About Your Neck Dissection Surgery

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

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

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

Your Healthcare Team

Doctor: __________________________________________________

Nurse: ____________________________________________________

Phone number: _____________________________________________

Fax number: ______________________________________________

Your Caregiver

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

Caregiver: ________________________________________________

To view this guide online, visit www.mskcc.org/pe/neck_dissection_surgery
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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 there’s a high risk 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 your neck area.

There are several types of neck dissections. The type you’ll have depends on where the cancer is, if it has spread to your lymph nodes, and if 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 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’ll still be able to move your neck without trouble.

- 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’ll 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 (surgical cut) 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 talk with you about what to expect.
The information in this section will help you get ready for your surgery. Read through this section when your surgery is scheduled and refer to it as your surgery date gets closer. It has important information about what you need to do before your surgery.

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

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Getting Ready for Your Surgery

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

About Drinking Alcohol

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- I have sleep apnea.

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

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

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

- I drink alcohol.

- I smoke.

- I use recreational drugs.
About Smoking

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

About Sleep Apnea

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

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

Within 30 Days of Your Surgery

Presurgical Testing (PST)

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

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

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

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

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

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

Identify Your Caregiver

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

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

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

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

Do Breathing and Coughing Exercises

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

Exercise

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

Follow a Healthy Diet

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

For Caregivers

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

Follow Your Healthcare Provider’s Instructions for Taking Aspirin

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

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

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

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

Watch a Virtual Tour

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

[www.mskcc.org/pe/day_your_surgery](http://www.mskcc.org/pe/day_your_surgery)

Days Before Your Surgery

Stop Taking Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

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

Day Before Your Surgery

Note the Time of Your Surgery

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

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

[![Write down your surgery date and scheduled arrival time.](image)](image)
The staff member will also remind you where to go. This will be one of the following locations:

- Presurgical Center (PSC) on the 2nd floor
  1275 York Avenue (between East 67th and East 68th Streets)
  New York, NY 10065
  M Elevator to 2nd floor

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

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

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**Instructions for Eating Before Your Surgery**

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

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**The Morning of Your Surgery**

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**Instructions for Drinking Before Your Surgery**

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

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

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**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.
**Things to Remember**

- If you wear contact lenses, wear your glasses instead. Wearing contact lenses during surgery can damage your eyes.
- Don’t wear any metal objects. Remove all jewelry, including body piercings. The equipment used during your surgery can cause burns if it touches metal.
- Don’t put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne.
- Leave valuable items (such as credit cards, jewelry, and your checkbook) at home.
- 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 eyeglasses, hearing aid(s), dentures, prosthetic device(s), wig, and religious articles), if you have one.
- This guide. Your healthcare team will use it to teach you how to care for yourself after surgery.
Where to Park

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

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

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

Once You’re in the Hospital

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

Get Dressed for Surgery

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

Meet With a Nurse

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

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

Meet With an Anesthesiologist

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

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

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

For more information about what to expect, read the resource *Information for Family and Friends for the Day of Surgery*, located in the “Educational Resources” section of this guide.

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**Get Ready for Your Surgery**

Once your nurse has seen you, 1 or 2 visitors can keep you company as you wait for your surgery to start. When it’s time for your surgery, you’ll need to remove your hearing aids, dentures, prosthetic device(s), wig, and religious articles, if you have them.

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

**During Your Surgery**

The length of your surgery depends on which type of surgery and incision you have. Your healthcare provider will talk with you about this before your surgery.

Once your surgery is finished, your incisions will be closed with staples or sutures.
The information in this section will tell you what to expect after your surgery, both during your hospital stay and after you leave the hospital. You’ll learn how to safely recover from your surgery.

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

When you wake up after your surgery, you’ll be in the Post Anesthesia Recovery Unit (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.

 Tubes and Drains

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 keep fluid from collecting under your skin (see Figure 2). The drain doesn’t hurt. Your healthcare providers will empty it regularly.

 Visitors

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

 Moving to Your Hospital Room

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

 Commonly Asked Questions: During Your Hospital Stay

 Will I have pain?

You’ll have some pain after your surgery. At first, you’ll get your pain medication through your IV line. Once you’re able to follow a regular diet, 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. 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.
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 ½ 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 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 to 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, 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, and 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 healthcare providers can reassure, support, and guide you. It’s always a good idea to let us know how you, your family, and your friends are feeling emotionally. Many resources are available to you and your family. 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.
When to Contact Your Healthcare Provider

Contact your healthcare provider if you have:

- A fever 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

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

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

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

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

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

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

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

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

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

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

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

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.

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

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

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

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

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

External Support Services

Access-A-Ride
new.mta.info/accessibility/paratransit
877-337-2017
In New York City, the MTA offers a shared ride, door-to-door service for people with disabilities who aren’t able to take the public bus or subway.

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

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

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

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

Cancer Support Community
www.cancersupportcommunity.org
888-793-9355
Provides support and education to people affected by cancer.
Caregiver Action Network  
www.caregiveraction.org  
800-896-3650  
Provides education and support for those who care for loved ones with a chronic illness or disability.

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

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

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

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

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

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

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

LIVESTRONG Fertility  
www.livestrong.org/fertility  
855-744-7777  
Provides reproductive information and support to cancer patients and survivors whose medical treatments have risks associated with infertility.
Look Good Feel Better Program
www.lookgoodfeelbetter.org
800-395-LOOK (800-395-5665)
This program offers workshops to learn things you can do to help you feel better about your appearance. For more information or to sign up for a workshop, call the number above or visit the program’s website.

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

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

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

Needy Meds
www.needymeds.org
800-503-6897
Lists Patient Assistance Programs for brand and generic name medications.

Patient Access Network Foundation
www.panfoundation.org
866-316-7263
Helps people with insurance pay their out-of-pocket medical costs.

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

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

Write down your questions and be sure to ask your healthcare provider.
Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E

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

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

Instructions Before Your Surgery

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

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

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

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

Examples of Medications

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

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

<table>
<thead>
<tr>
<th>Common Medications Containing Aspirin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggrenox®</td>
</tr>
<tr>
<td>Cama® Arthritis Pain Reliever</td>
</tr>
<tr>
<td>Heartline®</td>
</tr>
<tr>
<td>Robaxisal® Tablets</td>
</tr>
<tr>
<td>Alka Seltzer®</td>
</tr>
<tr>
<td>COPE®</td>
</tr>
<tr>
<td>Headrin®</td>
</tr>
<tr>
<td>Roxiprin®</td>
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<tr>
<td>Anacin®</td>
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<tr>
<td>Dasin®</td>
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<tr>
<td>Isollyl®</td>
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<tr>
<td>Saleto®</td>
</tr>
<tr>
<td>Arthritis Pain Formula</td>
</tr>
<tr>
<td>Easprin®</td>
</tr>
<tr>
<td>Lanorinal®</td>
</tr>
<tr>
<td>Salocol®</td>
</tr>
<tr>
<td>Arthritis Foundation Pain Reliever®</td>
</tr>
<tr>
<td>Ecotrin® (most formulations)</td>
</tr>
<tr>
<td>Lortab® ASA Tablets</td>
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<tr>
<td>Sodol®</td>
</tr>
<tr>
<td>ASA Enseals®</td>
</tr>
<tr>
<td>Empirin® Aspirin (most formulations)</td>
</tr>
<tr>
<td>Magnaprin®</td>
</tr>
<tr>
<td>Soma® Compound Tablets</td>
</tr>
<tr>
<td>ASA Suppositories®</td>
</tr>
<tr>
<td>Epromate®</td>
</tr>
<tr>
<td>Marnal®</td>
</tr>
<tr>
<td>Soma® Compound with Codeine Tablets</td>
</tr>
<tr>
<td>Ascriptin® and Ascriptin A/D®</td>
</tr>
<tr>
<td>Equagesic Tablets</td>
</tr>
<tr>
<td>Micrainin®</td>
</tr>
<tr>
<td>St. Joseph® Adult Chewable Aspirin</td>
</tr>
<tr>
<td>Aspergum®</td>
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<tr>
<td>Equazine®</td>
</tr>
<tr>
<td>Momentum®</td>
</tr>
<tr>
<td>Supac®</td>
</tr>
<tr>
<td>Asprimox®</td>
</tr>
<tr>
<td>Excedrin® Extra-Strength Analgesic</td>
</tr>
<tr>
<td>Norgesc Forte® (most formulations)</td>
</tr>
<tr>
<td>Synalgos®-DC Capsules</td>
</tr>
<tr>
<td>Tablets and Caplets</td>
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<tr>
<td>------------------------------</td>
</tr>
<tr>
<td>Axotal®</td>
</tr>
<tr>
<td>Excedrin® Migraine</td>
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<tr>
<td>Norwich® Aspirin</td>
</tr>
<tr>
<td>Tenol-Plus®</td>
</tr>
<tr>
<td>Azdone®</td>
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<tr>
<td>Fiorgen®</td>
</tr>
<tr>
<td>PAC® Analgesic Tablets</td>
</tr>
<tr>
<td>Trigesic®</td>
</tr>
<tr>
<td>Bayer® (most formulations)</td>
</tr>
<tr>
<td>Fiorinal® (most formulations)</td>
</tr>
<tr>
<td>Orphengesic®</td>
</tr>
<tr>
<td>Talwin® Compound</td>
</tr>
<tr>
<td>BC® Powder and Cold formulations</td>
</tr>
<tr>
<td>Fiortal®</td>
</tr>
<tr>
<td>Painaid®</td>
</tr>
<tr>
<td>Vanquish® Analgesic Caplets</td>
</tr>
<tr>
<td>Bufferin® (most formulations)</td>
</tr>
<tr>
<td>Gelpirin®</td>
</tr>
<tr>
<td>Panasal®</td>
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<tr>
<td>Wesprin® Buffered</td>
</tr>
<tr>
<td>Buffets II®</td>
</tr>
<tr>
<td>Genprin®</td>
</tr>
<tr>
<td>Percodan® Tablets</td>
</tr>
<tr>
<td>Zee-Seltzer®</td>
</tr>
<tr>
<td>Buffex®</td>
</tr>
<tr>
<td>Gensan®</td>
</tr>
<tr>
<td>Persistin®</td>
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<tr>
<td>ZORprin®</td>
</tr>
</tbody>
</table>

### Common NSAID Medications That Don’t Contain Aspirin

<table>
<thead>
<tr>
<th>Medication</th>
<th>Brand</th>
<th>Common Name</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advil®</td>
<td>Duexis®</td>
<td>Mefenamic Acid</td>
<td>PediaCare Fever®</td>
</tr>
<tr>
<td>Advil Migraine®</td>
<td>Etodolac®</td>
<td>Meloxicam</td>
<td>Piroxicam</td>
</tr>
<tr>
<td>Aleve®</td>
<td>Feldene®</td>
<td>Menadrol®</td>
<td>Ponstel®</td>
</tr>
<tr>
<td>Anaprox DS®</td>
<td>Fenoprofen</td>
<td>Midol®</td>
<td>Relafen®</td>
</tr>
<tr>
<td>Ansaic®</td>
<td>Flurbiprofen</td>
<td>Mobic®</td>
<td>Saleto 200®</td>
</tr>
<tr>
<td>Arthrotec®</td>
<td>Genpril®</td>
<td>Motrin®</td>
<td>Sulindac</td>
</tr>
<tr>
<td>Bayer® Select Pain Relief Formula Caplets</td>
<td>Ibuprofen</td>
<td>Nabumetone</td>
<td>Toradol®</td>
</tr>
<tr>
<td>Celebrex®</td>
<td>Indomethacin</td>
<td>Nalfon®</td>
<td>Treximet®</td>
</tr>
<tr>
<td>Celecoxib</td>
<td>Indocin®</td>
<td>Naproxen</td>
<td>Vicoprofen®</td>
</tr>
<tr>
<td>Children's Motrin®</td>
<td>Ketoprofen</td>
<td>Naprosyn®</td>
<td>Vimovo®</td>
</tr>
<tr>
<td>Clinoril®</td>
<td>Keterolac</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>Oxaproxin</td>
<td></td>
</tr>
</tbody>
</table>
### Products Containing Vitamin E

<table>
<thead>
<tr>
<th>Product</th>
<th>Type</th>
<th>Amount</th>
<th>Brand</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.

### Medications Containing Acetaminophen

<table>
<thead>
<tr>
<th>Medication</th>
<th>Acetaminophen with Codeine</th>
<th>Acetaminophen with Codeine</th>
<th>Aceta® with Codeine</th>
<th>Acetaminophen with Codeine</th>
<th>Aspirin-Free Anacin®</th>
<th>Arthritis Pain Formula® Aspirin-Free</th>
<th>Datril®</th>
<th>Di-Gesic®</th>
<th>Endocet®</th>
<th>Medications Containing Acetaminophen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acephen®</td>
<td>Excedrin P.M.®</td>
<td>Fiorcet®</td>
<td>Primlev®</td>
<td>Wygesic®</td>
<td>Lorcet®</td>
<td>Lortab®</td>
<td>Naldegesic®</td>
<td>Norco®</td>
<td>Panadol®</td>
<td>Read the labels on all your medications</td>
</tr>
<tr>
<td>Aceta® with Codeine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Xodol®</td>
<td>Tempra®</td>
<td>Tylenol®</td>
<td>Tylenol® with Codeine No. 3</td>
<td></td>
</tr>
<tr>
<td>Acetaminophen with Codeine</td>
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<tr>
<td>Aspirin-Free Anacin®</td>
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<tr>
<td>Arthritis Pain Formula® Aspirin-</td>
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</tbody>
</table>

Read the labels on all your medications

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

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

<table>
<thead>
<tr>
<th>Common Abbreviations for Acetaminophen</th>
</tr>
</thead>
<tbody>
<tr>
<td>APAP</td>
</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.
Herbal Remedies and Cancer Treatment

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

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

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

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

Common Herbal Supplements and Their Effects

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

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

**Garlic**

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

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

• Can increase your risk of bleeding.

**Ginseng**

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

**Turmeric**

• Can make chemotherapy less effective.

**St. John’s Wort**

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

**Valerian**

• Can increase the effects of sedation or anesthesia.

**Herbal formulas**

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

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

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

About Your Incentive Spirometer

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

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

**How To Use Your Incentive Spirometer**

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

![Play button](https://www.mskcc.org/pe/incentive_spirometer_video)

**Setting up your incentive spirometer**

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

**Using your incentive spirometer**

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

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

To use your incentive spirometer, follow the steps below.

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

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

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

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

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

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

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

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

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

Repeat these steps every hour that you’re awake.

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

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

Before the Surgery

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

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

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

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

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

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

**During the Surgery**

**Surgery updates**

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

• Give you information about the patient.

• Get you ready for your meeting with the surgeon.

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

To contact the nurse liaison:

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


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

**After Surgery**

**Meeting with the surgeon**

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

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

**Visiting the patient in the PACU**

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

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

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

While visiting the patient in the PACU:

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

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

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

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

Visit www.mskcc.org/visit for more information about MSK’s visitor policy.