About Your Anterior Pelvic Exenteration

This guide will help you get ready for your anterior pelvic exenteration (eg-ZEN-teh-RAY-shun) at Memorial Sloan Kettering (MSK). It will also help you understand what to expect during your recovery.

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

Your healthcare team

Doctor: ___________________________________________________________
Nurse: ___________________________________________________________
Phone number: ___________________________________________________
Fax number: _____________________________________________________

Your caregiver

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

Caregiver: _______________________________________________________

Visit www.mskcc.org/pe/anterior_pelvic_exenteration to view this guide online.
# Table of contents

**About Your Surgery**

- About your urinary system .................................................. 3
- About your gynecologic system ............................................. 4
- Meeting with your healthcare team ....................................... 5

**Before Your Surgery**

- Getting ready for your surgery ............................................ 8
- Within 30 days of your surgery ............................................. 10
- 7 days before your surgery .................................................. 12
- 2 days before your surgery .................................................. 13
- 1 day before your surgery .................................................... 13
- The morning of your surgery .............................................. 16

**After Your Surgery**

- In the Post-Anesthesia Care Unit (PACU) ......................... 22
- In your hospital room ....................................................... 23
- At home ............................................................................. 26
- When to call your healthcare provider ................................ 31

**Support Services**

- Gynecologic surgery support services .............................. 34
- MSK support services ...................................................... 34
- External support services .................................................. 37

**Educational Resources**

- Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E
- Herbal Remedies and Cancer Treatment
- How to Use Your Incentive Spirometer
About Your Surgery

An anterior pelvic exenteration is a surgery to remove organs from your urinary and gynecologic systems. You may be having this surgery because you have cancer in your cervix or another organ in your urinary or gynecologic systems.

About your urinary system

Your urinary system is made up of organs that make urine (pee) and get it out of your body. It includes your:

- Kidneys. These filter toxins out of your blood and make urine.
- Ureters. These carry urine from your kidneys to your bladder.
- Bladder. This stores your urine until you feel like you need to urinate.
- Urethra. This carries urine from your bladder out of your body. In females, it’s located in front of the vagina.

Figure 1 shows the parts of your urinary system.

During your surgery, your surgeon will remove your bladder and urethra. This means you’ll need a new place for urine to leave your body. Your surgeon will connect your ureters to a new urinary collection system called a urinary diversion or urostomy.
Types of urinary diversions

There are 2 types of urinary diversions: an ileal conduit and a urinary pouch. Each type opens onto your abdomen (belly). The opening is called a stoma.

- With an ileal conduit, your urine will drain into a bag that you put around your stoma. You’ll drain the bag as needed.
- With a urinary pouch, you’ll put a drainage catheter (thin, flexible tube) into the stoma several times a day to drain your urine.

Your healthcare provider will talk with you about which urinary diversion you’ll have. Your nurse will give you a resource that describes the type of diversion you’ll have. They’ll also teach you how to care for it.

About your gynecologic system

Your gynecologic system includes your:

- Ovaries
- Fallopian tubes
- Uterus
- Cervix
- Vagina

Figure 2 shows the parts of your gynecologic system.

During your surgery, your surgeon will remove your ovaries, fallopian tubes, uterus, and cervix. This means you won’t be able to have children naturally. If you want information about fertility (ability to get pregnant) options and your cancer treatment, read the resource *Fertility Preservation: Options for Females Starting Cancer Treatment*. You can ask your healthcare provider for a copy or find it online at www.mskcc.org/pe/fertility_starting_treatment
Your surgeon may also remove all or part of your vagina. They’ll talk with you about this if it’s needed.

For some people, the vagina can be reconstructed. Ask your surgeon if this is an option for you. If it is, you’ll meet with a plastic surgeon to discuss this surgery. The reconstruction would be done at the end of your surgery. Your plastic surgeon will create a new vaginal canal from the muscles and skin of other areas of your body. Your nurse will tell you about how to care for your new vagina. If you don’t want your vagina reconstructed, the area can be closed or covered with a flap of skin.

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

Your healthcare providers will tell you what to expect after surgery. For example, sensations in your vaginal area may not be the same as they were before your surgery. Your surgeon can refer you to our Female Sexual Medicine & Women’s Health Program so you can meet with a therapist and discuss your concerns.

Meeting with your healthcare team

You’ll see many different healthcare providers before your surgery. Each one will describe their role in your care and answer your questions. You may see team members such as:

- Surgeons from other departments who will work with your surgeon to complete your surgery.
- A psychologist who works with people having this surgery.
- A wound, ostomy, and continence (WOC) nurse who will talk to you about the stoma you’ll have.

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

You may also be able to speak with someone who has had the surgery. Your social worker can help plan this for you.
Before Your Surgery

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

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

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Getting ready for your surgery

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

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

☐ I take a blood thinner, such as:
  • Aspirin
  • Heparin
  • Warfarin (Jantoven® or Coumadin®)
  • Clopidogrel (Plavix®)
  • Enoxaparin (Lovenox®)
  • Dabigatran (Pradaxa®)
  • Apixaban (Eliquis®)
  • Rivaroxaban (Xarelto®)

There are others, so be sure your healthcare provider knows all the medications you’re taking.

☐ I take prescription medications (medications my healthcare provider prescribes), 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’ve had a problem with anesthesia (medication to make me sleep during surgery) in the past.

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

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

☐ I drink alcohol.

☐ I smoke or use an electronic smoking device (such as a vape pen, e-cigarette, or Juul®).

☐ I use recreational drugs.

About drinking alcohol

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

• If you stop drinking alcohol suddenly, it can cause seizures, delirium, and death. If we know you’re at risk for these complications, we can prescribe medications to help keep them from happening.
• If you drink alcohol regularly, you may be at risk for other complications during and after your surgery. These include bleeding, infections, heart problems, and a longer hospital stay.

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

• Be honest with your healthcare providers about how much alcohol you drink.
• Try to stop drinking alcohol once your surgery is planned. If you develop a headache, nausea (feeling like you’re going to throw up), increased anxiety, or 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 your medical information will be kept confidential.

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

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

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

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

If you don’t have a MyMSK account, you can visit my.mskcc.org, call 646-227-2593, or call your doctor’s office for an enrollment ID to sign up. You can also watch our video How to Enroll in MyMSK: Memorial Sloan Kettering’s Patient Portal.
Within 30 days of your surgery

Presurgical Testing (PST)

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

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

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

It’s 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. Before your surgery, you and your caregiver will learn about your surgery from your healthcare providers. After your surgery, your caregiver will take you home when you’re discharged from the hospital. They’ll also help you care for yourself at home.
For caregivers

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

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

Complete a Health Care Proxy form

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

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

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

Do breathing and coughing exercises

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

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

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

Your healthcare provider may tell you to do a bowel preparation (clear the stool from your body) before your surgery. If they do, they’ll tell you what to do. You’ll need to buy the following supplies:

- 1 (238-gram) bottle of polyethylene glycol (MiraLAX®). You can buy this at your local pharmacy. You don’t need a prescription.
- 1 (64-ounce) bottle of a clear liquid. For examples of clear liquids, read the section “Follow a clear liquid diet, if needed.”
- Extra clear liquids to drink while you’re following a clear liquid diet, if needed.

Your healthcare provider will give you a prescription for antibiotics to take as part of your bowel preparation. Be sure to also pick these up.

7 days before your surgery

Follow your healthcare provider’s instructions for taking aspirin

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

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

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

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

Stop taking nonsteroidal anti-inflammatory drugs (NSAIDs)

Stop taking NSAIDs, such as ibuprofen (Advil® and Motrin®) and naproxen (Aleve®), 2 days before your surgery. These medications can cause bleeding. For more information, read the resource Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E. You can find it in the “Educational Resources” section of this guide.

1 day before your surgery

Follow a clear liquid diet, if needed

Your healthcare provider will tell you if you need to follow a clear liquid diet the day before your surgery. A clear liquid diet includes only liquids you can see through. Examples are listed in the “Clear liquid diet” table. While you’re following this diet:

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

For people with diabetes

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

- If you take insulin or another medication for diabetes, ask if you need to change the dose.
- Ask if you should drink sugar-free clear liquids.
- Make sure to check your blood sugar level often while you’re following a clear liquid diet. If you have any questions, talk with your healthcare provider.
**Clear liquid diet**

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

**Start your bowel preparation, if needed**

Your healthcare provider will tell you if you need to do a bowel preparation the day before your surgery. If you do, follow the instructions below.

**The morning of the day before your surgery**, mix all 238 grams of MiraLAX with 64 ounces of clear liquid until the MiraLAX powder dissolves. Once the powder is dissolved, you can put the mixture in the refrigerator if you want to.

**At 5:00 PM on the day before your surgery**, start drinking the MiraLAX mixture. The MiraLAX will cause frequent bowel movements, so make sure you’re near a bathroom.

- Drink 1 (8-ounce) glass of the mixture every 15 minutes until it’s gone.
- When you finish the MiraLAX mixture, drink 4 to 6 glasses of clear liquids. You can keep drinking clear liquids until midnight, but you don’t have to.
- Apply zinc oxide ointment or Desitin® to the skin around your anus after every bowel movement. This helps prevent irritation.

**At 7:00 PM on the day before your surgery**, take your antibiotics as instructed.

**At 11:00 PM on the day before your surgery**, take your antibiotics as instructed.

**Note the time of your surgery**

A staff member from the Admitting Office will call you after 2:00 PM the day before your surgery. If your surgery is scheduled for a Monday, they’ll call you on the Friday before. If you don’t get a call by 7:00 PM, call 212-639-5014.
The staff member will tell you what time to arrive at the hospital for your surgery. They’ll also remind you where to go. This will be the following location:

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

Shower with a 4% CHG solution antiseptic skin cleanser (such as Hibiclens)

The night before your surgery, shower using a 4% CHG solution antiseptic skin cleanser.

1. Use your normal shampoo to wash your hair. Rinse your head well.
2. Use your normal soap to wash your face and genital area. Rinse your body well with warm water.
3. Open the 4% CHG solution bottle. Pour some into your hand or a clean washcloth.
4. Move away from the shower stream. Rub the 4% CHG solution gently over your body from your neck to your feet. Don’t put it on your face or genital area.
5. Move back into the shower stream to rinse off the 4% CHG solution. Use warm water.
6. Dry yourself off with a clean towel after your shower.
7. Don’t put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne after your shower.

Instructions for eating before your surgery

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

Remember, don’t eat anything after midnight the night before your surgery.

Instructions for drinking before your surgery

If your healthcare provider gave you a CF(Preop)® drink, finish it 2 hours before your scheduled arrival time. **Do not drink anything else after midnight the night before your surgery, including water.**

If your healthcare provider didn’t give you a CF(Preop) drink, you can drink a total of 12 ounces of water between midnight and 2 hours before your scheduled arrival time. **Do not drink anything else.**

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

Take your medications as instructed

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

Shower with a 4% CHG solution antiseptic skin cleanser (such as Hibiclens)

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

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 tools used during your surgery can cause burns if they touch metal.
- Leave valuable items at home.
- If you’re menstruating (have your monthly period), use a sanitary pad, not a tampon. You’ll get disposable underwear, as well as a pad if needed.

What to bring

- Your breathing device for sleep apnea (such as your CPAP device), if you have one.
- Your incentive spirometer, if you have one.
- Your Health Care Proxy form and other advance directives, if you completed them.
- Your cell phone and charger.
- Only the money you may want for small purchases (such as a newspaper).
- A case for your personal items (such as your eyeglasses, hearing aids, dentures, prosthetic devices, wig, and religious articles), if you have any.
- This guide. You’ll use it when you learn how to care for yourself after surgery.

Where to park

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

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

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

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

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

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

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

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

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

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

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

Get ready for your surgery

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

You’ll either walk into the operating room or a staff member will bring you there a stretcher. A member of the operating room team will help you onto the operating bed and place compression boots on your lower legs. These gently inflate and deflate to help blood flow in your legs.
Once you’re comfortable, your anesthesiologist will give you anesthesia through your IV line and you’ll fall asleep. You’ll also get fluids through your IV line during and after your surgery.

**During your surgery**

After you’re fully asleep, a breathing tube will be placed through your mouth and into your windpipe to help you breathe. A urinary (Foley) catheter will also be placed to drain urine (pee) from your bladder. Your breathing tube is usually taken out while you’re still in the operating room.
Notes
After Your Surgery

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

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

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In the Post-Anesthesia Care Unit (PACU)

When you wake up after your surgery, you’ll be in the PACU. A nurse will be keeping track of your body temperature, pulse, blood pressure, and oxygen levels. You may be getting oxygen through a thin tube that rests below your nose or a mask that covers your nose and mouth. You’ll also have compression boots on your lower legs.

Pain medication

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

- If you’re getting epidural pain medication, it’ll be put into your epidural space (the space in your spine just outside your spinal cord) through your epidural catheter.
- If you’re getting IV pain medication, it’ll be put into your bloodstream through your IV line.

You’ll be able to control your pain medication using a button called a patient-controlled analgesia (PCA) device. For more information, read the resource Patient-Controlled Analgesia (PCA). You can find it online at www.mskcc.org/pe/pca or ask your healthcare provider for a copy.

Tubes and drains

You’ll have tubes, drains, pouches, and bandages on your abdomen (see Figure 3). They may include:

- Jackson-Pratt (JP) drains to drain fluid from around your incisions. They’ll be removed when your incisions stop draining.
- A catheter to drain urine from your urinary pouch.
- A drainage tube at the incision site. This serves as a safety catheter. It’s placed in case the catheter in your urinary pouch gets blocked or comes out. It will be clamped shut.

Figure 3. Tubes, drains, and pouches after your surgery
• A urostomy pouch on your ileal conduit stoma to collect urine.

You’ll also have:

• Bandages and drains on your upper inside thighs if you had vaginal reconstruction.
• An IV line to give you fluids.
• Compression boots on your calves to help your blood flow. You’ll wear these whenever you’re in bed.

Your abdomen will become more swollen over the next few days after your surgery. After that, the swelling will go down.

Most of the drains and tubes will be removed over the next days to weeks. In about 3 to 6 weeks, most people will have either 1 stoma for a urinary pouch or a pouch for the ileal conduit (see Figure 4).

Your WOC nurse and other nursing staff will teach you how to care for your stoma and urinary diversion as you recover.

Moving to your hospital room

Most people stay in the PACU overnight. After your stay in the PACU, a staff member will take you to your hospital room.

\[23\]

In your hospital room

The length of time you’re in the hospital after your surgery depends on your recovery. Most people stay in the hospital for 4 to 7 days.

When you’re taken to your hospital room, you’ll meet one of the nurses who will care for you while you’re in the hospital. While you’re in the hospital, your healthcare providers will teach you how to care for yourself while you’re recovering from your surgery.

If you had vaginal reconstruction, you won’t be able to sit for 6 to 8 weeks. You can lie on your back or side or stand. Your nurse will help you with this.
Managing your pain

You may have pain at your incision sites and your abdomen.

- If you have an epidural catheter, you’ll get pain medication into your epidural space. You’ll be able to control your medication using a PCA device.
- If you don’t have an epidural catheter, you’ll get pain medication in your IV line.
- Once you’re able to eat normal food, you’ll get oral pain medication (medication you swallow).

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

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

Moving around and walking

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

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

Exercising your lungs

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

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

Your diet will advance slowly after surgery. First, you'll have clear liquids. After that, you can start eating normal foods again, as tolerated.

When you’re able to eat normal foods again, it’s important to eat a balanced diet high in protein to help you heal after surgery. Your diet should include a healthy protein source at each meal, as well as fruits, vegetables, and whole grains.

For more tips on increasing the calories and protein in your diet, read the resource *Eating Well During Your Cancer Treatment*. You can ask your healthcare provider for a copy or find it online at www.mskcc.org/pe/eating_cancer_treatment

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

Caring for your drains and incisions

You'll likely have some bleeding from most of your incisions or around your drains. You may also have some discharge and tenderness around your incisions and drains for a few days. Your nurses will show and tell you what’s normal and expected as they care for you. You’ll also start to learn how to care for your stoma and incisions.

Some of the tubes and drains may be removed before you’re discharged from the hospital. If you go home with the drains, your nurses will teach you how to care for them.

If you have an incision that was closed with staples, the staples are usually taken out before you leave the hospital. Some people will have them removed at their first follow-up visit.

Showering

You can shower while you’re in the hospital. Your healthcare provider will tell you when it’s OK to start. Wash your incisions with a 4% CHG solution antiseptic skin cleanser such as Hibiclens until your staples are removed.

Planning for discharge

Before you go home, one of your healthcare providers will give you the supplies you need to care for yourself for the first month. After that, you can order your supplies from an outside source.

Your discharge nurse case manager will arrange to have a visiting nurse see you at home. The visiting nurse will help you care for your drains and stoma.
You may still have drains in when you go home. Ask your healthcare provider when they’ll be removed. Your visiting nurse will help you while you’re learning to care for your incisions and urinary diversion.

You’ll get a prescription for pain medication. Take your medication as instructed by your doctor and as you need it. Don’t drive or drink alcohol while you’re taking prescription pain medication.

Read the resource *Gynecology Service: What You Should Know About Going Home* for more information about getting ready for your discharge. You can find it online at www.mskcc.org/pe/gyn_going_home or ask your healthcare provider for a copy.

**Leaving the hospital**

By the time you’re ready to leave the hospital, your incisions will have started to heal. Before you leave, look at your incisions with one of your healthcare providers. Knowing what they look like will help you notice any changes later.

On the day of your discharge, plan to leave the hospital around 11:00 AM. Before you leave, your healthcare provider will write your discharge order and prescriptions. You’ll also get written discharge instructions. One of your healthcare providers will review them with you before you leave.

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

**At home**

Read the resource *What You Can Do to Avoid Falling* to learn 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 ask your healthcare provider for a copy.

**Filling out your Recovery Tracker**

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

Fill out your Recovery Tracker every day before midnight (12:00 AM). It only takes 2 to 3 minutes to complete. Your answers to these questions will help us understand how you’re feeling and what you need.
Based on your answers, we may reach out to you for more information or ask you to call your surgeon’s office. You can always contact your surgeon’s office if you have any questions. For more information, read About Your Recovery Tracker. You can find it online at www.mskcc.org/pe/recovery_tracker or ask your healthcare provider for a copy.

Managing your pain

People have pain or discomfort for different lengths of time. You may still have some pain when you go home and will probably be taking pain medication. Some people have soreness, tightness, or muscle aches around their incision for 6 months or longer. This doesn’t mean something is wrong.

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

- Take your medications as directed and as needed.
- Call your healthcare provider if the medication prescribed for you doesn’t ease your pain.
- Don’t drive or drink alcohol while you’re taking prescription pain medication. Some prescription pain medications can make you drowsy. Alcohol can make the drowsiness worse.
- As your incision heals, you’ll have less pain and need less pain medication. An over-the-counter pain reliever such as acetaminophen (Tylenol®) or ibuprofen (Advil® or Motrin®) will ease aches and discomfort.
  - Follow your healthcare provider’s instructions for stopping your prescription pain medication.
  - Don’t take more of any medication than the amount directed on the label or as instructed by your healthcare provider.
  - Read the labels on all the medications you’re taking, especially if you’re taking acetaminophen. Acetaminophen is an ingredient in many over-the-counter and prescription medications. Taking too much can harm your liver. Don’t take more than 1 medication that contains acetaminophen without talking with a member of your healthcare team.
- Pain medication should help you resume your normal activities. Take enough medication to do your activities and exercises comfortably. It’s normal for your pain to increase a little as you start to be more active.
- Keep track of when you take your pain medication. It works best 30 to 45 minutes after you take it. Taking it when you first have pain is better than waiting for the pain to get worse.
Some prescription pain medications (such as opioids) may cause constipation (having fewer bowel movements than usual). Talk with your healthcare provider about how to prevent and manage constipation.

Caring for your incision

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

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

Call your healthcare provider’s office if:

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

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

Caring for your urinary diversion

Your nurse will teach you how to care for your urinary diversion before you leave the hospital. Your WOC nurse will give you written information to help you remember at home.

Showering

**Take a shower every day to clean your incision.** If you have staples in your incision, it’s OK to get them wet.

Take your bandage(s) off before you shower. Use soap during your shower, but don’t put it directly on your incision. Don’t rub the area around your incision.

After you shower, pat the area dry with a clean towel. Leave your incision uncovered or cover it with a small bandage if your clothing (such as the waistline of your pants) may rub it.

Don’t take a bath for the first 4 weeks after your surgery.
Eating and drinking

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

It’s also important to drink plenty of liquids. Choose liquids without alcohol or caffeine. Try to drink 8 to 10 (8-ounce) glasses of liquids every day. For more tips on eating and drinking after surgery, read the resource Eating Well During Your Cancer Treatment. You can find it online at www.mskcc.org/pe/eating_cancer_treatment or ask your healthcare provider for a copy.

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

Physical activity and exercise

When you leave the hospital, your incision will look like it’s healed on the outside, but it won’t be healed on the inside. For the first 6 to 8 weeks after your surgery:

- Don’t lift anything heavier than 10 pounds (4.5 kilograms).
- Don’t do any strenuous activities (such as jogging and tennis).
- Don’t play any contact sports (such as football).

Talk with your healthcare provider before you start doing strenuous exercise or lifting heavy objects.

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

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

Sexual activity

If you have a vagina or a reconstructed vagina, don’t put anything inside it or have vaginal intercourse until your first appointment after surgery. At this appointment, your healthcare provider will tell you when you can start having vaginal intercourse again.

If your healthcare provider told you it’s OK have vaginal intercourse but you feel pain during vaginal intercourse, call them. They can refer you to physical therapy for an evaluation.
Driving
Your healthcare provider will tell you when you can start driving again. Don’t drive while you’re taking pain medication that may make you drowsy. You can ride in a car as a passenger at any time after you leave the hospital.

Going back to work
Most people can go back to work about 8 weeks after surgery. Talk with your healthcare provider about your job and when it may be safe for you to start working again. If your job involves lots of movement or heavy lifting, you may need to stay out a little longer than if you sit at a desk.

Traveling
Don’t travel for 2 weeks after your surgery. After 2 weeks, talk with your healthcare provider about when you can start traveling again.

Managing your feelings
This surgery will change your body, and it will probably take time for you to get used to these changes. You may feel scared, angry, or worried. You may have questions or fears about how this surgery will impact your sexuality. These feelings are normal, and many people feel the same way.

Everyone gets used to these changes in their own way. For some people, it can take a few months to get used to their changed body image. For other people, it can take longer. You’ll get stronger as time goes on. You’ll be more confident in caring for your incisions and pouch. Your appetite and energy will get better. And eventually you’ll be able to start doing most of your usual activities again.

We have many resources to help you. Your healthcare providers will answer your questions. We also have social workers, psychologists, psychiatrists, and WOC nurses who have helped many people 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 other people who have had this surgery, and who can talk with you and answer your questions. Talk with your nurse if you’re interested in this.

To address issues with sexual health and intimacy, you can see someone from our Female Sexual Medicine & Women’s Health Program. For more information or to set up an appointment, call 646-888-5076.
When to call your healthcare provider

Call your healthcare provider if:

- You have a fever of 100.4 °F (38 °C) or higher.
- You have chills.
- You’re having trouble breathing.
- The skin around your incision is warmer than normal.
- The skin around your incision is getting redder.
- The area around your incision is starting to swell.
- Swelling around your incision is getting worse.
- You have discharge coming from your incisions.
- You have a bad odor coming from your incisions.
- You have pain that doesn’t get better with pain medication.
- You have vaginal bleeding or bad-smelling vaginal discharge.
- You feel burning when you pass urine.
- You can’t pass urine into your stoma or pouch.
- You have any problems you didn’t expect.
- You have any questions or concerns.

Contact information

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

After 5:00 PM, during the weekend, and on holidays, call 212-639-2000 and ask to speak to the person on call for your healthcare provider.
Support Services

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

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

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Gynecologic surgery support services

United Ostomy Associations of America, Inc (UOAA)
800-826-0826
www.ostomy.org
Volunteer group who supports people who have or will have an ostomy and provides educational resources.

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

Wound, Ostomy, Continence Nurses Society
888-224-WOCN (9626)
www.wocn.org
Provides patient resource from nursing members who have special training in the care of people with wounds, ostomies, and continence problems.

MSK support services

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

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

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

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

Bobst International Center
888-675-7722
MSK welcomes patients from around the world. If you’re an international patient, call for help arranging your care.
Counseling Center
646-888-0200
Many people find that counseling helps them. We provide counseling for individuals, couples, families, and groups, as well as medications to help if you feel anxious or depressed. To make an appointment, ask your healthcare provider for a referral or call the number above.

Female Sexual Medicine and Women’s Health Program
646-888-5076
Cancer and cancer treatments can have an impact on your sexual health. Our Female Sexual Medicine and Women’s Health Program can help if you’re dealing with cancer-related sexual health challenges such as premature menopause or fertility issues. Call for more information or to make an appointment. We can help you take action and address sexual health issues before, during, or after your treatment.

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

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

MSK Library
library.mskcc.org
212-639-7439
You can visit our library website or speak with the library reference staff to find more information about your specific cancer type. You can also visit LibGuides on MSK’s library website at libguides.mskcc.org

Patient and Caregiver Education
www.mskcc.org/pe
Visit the Patient and Caregiver Education website to search our virtual library. There you can find written educational resources, videos, and online programs.

Patient and Caregiver Peer Support Program
212-639-5007
You may find it comforting to speak with someone who has been through a treatment like yours. You can talk with a former MSK patient or caregiver through our Patient and Caregiver Peer Support Program. These conversations are confidential. They may take place in person or over the phone.
**Patient Billing**
646-227-3378
Call if you have questions about preauthorization with your insurance company. This is also called preapproval.

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

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

**Private Duty 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.

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

**Spiritual Care**
212-639-5982
Our chaplains (spiritual counselors) are available to listen, help support family members, pray, contact community clergy or faith groups, or simply be a comforting companion and a spiritual presence. Anyone can request spiritual support, regardless of formal religious affiliation.

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

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

www.mskcc.org/vp

MSK’s Virtual Programs offer online education and support for patients and caregivers, even when you 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.

**External support services**

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

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

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Educational Resources

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

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

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Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E

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

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

Instructions Before Your Cancer Treatment

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

Before your surgery

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

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

- If you take vitamin E or a supplement that contains vitamin E, stop taking it 7 days before your surgery or as directed by your healthcare provider.
- If you take an NSAID or a medication that contains an NSAID, stop taking it 48 hours (2 days) before your surgery or as directed by your healthcare provider.

Before your radiology procedure

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

- If you take aspirin or a medication that contains aspirin, you may need to stop taking it 5 days before your procedure. Follow your healthcare provider’s instructions. Don’t stop taking aspirin unless your healthcare provider tells you to.
- If you take an NSAID or a medication that contains an NSAID, you may need to stop taking it 24 hours (1 day) before your procedure. Follow your healthcare provider’s instructions.

Before and during your chemotherapy

Chemotherapy can lower your platelet count, which can increase your risk of bleeding. Whether you’re just starting chemotherapy or have been getting it, talk with your healthcare provider before taking aspirin, other NSAIDs, or vitamin E.

Examples of Medications

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

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

<table>
<thead>
<tr>
<th>Common Medications Containing Aspirin</th>
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<tbody>
<tr>
<td>Aggrenox®</td>
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<tr>
<td>Cama® Arthritis Pain Reliever</td>
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<tr>
<td>Heartline®</td>
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<tr>
<td>Robaxisal® Tablets</td>
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<tr>
<td>Alka Seltzer®</td>
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<td>COPE®</td>
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<td>Headrin®</td>
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<td>Roxiprin®</td>
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<td>Anacin®</td>
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<td>Dasin®</td>
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<td>Isollyl®</td>
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<td>Saleto®</td>
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<td>Arthritis Pain Formula</td>
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<td>Easprin®</td>
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<td>Lanorinal®</td>
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<td>Salocol®</td>
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<tr>
<td>Arthritis Foundation Pain Reliever®</td>
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<td>Ecotrin® (most formulations)</td>
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<td>Lortab® ASA Tablets</td>
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<td>Sodol®</td>
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<td>ASA Enseals®</td>
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<tr>
<td>Empirin® Aspirin (most formulations)</td>
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<td>Magnaprin®</td>
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<tr>
<td>Soma® Compound Tablets</td>
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<td>ASA Suppositories®</td>
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<td>Epromate®</td>
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<td>Marnal®</td>
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<tr>
<td>Soma® Compound with Codeine Tablets</td>
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<td>Ascriptin® and Ascriptin A/D®</td>
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<td>Equagesic Tablets</td>
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<td>Micrainin®</td>
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<td>St. Joseph® Adult Chewable Aspirin</td>
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<td>Aspergum®</td>
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<td>Equazine®</td>
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<td>Momentum®</td>
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<td>Supac®</td>
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<td>Asprimox®</td>
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<td>Excedrin® Extra-Strength Analgesic Tablets and Caplets</td>
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<td>Norgesic Forte® (most formulations)</td>
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<td>Synalgos®-DC Capsules</td>
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<td>Axotal®</td>
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<td>Excedrin® Migraine</td>
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<td>Norwich® Aspirin</td>
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<td>Tenol-Plus®</td>
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<td>Azdone®</td>
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<td>Fiiorgen®</td>
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<tr>
<td>PAC® Analgesic Tablets</td>
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<td>Trigesic®</td>
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<td>Bayer® (most formulations)</td>
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<td>Fiorinal® (most formulations)</td>
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<td>Orphengesic®</td>
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<tr>
<td>Talwin® Compound</td>
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<td>BC® Powder and Cold formulations</td>
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<td>Fiortal®</td>
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<td>Painaid®</td>
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<tr>
<td>Vanquish® Analgesic Caplets</td>
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<td>Bufferin® (most formulations)</td>
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<td>Gelpirin®</td>
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<td>Panasal®</td>
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<td>Wesprin® Buffered</td>
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<td>Buffets II®</td>
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<td>Genprin®</td>
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<tr>
<td>Percodan® Tablets</td>
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<tr>
<td>Zee-Seltzer®</td>
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<tr>
<td>Buffex®</td>
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<td>Gensan®</td>
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<tr>
<td>Persistin®</td>
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<td>ZORprin®</td>
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### Common NSAID Medications That Don’t Contain Aspirin

<table>
<thead>
<tr>
<th>Product</th>
<th>Common Name</th>
<th>Description</th>
<th>Trade Name</th>
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<tbody>
<tr>
<td>Advil®</td>
<td>Duexis®</td>
<td>Mefenamic Acid</td>
<td>PediaCare Fever®</td>
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<tr>
<td>Advil Migraine®</td>
<td>Etodolac®</td>
<td>Meloxicam</td>
<td>Piroxicam</td>
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<tr>
<td>Aleve®</td>
<td>Feldene®</td>
<td>Menadol®</td>
<td>Ponstel®</td>
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<td>Anaprox DS®</td>
<td>Fenoprofen</td>
<td>Midol®</td>
<td>Relafen®</td>
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<td>Ansaid®</td>
<td>Flurbiprofen</td>
<td>Mobic®</td>
<td>Saleto 200®</td>
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<td>Arthrotec®</td>
<td>Genpril®</td>
<td>Motrin®</td>
<td>Sulindac</td>
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<tr>
<td>Bayer® Select Pain Relief Formula Caplets</td>
<td>Ibuprofen</td>
<td>Nabumetone</td>
<td>Toradol®</td>
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<td>Celebrex®</td>
<td>Indomethacin</td>
<td>Nalfon®</td>
<td>Treximet®</td>
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<tr>
<td>Celecoxib</td>
<td>Indocin®</td>
<td>Naproxen</td>
<td>Vicoprofen®</td>
</tr>
<tr>
<td>Children’s Motrin®</td>
<td>Ketoprofen</td>
<td>Naprogesyn®</td>
<td>Vimovo®</td>
</tr>
<tr>
<td>Clinoril®</td>
<td>Ketorolac</td>
<td>Nuprin®</td>
<td>Voltaren®</td>
</tr>
<tr>
<td>Daypro®</td>
<td>Lodine®</td>
<td>Orudis®</td>
<td></td>
</tr>
<tr>
<td>Diclofenac</td>
<td>Meclofenamate</td>
<td>Oxaprozin</td>
<td></td>
</tr>
</tbody>
</table>

### Products Containing Vitamin E

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

Most multivitamins contain vitamin E. If you take a multivitamin, check the label.

## About Acetaminophen

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

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

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

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

Always read and follow the label on the product you’re taking. Don’t take more than 1 medication that contains acetaminophen at a time without talking with a member of your healthcare team.
If you have any questions, contact a member of your healthcare team directly. If you're a patient at MSK and you need to reach a provider after 5:00 PM, during the weekend, or on a holiday, call 212-639-2000.

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

Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E - Last updated on September 21, 2020
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Herbal Remedies and Cancer Treatment

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

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

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

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

Common Herbal Supplements and Their Effects

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

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

**Garlic**

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

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

- Can increase your risk of bleeding.

**Ginseng**

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

**Turmeric**

- Can make chemotherapy less effective.

**St. John’s Wort**

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

**Valerian**

- Can increase the effects of sedation or anesthesia.

**Herbal formulas**

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

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

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

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PATIENT & CAREGIVER EDUCATION

How to Use Your Incentive Spirometer

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

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.

Figure 1. Incentive Spirometer
Use your incentive spirometer after your surgery and do your deep breathing and coughing exercises. This will help keep your lungs active throughout your recovery and prevent complications such as pneumonia.

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

How To Use Your Incentive Spirometer

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

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

Setting up your incentive spirometer

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

Using your incentive spirometer

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

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

To use your incentive spirometer, follow the steps below.

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

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

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

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

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

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

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

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

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

Repeat these steps every hour that you’re awake.

Cover the mouthpiece of the incentive spirometer when you aren’t using it.

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

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