Patient & Caregiver Education

About Your Vulvar Surgery

This guide will help you get ready for your vulvar surgery at Memorial Sloan Kettering (MSK). It will also help you understand what to expect during your recovery.

Read through this guide at least once before your surgery and use it as a reference in the days leading up to your surgery.

Bring this guide with you every time you come to MSK, including the day of your surgery. You and your healthcare team will refer to it throughout your care.

Your Care Team

Doctor: ________________________________

Phone number: __________________________

Fax number: _____________________________

Nurse: ________________________________

Your Caregiver

It's important to choose a person to be your caregiver. They will 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: ________________________________
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About Your Vulva

Vulva is another name for your external sex organs (genitals) (see Figure 1). Your vulva includes:

- The inner and outer lips of your labia.
- Your clitoris.
- The opening of your vagina.
- Your vaginal glands, which are in your perineum (the area between your vulva and anus).

Vulvar cancer is cancer in any of the organs that make up your vulva.

Figure 1. Your vulva
Types of Vulvar Surgeries

Vulvar surgery can be done to treat vulvar cancer or to remove tissue that may become vulvar cancer. A surgery to remove all or part of your vulva is called a vulvectomy.

There are several kinds of vulvectomies. The type of vulvectomy that you have will depend on how large your tumor is and whether it has spread to nearby lymph nodes. The types of vulvectomies are:

- **Partial simple vulvectomy.** With this type, a part of your vulva and the top layers of nearby tissue are removed.

- **Partial radical vulvectomy.** With this type, a part of your vulva and the deep layers of nearby tissue are removed (see Figure 2).

![Figure 2. An example of a partial radical vulvectomy](image)

- **Complete simple vulvectomy.** With this type, your entire vulva is removed. Sometimes this is called a simple vulvectomy.

- **Complete radical vulvectomy.** With this type, your entire vulva, the deep tissue around it, and the surrounding lymph nodes are removed (see Figure 3).

![Figure 3. An example of a complete radical vulvectomy](image)
You and your doctor will discuss the type of vulvectomy that you're having.

Some women choose to have reconstruction as part of their surgery. If you’re having reconstruction, a plastic surgeon may help with that part of the surgery.

Most women can resume their normal sexual activities after their incisions (surgical cuts) have healed. But, this depends on the extent of your surgery and the areas of your vulva that were removed. Talk with your doctor about your concerns about sexual activities after your surgery.

**About Your Lymphatic System**

Your lymphatic system is part of your immune system (see Figure 4). It’s made up of:

- **Lymph nodes.** These are small, bean-shaped structures located along your lymphatic vessels. Your lymph nodes filter out bacteria, viruses, cancer cells, and other waste products.

- **Lymphatic vessels.** These are tiny tubes (like blood vessels) that carry lymphatic fluid to and from your lymph nodes.

- **Lymphatic fluid.** This is the clear fluid that travels through your lymphatic system. It carries cells that help fight infections and other diseases.

Sometimes, cancer cells can enter lymphatic vessels and travel to nearby lymph nodes and other parts of your body. A sentinel lymph node (also called a sentinel node) is the first lymph node or group of nodes where cancer cells are most likely to spread.

Your doctor might want to do a sentinel lymph node biopsy during your surgery to check if cancer has spread. If they do, you will have lymphatic mapping on the morning of your surgery.

**Lymphatic Mapping**

Lymphatic mapping is a type of imaging scan. Before your scan, you will get an injection (shot) of a radioactive liquid. The pictures taken during your scan will show the flow of the radioactive liquid and which lymph nodes absorb it. Your surgeon will use this as a map to see the location of the sentinel node(s).
Where to go

Your lymphatic mapping procedure will be done in the Molecular Imaging and Therapy Service (MITS) at Memorial Hospital (MSK’s main hospital). The MITS is sometimes called Nuclear Medicine. The best entrance to use is the one at 1250 First Avenue, between East 67th and East 68th Streets.

The staff member at the front desk will direct you to the MITS. Check in at the Radiology Department reception desk next to the elevators.

If your surgery is at the Josie Robertson Surgery Center (JRSC), it’s best to park there and travel to Memorial Hospital for your lymphatic mapping. There’s a shuttle that will take you to Memorial Hospital and back to the JRSC after your mapping.

What to Expect

First, you will get an injection of a small amount of a radioactive liquid near the site of the cancer. The injection might sting or burn. The radioactive liquid will travel to the sentinel node(s) so they can be seen later during your scan. After you get the injection, you can either stay in the hospital or leave for a while. It’s important to come back on time for your scan, so be sure to note the time you're told to return.

When it’s time for your scan, a staff member will take you to the scanning room. You will lie on a narrow table while they take a series of pictures. Each picture takes 5 minutes. It’s important to lie very still during each picture. If you feel uncomfortable staying in any position for 5 minutes, ask the staff member to count down the time for you. Your scan will take 10 to 15 minutes total.

After Your Lymphatic Mapping

If you're having surgery at Memorial Hospital, a staff member will bring you to the Presurgical Center on the 6th floor. If you're having surgery at the JRSC, you can take the shuttle back to the JRSC.

Sentinel Node Biopsy

Your sentinel lymph node biopsy will be done during your surgery. Your surgeon will inject a small amount of blue dye near the site of the cancer. The dye will travel in your lymphatic fluid to the sentinel node(s), staining them blue.

Your surgeon will also use a small device that measures radioactivity from the liquid injected during your lymphatic mapping. Once they locate the sentinel node(s), your surgeon will make a small incision. The sentinel nodes will be blue from the blue dye, allowing your surgeon to see them. They will remove the sentinel node(s) and they will be examined by the Pathology department to see if they contain cancer cells.

Because blue dye was used during your procedure, your skin, urine (pee), and bowel movements (poop) may be a bluish-green color for 1 to 2 days after your surgery.

Groin Lymph Node Dissection

A groin lymph node dissection is removal of most or all of the lymph nodes in your groin. The number of nodes varies from person to person. It can be done on 1 or both sides of your perineum.

If cancer cells are found in your sentinel lymph node(s), you may have a groin lymph node dissection as part of your vulvar surgery. Sometimes, you and your doctor might decide to do a groin lymph node dissection without doing a sentinel lymph node biopsy. This can happen if you had an imaging scan or other test that showed cancer in your lymph nodes. If this applies with you, your doctor with talk with you to decide what’s best for you.
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 doctor or nurse.
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 am allergic to certain medication(s) or materials, including latex.

- I am not willing to receive a blood transfusion.

- I drink alcohol.

- I smoke.

- I use recreational drugs.
About 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 nurse 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 machine (such as a CPAP machine) for sleep apnea, bring it with you the day of your surgery.

Within 30 Days of Your Surgery

Presurgical Testing (PST)

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

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

During your appointment, you will meet with a nurse practitioner (NP) who works closely with anesthesiology staff (doctors and specialized nurses who will give you anesthesia during your surgery). Your NP will review your medical and surgical history with you. You will have tests, including an electrocardiogram (EKG) to check your heart rhythm, a chest x-ray, blood tests, and any other tests needed to plan your care. Your NP may also recommend 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 doctor and nurse. 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. 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. For more information about health care proxies and other advance directives, read the resource *Advance Care Planning*. You can find it online at www.mskcc.org/pe/advance_care_planning, or you can ask your nurse.

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

Do Breathing and Coughing Exercises

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

Exercise

Try to do aerobic exercise every day. Examples of aerobic exercise include walking at least 1 mile (1.6 kilometers), swimming, or biking. If it’s cold outside, use stairs in your home or go to a mall or shopping 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 doctor or nurse about meeting with a clinical dietitian nutritionist.

10 Days Before Your Surgery

Stop Taking Vitamin E

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

Buy Hibiclens® Skin Cleanser, if Needed

If you’re having a sentinel lymph node biopsy or a groin lymph node dissection, you will need to shower using Hibiclens before your surgery.

Hibiclens is a skin cleanser that kills germs for 24 hours after you use it (see figure). Showering with Hibiclens before your surgery will help lower your risk of infection after surgery. You can buy Hibiclens at your local pharmacy without a prescription.

If you’re not having a sentinel lymph node biopsy or a groin lymph node dissection, you don’t need to buy Hibiclens.
Days Before Your Surgery

Stop Taking Certain Medications
If you take aspirin, ask your doctor if you should keep taking it. Aspirin and medications that contain aspirin can cause bleeding. For more information, read Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), located in the “Educational Resources” section of this guide.

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

Days Before Your Surgery

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

Day Before Your Surgery

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

The staff member will tell you what time to arrive at the hospital for your surgery. They will also remind you where to go.

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

Shower With Hibiclens, if Needed
If you’re having a sentinel lymph node biopsy or a groin lymph node dissection, shower using Hibiclens on the night before your surgery.

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 Hibiclens bottle. Pour some solution into your hand or a washcloth.
4. Move away from the shower stream to avoid rinsing off the Hibiclens too soon.

5. Rub the Hibiclens gently over your body from your neck to your feet. Don’t put the Hibiclens on your face or genital area.

6. Move back into the shower stream to rinse off the Hibiclens. Use warm water.

7. Dry yourself off with a clean towel after your shower.

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

If you’re not having a sentinel lymph node biopsy or a groin lymph node dissection, you can shower as usual.

Sleep

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

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**Instructions for eating and drinking before your surgery**

- Do not eat anything after midnight the night before your surgery. This includes hard candy and gum.

- Between midnight and up until 2 hours before your scheduled arrival time, you may drink a total of 12 ounces of water (see figure).

- Starting 2 hours before your scheduled arrival time, do not eat or drink anything. This includes water.

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**The Morning of Your Surgery**

**Take Your Medications**

If your doctor or NP 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 and the surgery you’re having, this may be all, some, or none of your usual morning medications.

**Shower**

If you’re having a sentinel lymph node biopsy or a groin lymph node dissection, shower using Hibiclens just before you leave. Use the Hibiclens the same way you did the night before. Don’t put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne after your shower.

If you’re not having a sentinel lymph node biopsy or a groin lymph node dissection, you can shower as usual. 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 will need to remove your hearing aids, dentures, prosthetic device(s), wig, and religious articles.

**What to Bring**

- Your breathing machine for sleep apnea (such as your CPAP machine), if you have one.
- Your portable music player, if you choose. However, someone will need to hold it for you when you go into surgery.
- Your incentive spirometer, 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.
- This guide. Your healthcare team will use this guide to teach you how to care for yourself after your surgery.
Once You’re in the Hospital
You will be asked to say and spell your name and birth date many times. This is for your safety. People with the same or a similar name may be having surgery on the same day.

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

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

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

Meet With Your Anesthesiologist
Your anesthesiologist will:

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

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

Once you’re comfortable, your anesthesiologist will give you anesthesia through your IV line and you will fall asleep. You will also get fluids through your IV line during and after your surgery.
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. You will also have a urinary (Foley®) catheter placed to drain urine from your bladder.

During your surgery, your surgeon will make 1 or more incisions (surgical cuts) in your vulvar area. Your surgeon will then remove the tumor and all or part of your vulva. They may also remove some of the lymph nodes in your groin.

If you’re having reconstruction as part of your surgery, your surgeon may work with a plastic surgeon for that part of your surgery.

At the end of your surgery, your surgeon will close your incision(s) with sutures (stitches). Your breathing tube is usually taken out while you’re still in the operating room.

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

Write down your questions and be sure to ask your doctor or nurse.
In the Hospital

When you wake up after your surgery, you will be in a recovery room or the Post-Anesthesia Care Unit (PACU). Some people may stay in the PACU overnight for observation.

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 will also have compression boots on your lower legs.

Because of the area where your surgery was, sitting may be uncomfortable or may harm your incisions. Don’t sit until your nurse tells you that you can. Once you know it’s okay to sit, be sure to use a soft pillow or donut (soft inflatable plastic ring) to protect your incision.

Managing Your Pain

You will have pain or discomfort at your incision sites. Your doctor and nurse will ask you about your pain often and give you medication as needed. If your pain isn’t relieved, tell your doctor or nurse. It’s important to control your pain so you can cough, breathe deeply, use your incentive spirometer, and get out of bed and walk. You will get a prescription for pain medication to take when you go home.

Your Drains and Incisions

You will have tubes, drains, and bandages on and around your vulvar area. They may include:

- A catheter or drainage tube to drain urine from your bladder.
- A Jackson-Pratt drain, if any of your lymph nodes were removed. This will help drain the fluid from your groin area and control lymphedema (swelling).

You may also have:

- An IV line to give you fluids.
- A pain pump called a patient-controlled analgesia (PCA) device. If you have a PCA device, read the resource Patient-Controlled Analgesia (PCA) for more information. You can find it online at www.mskcc.org/pe/pca, or you can ask your nurse.
- Compression boots on your calves to help blood circulate. These will stay on whenever you’re in bed until you’re discharged.

Your vulvar incision(s) will be closed with sutures that may loosen over time. A small amount of reddish drainage is normal. The incision(s) in your groin will be closed with staples or sutures. These will remain in place until you see your surgeon about 2 to 4 weeks after surgery.

You may go home with the drains still in place as well. If so, your nurse will teach you how to care for them before you leave the hospital.

Be sure to look at your incisions with your nurse before you leave the hospital so you know what they look like and can notice any changes. Your nurse will also teach you how to care for your incisions at home. They will give you a peri-bottle (a small plastic bottle with a squirt tip) for cleaning your vulvar incisions (around your vulva and perineum) and will show you how to use it.
Visitors

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

Moving to Your Hospital Room

Depending on the type of surgery you had, you may stay in the PACU for a few hours or overnight. After your stay in the PACU, you will be taken to your hospital room.

At Home

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 nurse.

You will need time to heal and recover. Some women need longer to heal than others. Ask your healthcare provider what you should expect. They can tell you more based on the surgery you had and how much tissue was removed.

For the first 3 to 4 weeks, you will only be able sit with the help of a soft pillow or donut. You can purchase a donut from a local surgical supply store, or you can order one online.

You will be able to lie down or stand. If you had major surgery or reconstructive surgery, you may not be able to sit for up to 8 weeks. Your nurse will work with you to design a care plan that focuses on finding positions that are most comfortable for you.

Caring for Your Incisions

Wound healing after vulvar surgery has its own unique challenges related to where the incisions are located. The moisture and rubbing that happens with daily activities is a natural challenge to vulvar wound healing. Urinating may be painful.

To keep your incisions clean:

- Using your peri-bottle, wash your vulvar and anal areas with warm water after each time you urinate or have a bowel movement.
- Use a sitz bath or hand spray shower at least 2 times every day.
- Shower every day, using soap and water.

To dry your incisions, pat them dry with a clean towel or use the "cool" setting on a hair dryer. **Do not rub your incisions.**

Here are some tips to make you more comfortable while your incision(s) are healing:

- Apply ice packs to the affected area as directed.
- Wear loose fitting clothing: either underwear that is a size larger or men's boxer shorts.
- Keep the area open to air at night.

You will see your surgeon about 2 to 4 weeks after surgery to check your incisions and remove any remaining staples, sutures, or drains.
Eating and Drinking

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

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

For more tips on eating and drinking after your surgery, 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.

About Lymphedema

Lymphedema is swelling that usually happens in the arms, legs, or both. It’s usually caused by lymph nodes being removed. If you had a groin lymph node dissection, you may have lymphedema in the leg on the side the nodes were removed.

There are many things you can do to help prevent and manage lymphedema. For more information, read the resource *Reducing Your Risk of Lymphedema of the Legs* (www.mskcc.org/pe/reducing_risk_lymphedema_legs) or watch the videos *About Lymphedema of the Legs* (www.mskcc.org/pe/about_lymphedema_legs) and *Treatment for Lymphedema of the Legs* (www.mskcc.org/pe/lymphedema_legs_treatment).

Emotional Support

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

Everyone adjusts in their own way. For some people, it takes a few months to adjust to a changed body image. For other people, it may take longer. As time goes on, you will get stronger emotionally and physically. You will get more comfortable with your appearance. Your appetite and energy will improve. Before too long, you will be able to go back to doing most of your normal activities.

We have many resources to help you. Your doctors and nurses will answer your questions. We also have social workers, psychologists, and psychiatrists who have helped many women through this change. You can have one-on-one counseling, or you can join one of our online or in-person support groups. We also have clergy available for spiritual support.

You may be able to meet with another person who has had this surgery. They can talk with you and answer your questions. Talk with your nurse if you’re interested in doing this.

Every new situation requires time to adjust. We’re here to help you through this time.
Your Sexuality after Surgery

Talk with your doctor about when it's safe for you to resume sexual activities. This is usually after your incision is fully healed.

Most women who have a partial or a simple vulvectomy can resume their normal sexual activities after their incisions have healed. If you had a complete radical vulvectomy, had radiation therapy before your surgery, or had extensive reconstruction around your vaginal opening, you may have vaginal tightness. This can make intercourse difficult. Using lubrication can help.

To address issues with sexual health and intimacy, ask to see someone from our Female Sexual Medicine & Women’s Health Program. For more information or to make an appointment, call 646-888-5076.

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.

If you don’t already have a MyMSK account, you can sign up by going to my.mskcc.org. For more information about signing up for a MyMSK account, watch our video How to Enroll in the Patient Portal: MyMSK at www.mskcc.org/pe/enroll_mymsk. You can also contact the MyMSK Help Desk by emailing mymsk@mskcc.org or calling 800-248-0593.

Contact your doctor or nurse if:

- You have a fever of 100.5 °F (38 °C) or higher.
- You have chills.
- The area around your incision is starting to swell.
- Swelling around your incision is getting worse.
- You have increased discomfort in the area of your incisions.
- You have drainage or a foul odor (bad smell) from your incisions.
- You have bleeding from your incisions.
- You have trouble urinating (peeing).
- You have any problems you didn’t expect.
- You have any questions or concerns.

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

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

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MSK Support Services

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

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

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

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

Counseling Center
646-888-0200
Many people find that counseling helps them. We provide counseling for individuals, couples, families, and groups, as well as medications to help if you feel anxious or depressed. 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 provides food to people in need during their cancer treatment. For more information, talk with your healthcare provider or call the number above.

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

Look Good Feel Better Program
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.

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

Patient and Caregiver Support Program
212-639-5007
You may find it comforting to speak with a cancer survivor or caregiver who has been through a similar treatment. Through our Patient and Caregiver Support Program, you’re able to speak with former patients and caregivers. These conversations may take place in person, over the phone, or through email.

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

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

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

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

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

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

• Our Female Sexual Medicine and Women’s Health Program helps women who are dealing with cancer-related sexual health challenges, including premature menopause and fertility issues. For more information, or to make an appointment, call 646-888-5076.
• Our Male Sexual and Reproductive Medicine Program helps men who are dealing with cancer-related sexual health challenges, including erectile dysfunction. For more information, or to make an appointment, call 646-888-6024.

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

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

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

External Support Services

Access-A-Ride
web.mta.info/nyct/paratran/guide.htm
877-337-2017
In New York City, the MTA offers a shared ride, door-to-door service for people with disabilities who 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
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
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
Provides support and advocacy for the LGBT community, including online support groups and a database of LGBT-friendly clinical trials.

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

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

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

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

Needy Meds
www.needymeds.org
Lists Patient Assistance Programs for brand and generic name medications.
NYRx  
www.nyrxplan.com  
Provides prescription benefits to eligible employees and retirees of public sector employers in New York State.

Partnership for Prescription Assistance  
www.pparx.org  
888-477-2669  
Helps qualifying patients without prescription drug coverage get free or low-cost medications.

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

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

RxHope  
www.rxhope.com  
877-267-0517  
Provides assistance to help people get medications that 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 doctor or nurse.

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Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

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

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

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

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

Before Your Surgery

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

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

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

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

### Examples of Medications

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

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

<table>
<thead>
<tr>
<th>Common Medications that Contain Aspirin</th>
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<tbody>
<tr>
<td>Aggrenox®</td>
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<tr>
<td>Alka Seltzer®</td>
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<tr>
<td>Anacin®</td>
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<tr>
<td>Arthritis Pain Formula</td>
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<tr>
<td>Arthritis Foundation Pain Reliever®</td>
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<tr>
<td>ASA Enseals®</td>
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<tr>
<td>ASA Suppositories®</td>
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<tr>
<td>Ascriptin® and Ascriptin A/D®</td>
</tr>
<tr>
<td>Aspergum®</td>
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<tr>
<td>Common Medications that are NSAIDs that Don’t Contain Aspirin</td>
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<tr>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Aspirin (most formulations)</strong></td>
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<tr>
<td><strong>Axotal®</strong> Equagesic Tablets Lortab® ASA Tablets Roxiprin®</td>
</tr>
<tr>
<td><strong>Azdone®</strong> Equazine® Magnaprin® Saleto®</td>
</tr>
<tr>
<td><strong>Bayer® (most formulations)</strong> Excedrin® Extra-Strength Analgesic Tablets and Caplets Marnal®</td>
</tr>
<tr>
<td><strong>BC® Powder and Cold formulations</strong></td>
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<tr>
<td><strong>Advil®</strong> Clinoril® Indocin® Motrin®</td>
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<tr>
<td><strong>Advil Migraine®</strong> Daypro® Ketoprofen Nabumetone Relafen®</td>
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<tr>
<td><strong>Aleve®</strong> Diclofenac Ketorolac Nalfon®</td>
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<tr>
<td><strong>Anaprox DS®</strong> Etodolac® Lodine® Naproxen Sulindac</td>
</tr>
<tr>
<td><strong>Ansaid®</strong> Feldene® Meclofenamate Naprosyn® Toradol®</td>
</tr>
<tr>
<td><strong>Arthrotec®</strong> Fenoprofen Mefenamic Acid Nuprin®</td>
</tr>
<tr>
<td><strong>Bayer® Select Pain Relief Formula Caplets</strong> Flurbiprofen Meloxicam</td>
</tr>
<tr>
<td><strong>Celebrex®</strong> Genpril® Menadol®</td>
</tr>
<tr>
<td><strong>Celecoxib</strong> Ibuprofen Midol®</td>
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<tr>
<td><strong>Children’s Motrin®</strong> Indomethacin Mobic®</td>
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</table>
Products that Contain Vitamin E

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<tr>
<th>Products</th>
<th>Vitamin Content</th>
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<tbody>
<tr>
<td>Amino-Opt-E</td>
<td>Aquavit E-400 IU</td>
</tr>
<tr>
<td>Aquasol E</td>
<td>D’alpha E E-1000 IU Softgels</td>
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<tr>
<td></td>
<td>Vita-Plus E</td>
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Most multivitamins contain vitamin E. If you take a multivitamin, be sure to check the label.

About Acetaminophen

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

<table>
<thead>
<tr>
<th>Medications that Contain Acetaminophen</th>
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<tbody>
<tr>
<td>Acetaminophen with Codeine</td>
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<tr>
<td></td>
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<tr>
<td>Aceta® with Codeine</td>
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<td></td>
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<tr>
<td>Aspirin-Free</td>
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<tr>
<td>Anacin®</td>
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<tr>
<td></td>
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<tr>
<td>Arthritis Pain Formula® Aspirin-Free</td>
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<tr>
<td>Darvocet-N 100®</td>
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<tr>
<td>Datril®</td>
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Read the labels on all your medications

Acetaminophen is safe when used as directed, but there’s a limit to how much you can take in 1 day. It’s possible to take too much acetaminophen without knowing because it’s in many different medications.
Make sure to always read and follow the label on the product you’re taking. Acetaminophen is a very common ingredient found in over-the-counter and prescription medications. It’s often an ingredient in pain relievers, fever reducers, sleep aids, and cough, cold, and allergy medications.

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

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

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

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

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

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

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

Common Herbal Supplements and Their Effects

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

Echinacea

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

**Garlic**

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

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

- Can increase your risk of bleeding.

**Ginseng**

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

**Turmeric**

- Can make chemotherapy less effective.

**St. John’s Wort**

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

**Valerian**

- Can increase the effects of anesthesia or sedation.

**Herbal formulas**

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

This information does not cover all herbal remedies or possible side effects. Speak with your healthcare provider if you have any questions or concerns.
For more information about herbs and botanicals, visit the Memorial Sloan Kettering (MSK) Integrative Medicine Service website at www.aboutherbs.com.
How to Use Your Incentive Spirometer

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

About Your Incentive Spirometer

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

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

How To Use Your Incentive Spirometer

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

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

Setting up your incentive spirometer

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

Using your incentive spirometer

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

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

To use your incentive spirometer, follow the steps below.

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

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

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

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

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

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

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

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

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

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

Repeat these steps every hour that you are awake.

Cover the mouthpiece of the incentive spirometer when you are not using it.
Information for Family and Friends for the Day of Surgery

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

Before the Surgery

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

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

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

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

Please remember the following:

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

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

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

## During the Surgery

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

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

## Surgery updates

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

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

To contact the nurse liaison:

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

After the Surgery

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

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

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

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

Please follow these guidelines before your visit:

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

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

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

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

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

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