About Your Salivary Gland Surgery

This guide will help you get ready for your salivary gland 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/salivary_gland_surgery
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About Your Surgery

About Your Salivary Glands

Your salivary glands make saliva, which helps your body digest food and keeps your mouth moist. Most of your saliva comes from your parotid, submandibular, and sublingual glands (see Figure 1). There are also hundreds of smaller salivary glands in your mouth. They’re located under the membranes that line your mouth and throat.

Parotid Glands

Your parotid glands are the largest of your salivary glands. They’re located in front of your ears (see Figure 1).

Your facial nerve runs through your parotid glands. This nerve controls the muscles in your face. These muscles let you make movements such as raising your eyebrows, closing your eyelids, and smiling. Most tumors found in the parotid gland are benign (not cancerous).

Submandibular Glands

Your submandibular glands are the second largest of your salivary glands. They’re located below your mandible (jawbone) (see Figure 1). Most tumors found in the submandibular gland are benign.

Sublingual Glands

The sublingual glands are the smallest of your salivary glands. They’re located on either side of your tongue, in the floor of your mouth (see Figure 1). Most tumors found in the sublingual gland are benign.

Figure 1. Parotid, submandibular, and sublingual salivary glands
About Salivary Gland Surgery

You will still be able to make saliva after your surgery.

The type of surgery you have for your salivary gland tumors depends on where the tumors are. The different types of surgeries are described below. Your surgeon will tell you which surgery you’re having.

Parotid Gland Surgery

Parotid gland tumors are the most common type of salivary gland tumor. There are 2 types of parotid gland tumors:

- A superficial parotid gland tumor develops in the part of the gland that’s over your facial nerve.
- A deep lobe parotid gland tumor develops in the part of the gland that’s under your facial nerve.

Surgery to treat parotid gland tumors is very precise. This is because your facial nerve needs to be protected during surgery. The goal is to remove the entire tumor without harming your facial nerve.

Your surgeon will use a nerve monitor to find your facial nerve. Once they do, they will make an incision (surgical cut) in the front of your ear, down into your neck. They will carefully separate your facial nerve and its branches from your parotid gland tumor. Your surgeon will carefully remove the parotid gland tumor and send it to the Pathology Department to see if it contains cancer cells. Then, they will close your incision with sutures (stitches).

Submandibular Gland Surgery

Your surgeon will make an incision in your upper neck, along your jaw. They will remove the tumor through this incision and send it to the Pathology Department to see if it contains cancer cells. Then, they will close your incision with sutures or Steri-Strips™ (surgical tape).

Sublingual Gland Surgery

Sublingual gland tumors are rare. Your surgeon will tell you your options for treating this tumor.

Facial Changes After Surgery

You may have some facial changes after your surgery. The types of changes you might have depend on the surgery you had. Your doctor and nurse will talk with you about what to expect.

- You may have some weakness in your facial muscles after your surgery. This is because your facial nerve was moved during your surgery. Unfortunately, we can’t prevent this. Facial weakness is usually minimal and gets better over weeks or months. If you have facial weakness, tell your nurse. They can refer you to a physical therapist.

- You may have some lower lip weakness, which may affect your smile. This may be permanent on your affected side (the side where your surgery took place).

- You may not be able to fully close your eye on your affected side. You will be given ointment and eye drops to protect your eye.

- If you had parotid gland surgery, you may have some numbness of the earlobe on your affected side. This may be permanent.
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.

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

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

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

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

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

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

Identify Your Caregiver

Your caregiver plays an important role in your care. Before your surgery, you and your caregiver will learn about your surgery from your healthcare providers. After your surgery, your caregiver will take you home when you’re discharged from the hospital. They’ll also help you care for yourself at home.
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.

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.

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.

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 will call you on the Friday before. If you don’t get a call by 7:00 PM, please 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.

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

Instructions for Eating Before Your Surgery

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

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.

Take Your Medications

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

Things to Remember

• Wear something comfortable and loose-fitting.

• If you wear contact lenses, wear your glasses instead. Wearing contact lenses during surgery can damage your eyes.

• Don’t wear any metal objects. Remove all jewelry, including body piercings. The equipment used during your surgery can cause burns if it touches metal.

• Don’t put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne.

• Leave valuable items (such as credit cards, jewelry, and your checkbook) at home.

• 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 machine for sleep apnea (such as your CPAP machine), if you have one.

- Your portable music player, if you choose. However, someone will need to hold it for you when you go into surgery.

- Your Health Care Proxy form and other advance directives, if you have completed them.
- Your cell phone and charger.
- Only the money you may want for small purchases (such as a newspaper).
- A case for your personal items (such as eyeglasses, hearing aid(s), dentures, prosthetic device(s), wig, and religious articles), if you have one.
- This guide. Your healthcare team will use this guide to teach you how to care for yourself after your surgery.

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

#### Get Dressed for Surgery

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

#### Meet With Your Nurse

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

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

Your anesthesiologist will:

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

Get Ready for Your Surgery

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

Once you’re comfortable, your anesthesiologist will give you anesthesia through your IV line and you will fall asleep. You will also get fluids through your IV line during and after your surgery.

During Your Surgery

After you’re fully asleep, a breathing tube will be placed through your mouth and into your windpipe to help you breathe. You may also have a urinary (Foley®) catheter placed to drain urine from your bladder.

Once your surgery is finished, your incision will be closed with sutures (stitches), Steri-Strips™ (thin pieces of surgical tape), or Dermabond® (surgical glue). Your incisions may be covered with a bandage. Your breathing tube is usually taken out while you’re still in the operating room.
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.
In the Post-Anesthesia Care Unit (PACU)

When you wake up after your surgery, you will be in the Post-Anesthesia Care Unit (PACU).

A nurse will be monitoring your body temperature, pulse, blood pressure, and oxygen levels. You may be getting oxygen through a thin tube that rests below your nose or a mask that covers your nose and mouth. You will also have compression boots on your lower legs.

**Tubes and Drains**

You may have one or more of the following:

- Drainage tubes near your incision. These help drain fluid from your surgical wound. If you have drainage tubes, they will be removed before you’re discharged from the hospital.
- A face mask and humidifier to keep your airway moist.

**Moving to Your Hospital Room**

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

**In Your Hospital Room**

The length of time you're in the hospital after your surgery depends on your recovery and the exact surgery you had. Most people stay in the hospital for 1 to 4 days after having salivary gland surgery.

When you’re taken to your hospital room, you will meet one of the nurses who will care for you while you're in the hospital. Soon after you arrive in your room, your nurse will help you out of bed and into your chair. While you’re in the hospital, your nurses will teach you how to care for yourself while you’re recovering from your surgery.

Read the resource *Call! Don’t Fall!* to learn about what you can do to stay safe and keep from falling while you're in the hospital. You can find it in the “Educational Resources” section of this guide.

**Managing Your Pain**

Most people have very little pain after this surgery. You will probably have numbness, but it will go away with time.

At first, you will get pain medication through your IV line. Once you’re able to eat, you will get oral pain medication (medication you swallow). Your doctor and nurse will ask you about your pain often and give you medication as needed. If your pain isn’t relieved, tell your doctor or nurse.

You may be given a prescription for pain medication before you leave the hospital. Talk with your doctor or nurse about possible side effects and when you should start switching to over-the-counter pain medications.
Moving Around and Walking
Moving around and walking will help lower your risk for blood clots and pneumonia. It will also help stimulate your bowels so you start passing gas and having bowel movements (pooping) again. Your nurse, physical therapist, or occupational therapist will help you move around, if needed.

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

- Use your incentive spirometer 10 times every hour you’re awake. For more information, read How to Use Your Incentive Spirometer, located in the “Educational Resources” section of this guide.
- Do coughing and deep breathing exercises. A member of your care team will teach you how to do these exercises.

Eating and Drinking
Most people can go back to following their usual diet soon after surgery.

Some people follow a mechanical soft diet right after surgery. A mechanical soft diet is made up of foods that need less chewing than in a regular diet. If you will need to follow this diet, your nurse will give you more information.

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

Leaving the Hospital
Before you leave the hospital, look at your incision with your nurse. Knowing what your incision looks like will help you notice any changes later.

Before you leave, your doctor will write your discharge order and prescriptions. You will also get written discharge instructions. Your nurse will review these instructions with you before you leave.

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

At Home
Read the resource What You Can Do to Avoid Falling to learn about what you can do to stay safe and keep from falling at home and during your appointments at MSK. You can find it online at www.mskcc.org/pe/avoid_falling, or you can ask your nurse.

Managing Your Pain
People have pain or discomfort for different lengths of time. Some people have numbness, soreness, tightness, or muscle aches around their incision for 6 months or longer. This doesn’t mean that something is wrong.
Follow the guidelines below to help manage your pain at home.

- Take your medications as directed and as needed.
- Call your doctor if the medication prescribed for you doesn’t ease your pain.
- Don’t drive or drink alcohol while you’re taking prescription pain medication.
- As your incision heals, you will have less pain and need less pain medication. An over-the-counter pain reliever such as acetaminophen (Tylenol®) or ibuprofen (Advil®) will ease aches and discomfort.
  - Follow your doctor or nurse’s instructions for stopping your prescription pain medication.
  - Don’t take more acetaminophen than the amount directed on the bottle or as instructed by your doctor or nurse. Taking too much acetaminophen can harm your liver.
- Pain medication should help you resume your normal activities. Take enough medication to do your exercises comfortably. However, it’s normal for your pain to increase a little as you start to be more active.
- Keep track of when you take your pain medication. It works best 30 to 45 minutes after you take it. Taking it when your pain first begins is better than waiting for the pain to get worse.

**Caring for Your Incision**

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

You might notice a small amount of fluid draining from your incision. This is normal for the first couple of days after surgery. If the drainage is thick or pus-like, call your doctor.

If you go home with sutures in your incision, your doctor will take them out during your first appointment after surgery, about 7 to 10 days after you leave the hospital. It’s okay to get them wet.

If you go home with Steri-Strips or Dermabond on your incision, they will loosen and fall or peel off by themselves. If they haven’t fallen off within 10 days, you can take them off.

**Showering**

Taking a warm shower is relaxing and can help decrease muscle aches. Let the soapy water from your hair or head run over your incision. It’s best to avoid putting soap directly on your incision.

Pat the areas dry with a towel after showering, and leave your incision uncovered, unless there’s drainage. Call your doctor if you see any redness or thick, pus-like drainage from your incision.

**Physical Activity and Exercise**

When you leave the hospital, your incision may look like it’s healed on the outside, but it won’t be healed on the inside. For the first 2 weeks after your surgery:
• Don’t lift anything heavier than 10 pounds (about 4.5 kilograms).
• Don’t do any strenuous activities (such as jogging and tennis).
• Don’t play any contact sports (such as football).

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

Ask your doctor or nurse before starting more strenuous exercises.

**Driving**

Most people can start driving again after their first follow-up visit after surgery. Don’t drive while you’re taking pain medication that may make you drowsy. You can ride in a car as a passenger at any time after you leave the hospital.

**Going Back to Work**

Talk with your doctor or nurse about your job and when it may be safe for you to start working again. If your job involves lots of movement or heavy lifting, you may need to stay out a little longer than if you sit at a desk.

**Follow-up Appointments**

Your first appointment after surgery will be 7 to 10 days after you leave the hospital. Your nurse will give you instructions on how to make this appointment, including the phone number to call.

**Test Results**

Test results are usually ready in 1 week, but they can take longer depending on the exact tests that are done. Your doctor will talk with you about your results during your first follow-up appointment after your surgery.

**Managing Your 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 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 you and your family. Whether you’re in the hospital or at home, the nurses, doctors, and social workers are here to help you and your family and friends handle the emotional aspects of your illness.
Using MyMSK

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

If you don’t have a MyMSK account, you can visit my.mskcc.org, call 646-227-2593, or call your healthcare provider’s office for an enrollment ID to sign up. You can also watch our video *How to Enroll in the Patient Portal: MyMSK* (www.mskcc.org/pe/enroll_mymsk). For help, contact the MyMSK Help Desk by emailing mymsk@mskcc.org or calling 800-248-0593.

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**When to Contact Your Healthcare Provider**

Contact your healthcare provider if you have:

- A fever of 100.5 °F (38 °C) or higher.
- Increased discomfort, redness, or swelling near your incision
- Skin around your incision that’s hot and or hard to the touch
- Think or pus-like discharge from 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 doctor or nurse.

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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.

Chaplaincy 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.
Call! Don’t Fall!

This information describes what you can do to keep from falling and stay safe while you’re in the hospital. Being in the hospital can make you weak. Follow these guidelines to avoid falling.

- Call for help every time you need to get out of bed or up from a chair.
- Don’t go to the bathroom alone.
- Don’t bend over. If you drop something, call for help.
- Don’t lean on furniture that has wheels, such as your bedside table, over-bed table, or IV pole.
- Wear safe, supportive shoes. Examples include shoes with laces and slippers with nonskid soles. Don’t wear shoes or slippers with an open back.
- Call for help right away if you see any spills on the floor.
- Use the grab bars in the bathroom and railings in the hallways.
- If you have glasses or hearing aid(s), wear them when you’re awake.
- Let us know what you will need near you. Help us make sure we have:
  - Placed your call button where you can reach it
  - Placed items you may need (such as your phone, books, or glasses) where you can reach them
  - Turned on a night light before it gets dark
  - Raised the top bedrail to keep you safe
  - Removed any clutter from around your bedside and chairside
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>
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<tbody>
<tr>
<td>Aggrenox®</td>
</tr>
<tr>
<td>Alka Seltzer®</td>
</tr>
<tr>
<td>Anacin®</td>
</tr>
<tr>
<td>Arthritis Pain Formula</td>
</tr>
<tr>
<td>Arthritis Foundation Pain Reliever®</td>
</tr>
<tr>
<td>ASA Enseals®</td>
</tr>
<tr>
<td>ASA Suppositories®</td>
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<tr>
<td>Ascriptin® and Ascriptin A/D®</td>
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<tr>
<td>Aspergum®</td>
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<tr>
<td>Asprimox®</td>
</tr>
<tr>
<td>Tablets and Caplets</td>
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<td>---------------------</td>
</tr>
<tr>
<td>Axotal®</td>
</tr>
<tr>
<td>Azdone®</td>
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<tr>
<td>Bayer® (most formulations)</td>
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<tr>
<td>BC® Powder and Cold formulations</td>
</tr>
<tr>
<td>Bufferin® (most formulations)</td>
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<tr>
<td>Buffets II®</td>
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<tr>
<td>Buffex®</td>
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<tr>
<td></td>
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<tr>
<td>Advil®</td>
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<tr>
<td>Advil Migraine®</td>
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<tr>
<td>Aleve®</td>
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<tr>
<td>Anaprox DS®</td>
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<tr>
<td>Ansaïd®</td>
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<tr>
<td>Arthrotec®</td>
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<tr>
<td>Bayer® Select Pain Relief Formula Caplets</td>
</tr>
<tr>
<td>Celebrex®</td>
</tr>
<tr>
<td>Celecoxib</td>
</tr>
<tr>
<td>Children’s Motrin®</td>
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<tr>
<td>Clinoril®</td>
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<tr>
<td>Daypro®</td>
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<tr>
<td>Diclofenac</td>
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</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.

<table>
<thead>
<tr>
<th>Medications Containing Acetaminophen</th>
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</thead>
<tbody>
<tr>
<td>Acephen®</td>
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<tr>
<td>Aceta® with Codeine</td>
</tr>
<tr>
<td>Acetaminophen with Codeine</td>
</tr>
<tr>
<td>Aspirin-Free Anacin®</td>
</tr>
<tr>
<td>Arthritis Pain Formula® Aspirin-Free</td>
</tr>
<tr>
<td>Datril®</td>
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<tr>
<td>Di-Gesic®</td>
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<tr>
<td>Endocet®</td>
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<tr>
<td>Esgic®</td>
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<tr>
<td>Excedrin P.M.®</td>
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<tr>
<td>Fiorcet®</td>
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<tr>
<td>Fiorcet®</td>
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<tr>
<td>Lorcet®</td>
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<tr>
<td>Lortab®</td>
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<tr>
<td>Lortab®</td>
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<tr>
<td>Naldegesic®</td>
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<tr>
<td>Norco®</td>
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<tr>
<td>Panadol®</td>
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<tr>
<td>Percocet®</td>
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<tr>
<td>Primlev®</td>
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<tr>
<td>Repan®</td>
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<tr>
<td>Roxicet®</td>
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<tr>
<td>Talacen®</td>
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<tr>
<td>Tempra®</td>
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<tr>
<td>Vanquish®</td>
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<tr>
<td>Vicodin®</td>
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<tr>
<td>Wygesic®</td>
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<tr>
<td>Xartemis XR®</td>
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<tr>
<td>Xodol®</td>
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<tr>
<td>Zydone®</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:

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

**Setting up your incentive spirometer**

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

**Using your incentive spirometer**

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

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

To use your incentive spirometer, follow the steps below.

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

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

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

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

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

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

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

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

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

Repeat these steps every hour that you’re awake.

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