About Your Neck Dissection Surgery

About Your Surgery ............................................................................................................................................3
Before Your Surgery ........................................................................................................................................5
  Preparing for Your Surgery ...........................................................................................................................6
  Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs) .................................................................................................................................13
  Herbal Remedies and Cancer Treatment .....................................................................................................17
  Information for Family and Friends for the Day of Surgery .........................................................................20
After Your Surgery ..........................................................................................................................................25
  What to Expect .............................................................................................................................................26
  How to Use Your Incentive Spirometer .........................................................................................................31
Resources .........................................................................................................................................................35
  MSK Resources ...........................................................................................................................................36
  External Resources .......................................................................................................................................38
About Head and Neck Cancer

Head and neck cancer can spread to your lymph nodes. Lymph nodes are small oval or round glands along your lymphatic system. In your neck, your lymph nodes are organized into levels (see Figure 1).

If your doctor thinks that there’s a high risk that the cancer may have spread to the lymph nodes in your neck, or if it has already spread to those nodes, your treatment may include having a neck dissection. This is a surgery to remove the lymph nodes in the neck area.

There are several types of neck dissections. The type you will have depends on where the cancer is, whether it has spread to your lymph nodes, and whether it has spread to other structures in your neck. Sometimes, your surgeon can tell which lymph nodes are affected by examining you. If this isn’t possible, you may need to have a computed tomography (CT) scan or ultrasound of your neck so that your surgeon can see the area better.

Figure 1. Levels of lymph nodes
In addition to the lymph nodes, other structures in your neck may need to be removed, including:

- The muscle on the side of the neck that helps you turn your head. When this muscle is removed, there will be an indent on that side of your neck. You will still be able to move your neck without difficulty.

- The nerve that allows you to raise your arm higher than your shoulder. Your surgeon will try to save this nerve. If it must be removed, you will have trouble raising your arm above a 90-degree angle on the side that the nerve was removed.

- A vein that collects blood from your brain, face, and neck. Removing this vein on one side of your neck won’t cause any problems. Other veins in your neck will collect and circulate the blood on that side of your neck and face.

- A salivary gland in the upper part of your neck. Removing this gland won’t cause any damage to your salivary function.

Once your lymph nodes have been removed, your surgeon will close your incision with staples or sutures (stitches). The type of incision line you have will depend on which lymph nodes and structures were removed. Your surgeon will discuss this with you.
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 your surgery. These include bleeding, infections, heart problems, and a longer hospital stay.

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

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

- Try to stop drinking alcohol once your surgery is planned. If you develop a headache, nausea, increased anxiety, or can’t sleep after you stop drinking, tell your 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.

**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 may 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

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 PST appointment, you will meet with a nurse practitioner (NP) who works closely with anesthesiology staff (doctors and specialized nurses who 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 (echo), 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 the “After Your Surgery” section of this guide. 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, 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 to 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.

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 if you should continue. For more information, please read *Herbal Remedies and Cancer Treatment*, located in this section.

Watch a Virtual Tour

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

> [www.mskcc.org/pe/day-your-surgery](http://www.mskcc.org/pe/day-your-surgery)
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.

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. The clerk will tell you what time you should arrive at the hospital for your surgery. If you’re scheduled for surgery on Monday, you will be called on the Friday before. If you don’t receive a call by 7:00 PM, please call 212-639-5014. The clerk will also tell you where to go on the day of your surgery.

Use this area to write in information when the clerk calls:

Date: ______________    Time: ______________

Both locations are at 1275 York Avenue between East 67th and East 68th streets.

- Presurgical Center (PSC) on the 2nd floor
  M elevator to the 2nd Floor
- Presurgical Center (PSC) on the 6th floor
  B elevator to the 6th Floor

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

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 eyeglasses, hearing aids, dentures, prosthetic device(s), wig, and religious articles.
- If you wear contact lenses, wear your glasses instead.
- __________________________________________________________________________
- __________________________________________________________________________
- __________________________________________________________________________

What to Bring

- A button-down or loose fitting top.
- Your breathing machine for sleep apnea (such as your CPAP), if you have one.
- Your incentive spirometer, if you have one.
- Your cell phone and charger.
- Only the money you may need for a newspaper, bus, taxi, or parking.
- Your portable music player, if you choose. However, someone will need to hold it for you when you go into surgery.
- A case for your personal items, such as eyeglasses, hearing aid(s), dentures, prosthetic device(s), wig, and religious articles, if you have it.
- Your Health Care Proxy form, if you have completed one.
- This guide. Your healthcare team will use this guide to teach you how to care for yourself after your surgery.
Parking When You Arrive

MSK’s parking garage is located on East 66th Street between York and First Avenues. If you have questions about prices, call 212-639-2338. To reach the garage, enter East 66th Street from York Avenue. The garage is located about a quarter of a block in from York Avenue, on the right-hand (north) side of the street. There is a pedestrian tunnel that connects the garage to the hospital.

There are also other garages located on East 69th Street between First and Second Avenues, East 67th Street between York and First Avenues, and East 65th Street between First and Second Avenues.

Once You’re in the Hospital

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 will insert an intravenous (IV) line into a vein, usually in your arm or hand. The IV line will be used to give you fluids and anesthesia (medication to make you sleep) during your surgery.

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 is 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.

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.

The length of your surgery depends on which type of surgery and incision you have. Your doctor will discuss this with you before your surgery. Once your surgery is finished, your incisions will be closed with staples or sutures.
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</th>
<th>Manufacturer/Other Name</th>
<th>Common Medications Containing Aspirin</th>
<th>Common Medications Containing Aspirin</th>
<th>Common Medications Containing Aspirin</th>
<th>Common Medications Containing Aspirin</th>
<th>Common Medications Containing Aspirin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggrenox®</td>
<td>Bayer® (most formulations)</td>
<td>Equagesic Tablets</td>
<td>Isollyl®</td>
<td>Panasal®</td>
<td>Synalgos®-DC Capsules</td>
<td></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®</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®</td>
<td>Magnaprin®</td>
<td>Robaxisal® Tablets</td>
<td>Talwin® Compound</td>
<td></td>
</tr>
<tr>
<td>Arthritis Foundation Pain Reliever®</td>
<td>Buffex®</td>
<td>Fiorgen®</td>
<td>Marnal®</td>
<td>Roxiprin®</td>
<td>Vanquish® Analgesic Caplets</td>
<td></td>
</tr>
<tr>
<td>ASA Enseals®</td>
<td>Cama® Arthritis Pain Reliever</td>
<td>Fiorinal®</td>
<td>Micrainin®</td>
<td>Saleto®</td>
<td>Wesprin® Buffered</td>
<td></td>
</tr>
<tr>
<td>ASA Suppositories®</td>
<td>COPE®</td>
<td>Fiortal®</td>
<td>Momentum®</td>
<td>Salocol®</td>
<td>Zee-Seltzer®</td>
<td></td>
</tr>
<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>
<td></td>
</tr>
<tr>
<td>Aspergum®</td>
<td>Easprin®</td>
<td>Genprin®</td>
<td>Norwich® Aspirin</td>
<td>Soma® Compound Tablets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asprimox®</td>
<td>Ecotrin® (most formulations)</td>
<td>Gensan®</td>
<td>PAC® Analgesic Tablets</td>
<td>Soma® Compound with Codeine Tablets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Axotal®</td>
<td>Empirin® Aspirin (most formulations)</td>
<td>Heartline®</td>
<td>Orphengesic®</td>
<td>St. Joseph® Adult</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Common medications that are NSAIDs that don’t contain aspirin

<table>
<thead>
<tr>
<th>Common Medications</th>
<th>Aspirin-contained Meds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advil®</td>
<td>Celecoxib</td>
</tr>
<tr>
<td>Migraine®</td>
<td>Flurbiprofen</td>
</tr>
<tr>
<td>Aleve®</td>
<td>Meclofenamate</td>
</tr>
<tr>
<td>Anaprox DS®</td>
<td>Nalfon®</td>
</tr>
<tr>
<td>Ansaid®</td>
<td>Ponstel®</td>
</tr>
<tr>
<td>Arthrotec®</td>
<td>Genpril®</td>
</tr>
<tr>
<td>Bayer® Select Pain Relief Formula Caplets</td>
<td>Indomethacin</td>
</tr>
<tr>
<td>Celebrex®</td>
<td>Naproxen</td>
</tr>
<tr>
<td>Feldene®</td>
<td>Relafen®</td>
</tr>
<tr>
<td>Ketorolac</td>
<td>Naprosyn®</td>
</tr>
<tr>
<td>Motrin®</td>
<td>Saleto 200®</td>
</tr>
<tr>
<td>Nabumetone</td>
<td>Sulindac</td>
</tr>
<tr>
<td>Piroxicam</td>
<td></td>
</tr>
</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>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>
</tr>
<tr>
<td>Acetaminophen with Codeine</td>
<td>Esgic®</td>
<td>Norco®</td>
<td>Tempra®</td>
<td>Zydone®</td>
</tr>
<tr>
<td>Aspirin-Free Anacin®</td>
<td>Excedrin P.M.®</td>
<td>Panadol®</td>
<td>Tylenol®</td>
<td></td>
</tr>
<tr>
<td>Arthritis Pain Formula® Aspirin-Free</td>
<td>Fiorcit®</td>
<td>Percocet®</td>
<td>Tylenol® with Codeine No. 3</td>
<td></td>
</tr>
<tr>
<td>Darvocet-N 100®</td>
<td>Lorcit®</td>
<td>Repan</td>
<td>Vanquish®</td>
<td></td>
</tr>
</tbody>
</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>Acetaminop</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetamin</td>
<td>Acetam</td>
<td>Acetaminoph</td>
</tr>
</tbody>
</table>

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](http://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.
When you wake up after your surgery, you will be in the Post Anesthesia Recovery Unit (PACU). Your visitors can visit 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.

You will receive 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. You will also be wearing compression boots to help your circulation.

Depending on the amount of lymph nodes removed, you may have a drain called a ReliaVac®. The ReliaVac drain will be placed in your neck during your surgery. It helps prevent fluid from collecting under your skin (see Figure 2). The drain doesn’t hurt. It will be emptied regularly.

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

Commonly Asked Questions: During Your Hospital Stay

**Will I have pain?**

You will have some pain after your surgery. Your doctor and nurse will ask you about your pain often and give you medication as needed. If your pain isn’t relieved, please tell your doctor or nurse.

You will first get pain medication through your IV. You will get pain medication by mouth once you are eating a regular diet. You will be given a prescription for pain medication before you leave the hospital.

**How can I prevent constipation?**

Prescription pain medication may cause constipation. Your doctor may prescribe medication to prevent constipation for you to take while you’re at home recovering from surgery. There are also other things you can do to prevent constipation, such as:

- Exercise, if you can. Walking is an excellent form of exercise.

- Drink plenty of liquids. Aim for 8 to 10 (8-ounce) glasses each day. Drink water, juices, soups, ice cream shakes, and other drinks that don’t have caffeine. Drinks with caffeine, such as coffee and soda, pull fluid out of the body.

- Go to the bathroom at the same time every day. Your body will get used to going at that time. Try to use
the bathroom 5 to 15 minutes after meals. After breakfast is a good time, because the reflexes in your colon are strongest at this time.

- If you feel the urge to go, don’t put it off.

If these methods don’t help, talk with your doctor or nurse. They may recommend over-the-counter or prescription medication.

**When can I eat?**

For the first meal after your surgery, you will get clear liquids. If you can tolerate that (or if you’re not experiencing nausea), your diet will then progress to solid food.

**When will my ReliaVac drain be removed?**

Your ReliaVac drain will be removed when the amount of drainage is steadily decreasing and the output is less than 25 to 30 milliliters (about 1/2 ounce) in 24 hours. This is usually 3 to 5 days after surgery.

**When will my staples or sutures be removed?**

If you stay in the hospital for longer than 1 week, some or all of your staples or sutures may be removed before you leave.

If you stay in the hospital for less than 1 week, your staples or sutures will be removed during your post-operative visit (your first follow-up visit with your doctor after your surgery).

If you had radiation therapy to the neck before your surgery, your staples or sutures may stay in place for 2 to 3 weeks.

**How long will I be in the hospital?**

Your doctor or nurse will give you an estimate of how long you will be in the hospital. Most people are discharged on the day that their ReliaVac drain is removed. This is usually 3 to 5 days after surgery.

Some people may go home with the drain in place. If this is the case, your nurse will teach you how to care for it before you leave the hospital.

**Commonly Asked Questions: After You Leave the Hospital**

**Will I have pain when I am home?**

The length of time each person has pain or discomfort varies. Follow the guidelines below to manage your pain.

- Call your doctor if the pain medication prescribed for you doesn’t relieve your pain.
- Don’t drive or drink alcohol while you’re taking prescription pain medication.
- Pain medication should help you as you resume your normal activities. Take enough medication to
make sure you can gradually increase your activities. Pain medication is most effective 30 to 45 minutes after taking it.

- Keep track of when you take your pain medication. Taking it when your pain first begins is more effective than waiting for the pain to get worse.

As your incision heals, you will have less pain and need less pain medication. A mild pain reliever such as acetaminophen (Tylenol®) or ibuprofen (Advil®) will relieve aches and discomfort.

**How do I care for my incision?**

It’s very important that you keep your incision clean and remove any crust that develops on it. Crust can collect bacteria and lead to infection. Your doctor or nurse will teach you how to care for your incision before you’re discharged. Once you’re home, you must care for your incision daily as described below.

1. Gather the following supplies:
   - Cotton swabs (such as Q-Tips®)
   - Normal saline
   - Bacitracin ointment
2. Wash your hands thoroughly with soap and water or use an alcohol-based hand sanitizer such as Purell®.
3. Take a cotton swab and dip it in the normal saline.
4. Use the cotton swab to gently clean along the incision line around the staples or sutures. This will help loosen any crust that may have developed along the wound.
5. Throw the swab away.
6. Repeat the steps above with a fresh swab as many times as it takes to clean the incision line. Remember that you can only dip the swab once. **You must use a clean swab each time you dip it into the saline.**
7. Apply a small amount of bacitracin ointment to the incision line with a clean cotton swab.

**When can I shower?**

You can shower 24 hours after your drain is removed from your neck. When showering, don’t let the water from your shower head hit your incision directly. Rather, allow the soap and water to run over your incision. Gently pat your incision dry with a clean towel.

**What do I need to do to recover from my surgery?**

After your sutures or staples are removed, your doctor or nurse may instruct you to do certain exercises every day. This will depend on how well you can turn your neck and move your arm(s) after surgery. The exercises will help you regain full range of motion and strength to the affected area(s). It’s important that you do them every day. Your doctor or nurse will show you how to do the exercises and will give you written instructions at your post-operative visit.
When can I resume my normal activities?

Your doctor and nurse will tell you when you can resume your normal activities during your post-operative visit. Until then, avoid all activity that could put strain on your incision, including:

- Driving
- Lifting items heavier than 10 pounds (4.5 kilograms)
- Vigorous exercise
- Sexual activity

When can I resume sexual activity?

Ask your doctor or nurse when you can resume sexual activity.

What type of follow-up care will I receive after I leave the hospital?

You will have your post-operative visit about 7 to 10 days after you’re discharged from the hospital. Until then, be sure to follow all instructions given to you when you were discharged.

If you have any questions or concerns, you can contact your doctor’s office at any time after you have been discharged from the hospital.

When will I get my test results?

The lymph nodes will be examined for cancer after they are removed. The test results are usually ready in 5 to 7 business days. Based on the results, you may need further treatment. Your doctor will discuss the results with you during your post-operative visit.

How can I cope with my feelings?

After surgery for a serious illness, you may have new and upsetting feelings. Many people say they felt weepy, sad, worried, nervous, irritable, or angry at one time or another. You may find that you can’t control some of these feelings. If this happens, it’s a good idea to seek emotional support.

The first step in coping is to talk about how you feel. Family and friends can help. Your nurse, doctor, and social worker can reassure, support, and guide you. It’s always a good idea to let these professionals know how you, your family, and your friends are feeling emotionally. Many resources are available to patients and their families. Whether you’re in the hospital or at home, we’re here to help you and your family and friends handle the emotional aspects of your illness.
What if I have other questions?

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

Doctor: ____________________________ Telephone: ____________________________
Nurse: ____________________________ Telephone: ____________________________

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

Call your doctor or nurse immediately if you have:

- A temperature of 100.4° F (38° C) or higher
- Increased discomfort, redness, or both around your incision line
- Skin around the incision line that’s hot to the touch
- Drainage or accumulation of fluid from the incision site
- Shortness of breath
- New or increased swelling around your incision
How to Use Your Incentive Spirometer

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

About Your Incentive Spirometer

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

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

# How To Use Your Incentive Spirometer

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

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

## Setting up your incentive spirometer

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

## Using your incentive spirometer

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

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

To use your incentive spirometer, follow the steps below.

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

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

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

4. Try to get the piston as high as you can, while keeping the indicator
between the arrows.
  
  - If the indicator does not stay between the arrows, you are breathing either too fast or too slow.

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

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

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

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

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

Repeat these steps every hour that you are awake.

Cover the mouthpiece of the incentive spirometer when you are not using it.
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

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

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

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

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

**Look Good Feel Better Program**
800-227-2345
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
Patients 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 people with cancer. They provide individual counseling and support groups throughout the course of treatment, and can help you communicate with children and other family members. Our social workers can also refer you to community agencies and programs, as well as financial resources if you’re eligible.

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

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

The following are resources outside of MSK that you may find helpful:

**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
800-227-2345
Offers a variety of information and services, including Hope Lodge, a free place for people with cancer 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.

**LIVESTRONG Fertility**
www.livestrong.org/we-can-help/livestrong-fertility
855-844-7777
Provides reproductive information and support to people with cancer and survivors whose medical treatments have risks associated with infertility.
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.

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

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.

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