# About Your Vulvar Surgery

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About Your Vulva

Vulva is another name for your external sex organs, or 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 the area between your vulva and anus (the perineum).

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

Figure 1. Your vulva
Types of Vulvar Surgeries

You may be having vulvar surgery to treat vulvar cancer or to remove tissue that may become vulvar cancer. A surgery to remove all or part of the 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 your nearby lymph nodes. The types of vulvectomies are:

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

- **Partial radical vulvectomy**, in which 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-url)
• **Complete simple vulvectomy**, in which your entire vulva is removed. Sometimes this is also called a simple vulvectomy.

• **Complete radical vulvectomy**, in which your entire vulva, the deep tissue around it, and the surrounding lymph nodes are removed (see Figure 3).

You and your doctor will discuss the type of vulvectomy that you're having.

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

Most women are able to resume their normal sexual activities after their incisions have healed. However, this depends on the extent of the surgery and the areas of the vulva that were removed. Talk with your doctor about any concerns you have 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**, which 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**, which are tiny tubes (similar to blood vessels) that carry lymphatic fluid to and from your lymph nodes.

- **Lymphatic fluid**, which 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 known as a sentinel node) is the first lymph node or group of nodes that receives drainage from the tumor. This is the first place where cancer cells are most likely to spread.

**Lymph Node Dissection**

Sometimes, vulvar cancer can spread to your lymph nodes. Your doctor may recommend that you have a lymph node dissection, which is the removal of one or more lymph nodes.

Your doctor may do a sentinel lymph node biopsy during your surgery to see if the cancer has spread outside of your vulva. During a sentinel lymph node biopsy, your doctor will inject a special dye into your vulva to identify your sentinel lymph node or group of nodes. Once your doctor sees which lymph node is the sentinel node, they will remove it and send it to the pathology department to be checked for cancer cells.

If any cancer cells are found in the sentinel node(s), you may have a 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.
The information in this section will help you prepare for your surgery. Read through this section when your surgery is scheduled and refer to it as your surgery date gets closer. It contains important information about what you need to do before your surgery. Write down any questions you have and be sure to ask your doctor or nurse.
Preparing for Your Surgery

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

About Drinking Alcohol

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

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

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

Here are things you can do to prevent problems before your surgery:

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

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

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

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

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

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

• I take prescription medications, including patches and creams.

• I take any over-the-counter medications, 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

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

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

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

Within 30 Days of Your Surgery

Presurgical Testing (PST)

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

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

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

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

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

Complete a Health Care Proxy Form

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

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

Do Breathing and Coughing Exercises

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

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

Eat a Healthy Diet

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

10 Days Before Your Surgery

Stop Taking Vitamin E

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

Purchase Supplies

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 using it (see Figure 5). Showering with Hibiclens before 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.

7 Days Before Your Surgery

Stop Taking Certain Medications

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

Stop Taking Herbal Remedies and Supplements

Stop taking herbal remedies or supplements 7 days before your surgery. If you take a multivitamin, talk with your doctor or nurse about if you should continue. For more information, read Herbal Remedies and Cancer Treatment, located in this section.
2 Days Before Your Surgery

Stop Taking Certain Medications

Stop taking nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen (Advil®, Motrin®), and naproxen (Aleve®). These medications can cause bleeding. For more information, read Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), located in this section.

1 Day Before Your Surgery

Note the Time of Your Surgery

A clerk from the Admitting Office will call you after 2:00 PM the day before your surgery. If you’re scheduled for surgery on a Monday, you will be called on the Friday before. The clerk will tell you what time you should arrive at the hospital for your surgery. The clerk will also tell you where to go on the day of your surgery. If you don’t receive 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.

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

To use Hibiclens, open the bottle and pour some solution into your hand or a washcloth. Move away from the shower stream to avoid rinsing off the Hibiclens too soon. Rub it gently over your body from your neck to your waist and rinse.

Don’t let the solution get into your eyes, ears, mouth, or genital area. Don’t use any other soap. Dry yourself off with a clean towel after your shower.

Sleep

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

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.
The Morning of Your Surgery

Shower With Hibiclens, if Needed

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

Take Your Medications

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

Things to Remember

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

• __________________________________________________________________________
• __________________________________________________________________________
• __________________________________________________________________________
What to Bring

- Your breathing machine for sleep apnea (such as your CPAP), if you have one.
- Your portable music player, if you choose. However, someone will need to hold it for you when you go into surgery.
- Your incentive spirometer, if you have one.
- Your Health Care Proxy Form, if you have completed one.
- Your cell phone and charger.
- A case for your personal items, such as eyeglasses, hearing aid(s), dentures, prosthetic device(s), wig, and religious articles, if you have it.
- 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 state and spell your name and date of birth many times. This is for your safety. People with the same or similar names may be having surgery on the same day.

Get Dressed for Surgery

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

Meet With Your Nurse

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

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

Your anesthesiologist will:

- Review your medical history with you.
- Talk with you about your comfort and safety during your surgery.
- Talk with you about the kind of anesthesia you will receive.
- Answer any questions you may have about your anesthesia.

Prepare for Surgery

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

What to Expect

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 circulation 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.

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 catheter (Foley®) placed to drain urine from your bladder.

During your surgery, your surgeon will make one or more incisions (surgical cuts) in your vulvar area. Your surgeon will then remove the tumor, as well as all or part of your vulva. Your surgeon 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 portion of the surgery. At the end of the procedure, your surgeon will close the incision with sutures (stitches).
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:

![Video Link](mskcc.org/pe/incentive_spirometer)

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

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

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

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

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

Before Your Surgery

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

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

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

**Before Your Radiology Procedure**

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

- Stop taking medications that contain vitamin E 10 days before your procedure, or as directed by your doctor.
- If your doctor tells you to stop taking aspirin, stop taking it 5 days before your procedure or as directed by your doctor. If you take aspirin because you’ve had a problem with your heart or you’ve had a stroke, be sure talk with your doctor before you stop taking it.
  - If you take low dose aspirin (81 mg), you may not need to stop it before your procedure. Your doctor will tell you if you should stop taking low dose aspirin.
- Stop taking NSAIDs 24 hours before your procedure or as directed by your doctor.

**Before and During Your Chemotherapy**

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

**Examples of Medications**

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

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

### Common medications that contain aspirin

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Company</th>
<th>Trade Name</th>
<th>Strength and Formulation</th>
<th>Common Medications Containing Aspirin and Other NSAIDs</th>
<th>branch</th>
<th>Synalgos®-DC Capsules</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggrenox®</td>
<td>Bayer® (most formulations)</td>
<td>Equagesic Tablets</td>
<td>Isollyl®</td>
<td>Panasal®</td>
<td></td>
<td>Synalgos®-DC Capsules</td>
</tr>
<tr>
<td>Alka Seltzer®</td>
<td>BC® Powder and Cold Formulations</td>
<td>Equazine®</td>
<td>Lanorinal®</td>
<td>Percodan® Tablets</td>
<td>Tenol-Plus®</td>
<td></td>
</tr>
<tr>
<td>Anacin®</td>
<td>Bufferin® (most formulations)</td>
<td>Excedrin® Extra-Strength Analgesic Tablets and Caplets</td>
<td>Lortab® ASA Tablets</td>
<td>Persistin®</td>
<td>Trigesic®</td>
<td></td>
</tr>
<tr>
<td>Arthritis Pain Formula</td>
<td>Buffets II®</td>
<td>Excedrin® Migraine</td>
<td>Magnaprin®</td>
<td>Robaxisal® Tablets</td>
<td>Talwin® Compound</td>
<td></td>
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<tr>
<td>Arthritis Foundation Pain Reliever®</td>
<td>Buffex®</td>
<td>Fiorgren®</td>
<td>Marnal®</td>
<td>Roxiprin®</td>
<td>Vanquish® Analgesic Caplets</td>
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<tr>
<td>ASA Enseals®</td>
<td>Cama® Arthritis Pain Reliever</td>
<td>Fiorinal® (most formulations)</td>
<td>Micrainin®</td>
<td>Saleto®</td>
<td>Wesprin® Buffered</td>
<td></td>
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<tr>
<td>ASA Suppositories®</td>
<td>COPE®</td>
<td>Fiortal®</td>
<td>Momentum®</td>
<td>Salocol®</td>
<td>Zee-Seltzer®</td>
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<tr>
<td>Ascriptin® and Ascriptin A/D®</td>
<td>Dasin®</td>
<td>Gelpirin®</td>
<td>Norgesic Forte® (most formulations)</td>
<td>Sodol®</td>
<td>ZORprin®</td>
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<tr>
<td>Aspergum®</td>
<td>Easprin®</td>
<td>Genprin®</td>
<td>Norwich® Aspirin</td>
<td>Soma® Compound Tablets</td>
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<tr>
<td>Asprimox®</td>
<td>Ecotrin® (most formulations)</td>
<td>Gensan®</td>
<td>PAC® Analgesic Tablets</td>
<td>Soma® Compound with Codeine Tablets</td>
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<tr>
<td>Axotal®</td>
<td>Empirin® Aspirin (most formulations)</td>
<td>Heartline®</td>
<td>Orphengesic®</td>
<td>St. Joseph® Adult</td>
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<tr>
<td>Common medications that are NSAIDs that don’t contain aspirin</td>
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<tr>
<td>Advil®</td>
<td>Celecoxib</td>
<td>Flurbiprofen</td>
<td>Meclofenamate</td>
<td>Nalfon®</td>
<td>Ponstel®</td>
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<td>Advil Migraine®</td>
<td>Children’s Motrin®</td>
<td>Genpril®</td>
<td>Mefenamic Acid</td>
<td>Naproxen</td>
<td>Relafen®</td>
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<tr>
<td>Aleve®</td>
<td>Clinoril®</td>
<td>Ibuprofen</td>
<td>Meloxicam</td>
<td>Naprosyn®</td>
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<tr>
<td>Anaprox DS®</td>
<td>Daypro®</td>
<td>Indomethacin</td>
<td>Menadol®</td>
<td>Nuprin®</td>
<td>Saleto 200®</td>
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<tr>
<td>Ansaid®</td>
<td>Diclofenac</td>
<td>Indocin®</td>
<td>Midol®</td>
<td>Orudis®</td>
<td>Sulindac</td>
<td></td>
</tr>
<tr>
<td>Arthrotec®</td>
<td>Etodolac®</td>
<td>Ketoprofen</td>
<td>Mobic®</td>
<td>Oxaprozin</td>
<td>Toradol®</td>
<td></td>
</tr>
<tr>
<td>Bayer® Select Pain Relief Formula Caplets</td>
<td>Feldene®</td>
<td>Ketorolac</td>
<td>Motrin®</td>
<td>PediaCare Fever®</td>
<td>Voltaren®</td>
<td></td>
</tr>
<tr>
<td>Celebrex®</td>
<td>Fenoprofen</td>
<td>Lodine®</td>
<td>Nabumetone</td>
<td>Piroxicam</td>
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</tbody>
</table>

**Products with Vitamin E**

Most multivitamins contain vitamin E. If you take a multivitamin be sure to check the label. The following products contain vitamin E:

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

**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.
The following common medications contain acetaminophen.

<table>
<thead>
<tr>
<th>Acetaminophen with Codeine</th>
<th>Acephen®</th>
<th>Datril®</th>
<th>Lortab®</th>
<th>Roxicet®</th>
<th>Vicodin®</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aceta® with Codeine</td>
<td>Di-Gesic®</td>
<td>Naldegesic®</td>
<td>Talacen®</td>
<td>Wygesic®</td>
<td></td>
</tr>
<tr>
<td>Acetaminophen with Codeine</td>
<td>Esgic®</td>
<td>Norco®</td>
<td>Tempra®</td>
<td>Zydone®</td>
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</tr>
<tr>
<td>Aspirin-Free Anacin®</td>
<td>Excedrin P.M.®</td>
<td>Panadol®</td>
<td>Tylenol®</td>
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</tr>
<tr>
<td>Arthritis Pain Formula®</td>
<td>Fiorcet®</td>
<td>Percocet®</td>
<td>Tylenol® with Codeine No. 3</td>
<td></td>
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<tr>
<td>Arthritis Pain Free</td>
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<tr>
<td>Darvocet-N 100®</td>
<td>Lorcet®</td>
<td>Repan</td>
<td>Vanquish®</td>
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</table>

**Read the labels on all your medications**

Acetaminophen is safe when used as directed, but there is 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 are 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, so look for these common abbreviations, especially on prescription pain relievers:

<table>
<thead>
<tr>
<th>APAP</th>
<th>AC</th>
<th>Acetaminophen</th>
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</thead>
<tbody>
<tr>
<td>Acetamin</td>
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Do not 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 spices in cooking, but you must stop taking them in supplemental form before your treatment. Herbal supplements are stronger than the herbs you would use in cooking.

Common Herbal Supplements and Their Effects

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

Echinacea

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

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

Gingko (also known as *Gingko biloba*)

- Can increase your risk of bleeding.

Ginseng

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

Turmeric

- Can make chemotherapy less effective.

St. John’s Wort

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

Valerian

- Can increase the effects of anesthesia or sedation.

Herbal formulas

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

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

For more information about herbs and botanicals, visit the Memorial Sloan Kettering (MSK) Integrative Medicine Service website at www.aboutherbs.com.
Information for Family and Friends for the Day of Surgery

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

Before the Surgery

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

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

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

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

Please remember the following:

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

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

- If the patient brought any valuables, such as a cell phone, iPod, or iPad, please keep them safe for them during surgery.

- Sometimes, surgeries may be delayed. We make every effort to tell you when this happens.

**During the Surgery**

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

- Food and drinks are available in the cafeteria and gift shop. You can also bring your own food and eat it in the cafeteria.

- The coat-check room is located at the bottom of the escalator on the ground level. It’s open Monday through Friday from 11:00 am to 4:00 pm.

- Wireless Internet access is available in most areas of the hospital. The wifi network name is MSK_guest. You can also use the computers in the room off the main lobby.

- Please be courteous and mindful of others while using your cell phone. Use the designated area to accept and make calls on your cell phone. It may be useful to bring your phone charger to the hospital.

- The Mary French Rockefeller All Faith Chapel is an interfaith chapel located in room M106 near the main lobby on the 1st floor. It’s open at all times for meditation and prayer.

- The Patient Recreation Pavilion is open daily from 9:00 am to 8:00 pm for patients and their visitors. Children are allowed in the pavilion as long as they are supervised by an adult. The pavilion has arts and crafts, a library, an outdoor terrace, and scheduled entertainment events. To get to the pavilion, take the M elevators to the 15th floor.

**Surgery updates**

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

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

To contact the nurse liaison:

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

**After the Surgery**

**Meeting with the surgeon**

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

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

**Visiting the patient in the PACU**

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

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

Please follow these guidelines before your visit:

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

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

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

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

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

We will give you a card with the PACU phone number. Please choose one person to call for updates.
The information in this section will tell you what to expect after your surgery, both during your hospital stay and after you leave the hospital. You will learn how to safely recover from your surgery. Write down any questions you have and be sure to ask your doctor or nurse.
In the 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 PAU overnight for observation.

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.

While you're in the PACU, you will get oxygen through a thin tube that rests below your nose called a nasal cannula. A nurse will be monitoring your body temperature, pulse, blood pressure, and oxygen levels.

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.

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 our resource Patient-Controlled Analgesia (PCA) for more information.
- 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.

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.
At Home

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

Eating a balanced diet high in protein will help you heal after surgery. Your diet should include a healthy protein source at each meal, as well as fruits, vegetables, and whole grains. For more tips on increasing the amount of calories and protein in your diet, ask your nurse for the resource Eating Well During and After Your Cancer Treatment. If you have questions about your diet, ask to see a dietitian.
About Lymphedema

Lymphedema is swelling that usually occurs in the arms, legs, or both. It’s usually caused by the removal of lymph nodes. 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 our resource Reducing Your Risk of Lymphedema of the Legs or watch our videos, About Lymphedema of the Legs and Treatment for Lymphedema of the Legs.

Emotional Support

This surgery will change your body, and 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 occur in most people.

Each person 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 will get stronger emotionally and physically. You will become more comfortable with your appearance. Your appetite and energy will improve. Before too long, you will be able to resume 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 woman who has had this surgery, and who can talk with you and answer your questions. Speak 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 are able to resume their normal sexual activities after their incisions have healed. If you had a complete radical vulvectomy, received radiation therapy before your surgery, or had extensive reconstruction around your vaginal opening, you may experience vaginal tightness that 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.
Call your doctor or nurse if you:

- Increased discomfort in the area
- Increased swelling
- Drainage or foul odor
- A temperature of 101º F (38.3º C) or higher
- Chills
- Bleeding
- Difficulty urinating

After 5:00 PM, during the weekend, and on holidays, call 212-639-2000. Ask to speak with the doctor on call for your surgeon.
Preventing Falls: What You Can Do

This information describes how you can prevent falls while you are in the hospital and at home.

Are You at Risk for Falls?

Anyone can fall, but some things make people more likely. Some risk factors for falls include:

- If you have fallen before
- Having a fear of falling
- Feeling weak, tired, or forgetful
- Having numbness or tingling in the legs or feet
- Having difficulty walking, or unsteady walking
- Having poor vision
- Feeling dizzy, lightheaded, or disoriented
- Using a walker or cane
- Having depression or anxiety
- Taking certain medications, such as
  - Laxatives
  - Water pills (diuretics)
  - Sleeping pills
  - Medications to prevent seizures
  - Some antidepressants
  - Pain medications
 Fluids into a vein (called IV or intravenous fluids)
 Any medication that makes you feel sleepy

How to Prevent Falls While You Are Visiting MSK

- Bring someone with you who can help you get around.
- Ask a member of MSK staff, such as a security guard, for a wheelchair to use while you are at MSK.
- Have someone help you while you’re in the dressing room or bathroom. Ask at the reception desk for help if there is no one with you.
- When getting up from a lying position, always sit at the side of the bed or exam table for a few minutes before you stand up.
- If you feel dizzy or weak, let someone know you need help. Many of the bathrooms have call bells that you can use to call for help.

How to Prevent Falls While You Are Hospitalized

Even though you may be able to safely walk by yourself at home, in the hospital you may be getting treatment or medication that can affect your ability to safely walk by yourself. That’s why we assess patients for their risk of falling throughout their hospitalization. Please follow the tips below to stay safe.

- Before you go to sleep, make sure that your nightlight is on. You can ask your nurse to turn it on, if needed. Keep all of your personal items (e.g., eyeglasses, water, book) within reach.
- If you feel dizzy or weak, call for help before getting out of bed.
- Before you get out of bed, sit at the side of your bed for a few minutes.
- Wear laced or closed-toe shoes or slippers with non-skid soles. Non-skid socks are available to all patients while in the hospital; ask your nurse if you need a pair. Non-skid socks can be purchased at the gift shop.
- Use the grab bars in the bathroom and railings in the hallways.
• Have your nurse take you to the bathroom whenever he or she is in your room and especially before bedtime. This is so you won’t have to get up in the middle of the night to use the bathroom.

Patients at higher risk for falling have additional steps to take in order to stay safe while in the hospital. These steps will be explained to you and your caregivers by your nursing staff as part of our Fall Prevention Program, including:

• Calling for assistance every time you need to get out of bed.

• Avoid bending over. If you drop something, call for help.

• Avoid leaning on furniture with wheels for support, such as your bedside table, overbed table, and IV pole.

• Calling right away if you see any spills that need to be wiped up. Every time we mop the floor a yellow sign will be posted to tell you that the floor is wet.

• Always wearing your glasses or hearing aid when you’re out of bed.

• Making sure we’ve done all we can to keep you safe, such as
  ○ Raising your bedrails
  ○ Keeping a clear path for you to get to the bathroom

How to Prevent Falls While You Are at Home

• Set up your furniture so that you can walk around without anything blocking your way.

• Use a nightlight or keep a flashlight close to you at night.

• Remove throw rugs or other loose items from your floor. If you have an area rug covering a slippery floor, make sure the rug does not have any loose or fringed edges.
• If your bathroom is not close to your bedroom (or where you spend most of your time during the day), get a commode. Place it near you so you do not have to walk to the bathroom.

• Install grab bars and handrails next to your toilet and inside your shower. Never use towel racks to pull yourself up because they are not strong enough to hold your weight.

• Apply anti-slip stickers to the floor of your tub or shower.

• Buy a shower chair and a hand-held shower head so you can sit while taking a shower.

• When getting up from a lying position, always sit at the side of the bed or couch for a few minutes before you stand.

• Arrange items in your kitchen and bathroom cabinets at shoulder height so that you don’t have to bend too high or low.

If you are concerned about your risk for falling, please speak with your doctor or nurse.

Additional Resource

For more information about how to prevent falls at home, contact the Centers for Disease Control and Prevention (CDC) for the booklet, Check for Safety: A Home Fall Prevention Checklist for Older Adults. Copies are available in English and Spanish at www.cdc.gov/steadi/pdf/check_for_safety_brochure-a.pdf and www.cdc.gov/steadi/pdf/check_for_safety_brochure-esp-a.pdf or by calling 1-800-CDC-INFO (1-800-232-4636).
This section includes a list of MSK support services, as well as the resources that were referred to throughout this guide. These resources will help you prepare for your surgery and recover safely. Write down any questions you have and be sure to ask your doctor or nurse.
MSK Resources

You can find the following resources on the Patient & Caregiver Education website, www.mskcc.org/pe, or you can ask your nurse.

- Patient-Controlled Analgesia (PCA)
- Eating Well During and After Your Cancer Treatment
- Reducing Your Risk of Lymphedema of the Legs
- About Lymphedema of the Legs
- Treatment for Lymphedema of the Legs

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

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

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

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

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

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

Look Good Feel Better Program
800-227-2345
Learn techniques to help you feel better about your appearance by taking a workshop or visiting the program online at www.lookgoodfeelbetter.org.
Patient-to-Patient Support Program
212-639-5007
You may find it comforting to speak with a cancer survivor or caregiver who has been through a similar treatment. Through our Patient-to-Patient Support Program, we are able to offer you a chance to speak with former patients and caregivers.

Patient Billing
646-227-3378
Call Patient Billing with any questions regarding preauthorization with your insurance company. This is also called preapproval.

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

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

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

Resources for Life After Cancer (RLAC) Program
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.

Sillerman Center for Rehabilitation
646-888-1900
15 Madison Avenue, 4th Floor
(Entrance on East 53rd Street, between Park and Madison Avenues)
Our rehabilitation specialists help people regain their strength, mobility, and functional independence.

Social Work
212-639-7020
Social workers help patients, family, and friends deal with issues that are common for cancer patients. They provide individual counseling and support groups throughout the course of treatment, and can help you communicate with children and other family members. Our social workers can also help referring you to community agencies and programs, as well as financial resources if you’re eligible.

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

For additional online information, visit LIBGUIDES on MSK’s library website at library.mskcc.org. You can also contact the library reference staff at 212-639-7439 for help.
External Resources

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

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

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

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

**CancerCare**  
www.cancercare.org  
800-813-4673  
275 Seventh Avenue (between West 25th & West 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  
Free travel to treatment across the country using empty seats on corporate jets.

**The Foundation for Women’s Cancer (FWC)**  
www.wcn.org  
312-578-1439  
A nonprofit organization that provides education and supports research on gynecologic cancers.
**Gilda’s Club**  
www.gildasclubnyc.org  
212-647-9700  
A place where men, women, and children living with cancer find social and emotional support through networking, workshops, lectures, and social activities.

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

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

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

**LGBT Cancer Project**  
http://lgbtcancer.com  
Provides support and advocacy for the LGBT community, including an 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.com  
Lists Patient Assistance Programs for brand and generic name medications.

NYRx  
www.nyrxplan.com  
Provides prescription benefits to eligible employees and retirees of public sector employers in New York State.

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

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

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

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