to do Before Medical Tests**

Always bring an extra set of supplies when going to the doctor for tests. You may need to remove your pouching system for the test.

If you live an hour or more away from the hospital, empty your bag before leaving. You may also need to change or empty your bag or use a leg bag on the trip home. You may also want to keep a urinal or other container in your car in case of an emergency.
Imaging scan with contrast
If you’re having a scan with contrast, bring an extra pouch and wafer, including an extra leg bag or night bag (if you use one). For the scan, you will need to drink more liquids than usual. This will help the contrast leave your body, but it will also increase your urine output. You may need the extra pouch and wafer if you have a leak because of increased urine output.

Chemotherapy
If you’re having chemotherapy, bring an extra pouch and wafer, including an extra leg bag or night bag. Chemotherapy may cause your body to make more urine. Using a leg bag or night drainage bag during treatment may help prevent leakage due to increased urine output.

Chemotherapy may also make your skin more sensitive or change the way the wafer sticks to your skin. Schedule an appointment with your WOC nurse if you notice changes to the skin around your stoma or have issues with your pouching system while you’re getting chemotherapy.

What to Do Before Being Admitted to the Hospital
If you’re admitted to the hospital, you may want to bring 1 or 2 extra sets of supplies with you. The hospital may have a different product than the one you use, or they may not have any supplies at all.

Contact Your Doctor or Nurse if:
- Your stoma looks dark maroon, grey, brown, or black.
- Your stoma bleeds for longer than 5 to 10 minutes.
- There’s blood coming from the inside of your stoma.
- There’s blood in your stool.
- You’re having problems with your pouching system leaking.
- The skin around your stoma is irritated.
• You have diarrhea.

• You feel nauseous or weak.

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

For more resources, visit www.mskcc.org/pe to search our virtual library.
Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E

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

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

Instructions Before Your Surgery

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

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

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

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

Examples of Medications

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

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

<table>
<thead>
<tr>
<th>Common Medications Containing Aspirin</th>
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<tbody>
<tr>
<td>Aggrenox®</td>
</tr>
<tr>
<td>Cama® Arthritis Pain Reliever</td>
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<tr>
<td>Heartline®</td>
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<tr>
<td>Robaxisal® Tablets</td>
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<tr>
<td>Alka Seltzer®</td>
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<tr>
<td>COPE®</td>
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<tr>
<td>Headrin®</td>
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<tr>
<td>Roxiprin®</td>
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<tr>
<td>Anacin®</td>
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<tr>
<td>Dasin®</td>
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<tr>
<td>Isollyl®</td>
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<tr>
<td>Saleto®</td>
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<tr>
<td>Arthritis Pain Formula</td>
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<tr>
<td>Easprin®</td>
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<tr>
<td>Lanorinal®</td>
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<tr>
<td>Salocol®</td>
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<tr>
<td>Arthritis Foundation Pain Reliever®</td>
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<tr>
<td>Ecotrin® (most formulations)</td>
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<tr>
<td>Lortab® ASA Tablets</td>
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<td>Sodol®</td>
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<tr>
<td>ASA Enseals®</td>
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<tr>
<td>Empirin® Aspirin (most formulations)</td>
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<tr>
<td>Magnaprin®</td>
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<tr>
<td>Soma® Compound Tablets</td>
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<tr>
<td>ASA Suppositories®</td>
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<tr>
<td>Epromate®</td>
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<tr>
<td>Marnal®</td>
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<tr>
<td>Soma® Compound with Codeine Tablets</td>
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<tr>
<td>Ascriptin® and Ascriptin A/D®</td>
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<tr>
<td>Equagesic Tablets</td>
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<tr>
<td>Micrainin®</td>
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<tr>
<td>St. Joseph® Adult Chewable Aspirin</td>
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<tr>
<td>Aspergum®</td>
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<tr>
<td>Equazine®</td>
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<tr>
<td>Momentum®</td>
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<tr>
<td>Supac®</td>
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<tr>
<td>Asprimox®</td>
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<tr>
<td>Excedrin® Extra-Strength Analgesic</td>
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<tr>
<td>Norgesic Forte® (most formulations)</td>
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<tr>
<td>Synalgos®-DC Capsules</td>
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<tr>
<td>Tablets and Caplets</td>
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<tr>
<td>Axotal®</td>
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<tr>
<td>Azdone®</td>
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<tr>
<td>Bayer® (most formulations)</td>
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<tr>
<td>BC® Powder and Cold formulations</td>
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<tr>
<td>Bufferin® (most formulations)</td>
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<tr>
<td>Buffets II®</td>
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<tr>
<td>Buffex®</td>
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</table>
Most multivitamins contain vitamin E. If you take a multivitamin, check the label.

**About Acetaminophen**

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

<table>
<thead>
<tr>
<th>Medications Containing Acetaminophen</th>
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<tbody>
<tr>
<td><strong>Acephen®</strong></td>
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<tr>
<td><strong>Aceta® with Codeine</strong></td>
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<tr>
<td><strong>Acetaminophen with Codeine</strong></td>
</tr>
<tr>
<td><strong>Aspirin-Free Anacin®</strong></td>
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<tr>
<td><strong>Arthritis Pain Formula® Aspirin-Free</strong></td>
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<tr>
<td><strong>Datril®</strong></td>
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<tr>
<td><strong>Di-Gesic®</strong></td>
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<tr>
<td><strong>Endocet®</strong></td>
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<td><strong>Esgic®</strong></td>
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<td><strong>Excedrin P.M.®</strong></td>
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<tr>
<td><strong>Fiorcet®</strong></td>
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<tr>
<td><strong>Lorcet®</strong></td>
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<td><strong>Lortab®</strong></td>
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<tr>
<td><strong>Naldegesic®</strong></td>
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<tr>
<td><strong>Norco®</strong></td>
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<tr>
<td><strong>Panadol®</strong></td>
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<tr>
<td><strong>Percocet®</strong></td>
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<td><strong>Primlev®</strong></td>
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<td><strong>Repan®</strong></td>
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<td><strong>Roxicet®</strong></td>
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<tr>
<td><strong>Talacen®</strong></td>
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<tr>
<td><strong>Tempra®</strong></td>
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<tr>
<td><strong>Tylenol®</strong></td>
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<tr>
<td><strong>Vanquish®</strong></td>
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<tr>
<td><strong>Vicodin®</strong></td>
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<tr>
<td><strong>Wygesic®</strong></td>
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<tr>
<td><strong>Xartemis XR®</strong></td>
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<tr>
<td><strong>Xodol®</strong></td>
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<tr>
<td><strong>Zydone®</strong></td>
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</table>

**Read the labels on all your medications**

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

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

<table>
<thead>
<tr>
<th>Common Abbreviations for Acetaminophen</th>
</tr>
</thead>
<tbody>
<tr>
<td>APAP</td>
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<tr>
<td>Acetamin</td>
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</table>

Always read and follow the label on the product you’re taking. Don’t take more than 1 medication that contains acetaminophen at a time without talking with a member of your healthcare team.
Herbal Remedies and Cancer Treatment

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

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

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

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

Common Herbal Supplements and Their Effects

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

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

**Garlic**

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

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

• Can increase your risk of bleeding.

**Ginseng**

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

**Turmeric**

• Can make chemotherapy less effective.

**St. John’s Wort**

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

**Valerian**

• Can increase the effects of sedation or anesthesia.

**Herbal formulas**

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

For more information about herbs and botanicals, visit the Memorial Sloan Kettering (MSK) Integrative Medicine Service website at www.aboutherbs.com.
How to Use Your Incentive Spirometer

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

About Your Incentive Spirometer

An incentive spirometer is a device that will expand your lungs by helping you to breathe more deeply and fully. The parts of your incentive spirometer are labeled in Figure 1.
Use your incentive spirometer after your surgery and do your deep breathing and coughing exercises. This will help keep your lungs active throughout your recovery and prevent complications such as pneumonia.

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

**How To Use Your Incentive Spirometer**

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

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

**Setting up your incentive spirometer**

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

**Using your incentive spirometer**

When you’re using your incentive spirometer, make sure to breathe through your mouth. If you breathe through your nose, the incentive spirometer won’t work properly. You can hold your nose if you have trouble.

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

To use your incentive spirometer, follow the steps below.

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

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

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

4. Try to get the piston as high as you can, while keeping the indicator between the arrows.
   - If the indicator doesn’t stay between the arrows, you’re breathing either too fast or too slow.

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

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

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

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

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

Repeat these steps every hour that you’re awake.

Cover the mouthpiece of the incentive spirometer when you aren’t using it.
Information for Family and Friends for the Day of Surgery

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

Before the Surgery

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

Once the patient checks in, they’ll go to the Presurgical Center (PSC) to be examined before their surgery. Sometimes they may need to wait before they’re admitted to the PSC.

In the PSC, a nurse will do a full exam of the patient. When the operating room (OR) is ready, a member of the surgical team will come take the patient into the OR. They’ll get the patient ready for surgery. This can take 15 to 90 minutes. Then, the surgery will start.

To keep patients and staff safe and healthy during the COVID-19 pandemic, we may change our visitor policy more often than usual. Visit www.mskcc.org/visit for the most up-to-date information. Please remember the following:

- Don’t bring food or drinks into the hospital. Patients can’t eat or drink before their surgery or procedure.
• If the patient brought any valuables, such as a cellphone, iPod, or iPad, keep them safe for them during surgery.

• Sometimes surgeries can be delayed. We make every effort to tell you when this happens.

**During the Surgery**

**Surgery updates**
A nurse liaison will keep you updated on the progress of the patient’s surgery. They will:

• Give you information about the patient.

• Get you ready for your meeting with the surgeon.

• Arrange for you to visit the patient in the Post-Anesthesia Care Unit (PACU).

To contact the nurse liaison:

• From inside the hospital, you can use a hospital courtesy phone. These are located on the walls all around the hospital. Dial 2000 and ask for beeper 9000. Please be patient because this can take up to 2 minutes.


• Ask the information desk staff to contact the nurse liaison for you.

**After Surgery**

**Meeting with the surgeon**
When the patient’s surgery is over, we’ll call you and ask you to go back to the information desk. They’ll tell you where to go to meet with the surgeon.

After meeting with the surgeon, go back to the information desk and let them know you’ve finished your meeting.

**Visiting the patient in the PACU**
After surgery, the patient will be taken to the PACU. When patients first get to the
PACU, they’re usually sleepy and want to rest. We ask that you wait 90 minutes before calling the PACU to check on the patient. This gives them time to wake up and get comfortable.

If your family member is an inpatient (staying in the hospital), you’ll be allowed a one-time 30-minute visit. This can be coordinated when you speak with the nurse to find the best time for you and the patient.

- Please wear a mask.
- Make sure your cellphone is on silent before entering.
- Use an alcohol-based hand sanitizer (such as Purell®) or wash your hands before entering. There are hand sanitizer stations located throughout the hospital.
- Don’t bring food or flowers into the PACU.
  - We can store flowers in the flower room (located on the entrance floor of Memorial Hospital) until patients are allowed to have them. Flowers are usually allowed when the patient moves to their inpatient room.

While visiting the patient in the PACU:

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

The nurse will update you with the plan of care for the patient, such as whether the patient is staying overnight and when they’ll be moved to an inpatient room.

- If the patient moves to an inpatient room, a staff member will let you know the room number and the phone number to the nursing station on that floor. They’ll also let you know the visiting hours for that floor.
- If the patient is going home the same day, a responsible care partner must take
them home.

We’ll give you a card with the PACU phone number. Please choose 1 person who we should call for updates.

Visit www.mskcc.org/visit for more information about MSK’s visitor policy.
Patient-Controlled Analgesia (PCA)

This information will help you understand what patient-controlled analgesia (PCA) is and how to use your PCA pump.

About PCA

PCA helps you control your pain by letting you give yourself pain medication. It uses a computerized pump to send pain medication into your vein (called an IV PCA) or into your epidural space (epidural PCA), which is near your spine (see Figure 1). Whether you have an IV PCA or an epidural PCA depends on what you and your doctor decide is right for you.

PCA isn’t right for everyone. Some people may not be able to use a PCA pump. Before you get a PCA pump, tell your doctor if you have weakness in your hands or think you may have trouble pushing the PCA button. You should also tell your doctor if you have sleep apnea. This may affect the way we prescribe your medication.

Using the PCA Pump

To give yourself pain medication, press the button attached to the pump when you
have pain (see Figure 1). The pump will send a safe dose of the medication that your doctor has prescribed.

Only you should push the PCA button. **Family and friends should never push the button.**

The pump can be programmed to give you medication in 2 ways:

- **As needed.** You get your pain medication only when you press the button. It won’t let you get more medication than prescribed. The pump is set to allow only a certain number of doses per hour.

- **Continuous.** You get your pain medication at a constant rate all the time. This can be combined with the “as needed” way. This lets you take extra doses safely if you’re having pain.

Tell your doctor if the PCA isn’t helping with your pain. You should also tell your doctor if your pain changes, gets worse, feels different than before, or if you feel pain in a new place. Your doctor may change the medication to one that may work better for you.

**Side Effects**

Pain medication you get through a PCA can have side effects. Tell your healthcare provider if you have any of these problems:

- Constipation (having fewer bowel movements than usual)
- Nausea (feeling like you’re going to throw up)
- Vomiting (throwing up)
- Dry mouth
- Itching
- Changes in your vision, such as seeing things that aren’t there
- Drowsiness, dizziness, or confusion
- Weakness, numbness, or tingling in your arms or legs
● Trouble urinating (peeing)
● Any other side effects or problems

Your doctor may adjust your dose or give you a different medication with fewer side effects.