PATIENT & CAREGIVER EDUCATION

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. Use this guide as a source of information in the days leading up to your surgery. Bring it 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 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.

Figure 1. Parotid, submandibular, and sublingual salivary glands

Parotid glands

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.

About salivary gland surgery

You’ll still be able to make saliva after your surgery.

The type of surgery you have depends on the location of your salivary gland tumors. Your surgeon will tell you which surgery you’re having. Here are descriptions of the different types of surgery:

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. Your facial nerve must 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. Then they will make an incision (surgical cut) in the front of your ear, down into your neck. They will separate your facial nerve and its branches from your parotid gland tumor. Your surgeon will 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 talk with you about your options for treating this tumor.
Facial changes after surgery

- You may have some facial changes after your surgery. The types of changes 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’ll get 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.
Before Your Surgery

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

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

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Getting ready for your surgery

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

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

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

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

☐ I take prescription medications (medications my healthcare provider prescribes), including patches and creams.

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

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

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

☐ I have sleep apnea.

☐ I’ve had a problem with anesthesia (medication to make me sleep during surgery) in the past.

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

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

☐ I drink alcohol.

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

☐ I use recreational drugs.

About drinking alcohol

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

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

- Be honest with your healthcare providers about how much alcohol you drink.
- Try to stop drinking alcohol once your surgery is planned. If you develop a headache, nausea (feeling like you’re going to throw up), increased anxiety, or can’t sleep after you stop drinking, tell your healthcare provider right away. These are early signs of alcohol withdrawal and can be treated.
- Tell your healthcare provider if you can’t stop drinking.
- Ask your healthcare provider questions about drinking and surgery. As always, all your medical information will be kept confidential.

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

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

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

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

If you don’t have a MyMSK account, you can visit my.mskcc.org, call 646-227-2593, or call your doctor’s office for an enrollment ID to sign up. You can also watch our video How to Enroll in MyMSK: Memorial Sloan Kettering’s Patient Portal (www.mskcc.org/pe/enroll_mymsk). For help, contact the MyMSK Help Desk by emailing mymsk@mskcc.org or calling 800-248-0593.
Within 30 days of your surgery

**Presurgical Testing (PST)**

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

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

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

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

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

**Identify your caregiver**

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

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**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*. You can find it online at www.mskcc.org/pe/guide_caregivers or ask your healthcare provider for a copy.
**Complete a Health Care Proxy form**

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

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

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

**Exercise**

Try to do aerobic exercise every day. Aerobic exercise is any exercise that makes your heart beat faster, such as walking, 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.

**7 days before your surgery**

**Follow your healthcare provider’s instructions for taking aspirin**

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

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

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

2 days before your surgery

Stop taking nonsteroidal anti-inflammatory drugs (NSAIDs)

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

1 day before your surgery

Note the time of your surgery

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

The staff member will tell you what time to arrive at the hospital for your surgery. They’ll also remind you where to go. This will be one of the following locations:

- Presurgical Center (PSC) on the 2\(^{nd}\) floor
  1275 York Avenue (between East 67\(^{th}\) and East 68\(^{th}\) Streets)
  New York, NY 10065
  Take the M elevator to the 2\(^{nd}\) floor.

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

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

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

Take your medications as instructed

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

Things to remember

- Wear something comfortable and loose-fitting.
- If you wear contact lenses, wear your glasses instead. Wearing contact lenses during surgery can damage your eyes.
- Don’t wear any metal objects. Remove all jewelry, including body piercings. The tools used during your surgery can cause burns if they touch metal.
- Don’t wear any lotion, cream, deodorant, makeup, powder, perfume, or cologne.
- Leave valuable items at home.
- If you’re menstruating (have your monthly period), use a sanitary pad, not a tampon. You’ll get disposable underwear, as well as a pad if needed.
What to bring

- Your breathing device for sleep apnea (such as your CPAP device), if you have one.
- Your 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 on East 66th Street between York and First Avenues. If you have questions about prices, call 212-639-2338.

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

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

Once you’re in the hospital

Check in at the desk in the PSC waiting room.

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.

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

Meet with a nurse

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

Your nurse may place an intravenous (IV) line in one of your veins, usually in your arm or hand. If your nurse doesn’t place the IV, your anesthesiologist will do it in the operating room.
Meet with an anesthesiologist
You’ll also meet with an anesthesiologist before surgery. They will:

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

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’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 and place compression boots on your lower legs. These gently inflate and deflate to help blood flow in your legs.

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

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

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.
After Your Surgery

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

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

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In the Post-Anesthesia Care Unit (PACU)

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

**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’ll 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, a staff member will take you to your hospital room.

**In your hospital room**

The length of time you’re in the hospital after your surgery depends on your recovery. Most people stay in the hospital for 1 to 4 days.

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

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

**Managing your pain**

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

At first, you’ll get pain medication through your IV line. Once you’re able to eat, you’ll 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 (lung infection). It will also help you start passing gas and having bowel movements (pooping) again. Your nurse, physical therapist, or occupational therapist will help you move around, if needed.

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

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

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’ll 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’ll 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 what you can do to stay safe and keep from falling at home and during your appointments at MSK. You can find it online at www.mskcc.org/pe/avoid_falling or ask your healthcare provider for a copy.

**Filling out your Recovery Tracker**

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

Fill out your Recovery Tracker every day before midnight (12:00 AM). It only takes 2 to 3 minutes to complete. Your answers to these questions will help us understand how you’re feeling and what you need.

Based on your answers, we may reach out to you or ask you to call your surgeon’s office to give us more information. You can always contact your surgeon’s office if you have any questions. For more information, read the resource *About Your Recovery Tracker*. You can find it in the “Educational Resources” section of this guide.

**Managing your pain**

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

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

- Take your medications as directed and as needed.
- Call your healthcare provider if the medication prescribed for you doesn’t ease your pain.
- Don’t drive or drink alcohol while you’re taking prescription pain medication. Some prescription pain medications can make you drowsy. Alcohol can make the drowsiness worse.
- As your incision heals, you’ll have less pain and need less pain medication. An over-the-counter pain reliever such as acetaminophen (Tylenol®) or ibuprofen (Advil® or Motrin®) will ease aches and discomfort.
  - Follow your healthcare provider’s instructions for stopping your prescription pain medication.
  - Don’t take more of any medication than the amount directed on the label or as instructed by your healthcare provider.
Read the labels on all the medications you’re taking, especially if you’re taking acetaminophen. Acetaminophen is an ingredient in many over-the-counter and prescription medications. Taking too much can harm your liver. Don’t take more than 1 medication that contains acetaminophen without talking with a member of your healthcare team.

- Pain medication should help you resume your normal activities. Take enough medication to do your activities and exercises comfortably. It’s normal for your pain to increase a little as you start to be more active.

- Keep track of when you take your pain medication. It works best 30 to 45 minutes after you take it. Taking it when you first have pain is better than waiting for the pain to get worse.

Some prescription pain medications (such as opioids) may cause constipation (having fewer bowel movements than usual).

**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’ll 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 will 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 (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.

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

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

**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. Your healthcare provider can refer you to MSK’s Counseling Center. You can also reach them by calling 646-888-0200.

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 call your healthcare provider

Call your healthcare provider right away if:
- You have a fever of 100.5 °F (38 °C) or higher.
- You’re having trouble breathing.
- The skin around your incision is warmer than usual.
- The skin around your incision is hot or hard to touch.
- The skin around your incision is getting redder.
- The area around your incision is starting to swell.
- The area around your incision is getting more swollen.
- You have thick or pus-like discharge from your incision.
- You have any questions or concerns.

Contact information

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

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

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

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

Notes _______________________________________________________________________________
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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 for more information if you’re interested in donating blood or platelets.

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

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

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

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

Integrative Medicine Service
646-888-0800
Integrative Medicine Service offers many services to complement (go along with) traditional medical care, including music therapy, mind/body therapies, dance and movement therapy, yoga, and touch therapy.
MSK Library
library.mskcc.org
212-639-7439
You can visit our library website or speak with the library reference staff to find more information about your specific cancer type. You can also visit LibGuides on MSK’s library website at libguides.mskcc.org

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

Patient and Caregiver Peer Support Program
212-639-5007
You may find it comforting to speak with someone who has been through a treatment similar to 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 cancer patients. They provide individual counseling and support groups throughout the course of treatment and can help you communicate with children and other family members. Our social workers can also help refer you to community agencies and programs, as well as financial resources if you’re eligible.

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

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

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

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

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About Your Recovery Tracker

This information explains your Recovery Tracker and how to use it.

What is the Recovery Tracker?

After your surgery, you may have some pain or other symptoms. To help us care for you, we’ll send a group of questions to your MyMSK account. These questions are known as your Recovery Tracker. Your responses to these questions will help us understand how you’re feeling after your surgery.

How do I use it?

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

- You must be signed up for MyMSK. You can access MyMSK at [my.mskcc.org](http://my.mskcc.org). If you’re not sure if you signed up for MyMSK or if you don’t remember how to use it, ask your healthcare provider or call 646-227-2593 for help.
  - If you don’t have a MyMSK account, you can visit [my.mskcc.org](http://my.mskcc.org), call 646-227-2593, or call your doctor’s office for an enrollment ID to sign up. You can also watch our video [How to Enroll in MyMSK: Memorial Sloan Kettering’s Patient Portal](http://www.mskcc.org/pe/enroll_mymsk).

- After you leave the hospital, we’ll send questions to your MyMSK account every day for 5 to 10 days.

- Make sure to answer the questions in your recovery tracker every day before midnight (12:00 AM). After midnight, the questions will be removed and you’ll get new questions the next day.
Answering the questions in your Recovery Tracker will only take you 2 to 3 minutes to complete. You can have your caregiver help you fill them out.

What happens to the information I enter?

- Your responses will be sent to your MSK healthcare team. Based on your responses, someone may contact you or you may be told to call your surgeon’s office to provide more information.
- Your information is secure. It will be stored at Memorial Sloan Kettering (MSK) and only your healthcare team will see it.

If you need medical care right away, call 911 or go to your local emergency room.

Contact Information

If you have a question or concern, call your surgeon’s office from 9:00 AM to 5:00 PM Monday through Friday. After 5:00 PM, during the weekend, or on holidays, call 212-639-2000 and ask for the doctor on call for your surgeon.

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

About Your Recovery Tracker - Last updated on November 23, 2020
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Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E

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

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

Instructions Before Your Cancer Treatment

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

Before your surgery

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

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

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

Before your radiology procedure

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

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

Before and during your chemotherapy

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

Examples of Medications

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

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

<table>
<thead>
<tr>
<th>Common Medications Containing Aspirin</th>
</tr>
</thead>
<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>
</tr>
<tr>
<td>Ascriptin® and Ascriptin A/D®</td>
</tr>
<tr>
<td>Aspergum®</td>
</tr>
<tr>
<td>Asprimox®</td>
</tr>
<tr>
<td>Axotal®</td>
</tr>
<tr>
<td>Azdone®</td>
</tr>
<tr>
<td>Bayer® (most formulations)</td>
</tr>
<tr>
<td>BC® Powder and Cold formulations</td>
</tr>
<tr>
<td>Bufferin® (most formulations)</td>
</tr>
<tr>
<td>Buffets II®</td>
</tr>
<tr>
<td>Buffex®</td>
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</tbody>
</table>
## Common NSAID Medications That Don’t Contain Aspirin

<table>
<thead>
<tr>
<th>Advil®</th>
<th>Duexis®</th>
<th>Mefenamic Acid</th>
<th>PediaCare Fever®</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advil Migraine®</td>
<td>Etodolac®</td>
<td>Meloxicam</td>
<td>Piroxicam</td>
</tr>
<tr>
<td>Aleve®</td>
<td>Feldene®</td>
<td>Menadol®</td>
<td>Ponstel®</td>
</tr>
<tr>
<td>Anaprox DS®</td>
<td>Fenoprofen</td>
<td>Midol®</td>
<td>Relafen®</td>
</tr>
<tr>
<td>Ansaid®</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</td>
<td>Ibuprofen</td>
<td>Nabumetone</td>
<td>Toradol®</td>
</tr>
<tr>
<td>Relief Formula Caplets</td>
<td></td>
<td></td>
<td></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>Ketorolac</td>
<td>Nuprin®</td>
<td>Voltaren®</td>
</tr>
<tr>
<td>Daypro®</td>
<td>Lodine®</td>
<td>Orudis®</td>
<td></td>
</tr>
<tr>
<td>Diclofenac</td>
<td>Meclofenamate</td>
<td>Oxaprozin</td>
<td></td>
</tr>
</tbody>
</table>

## Products Containing Vitamin E

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

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>Acetphen®</th>
<th>Esgic®</th>
<th>Percocet®</th>
<th>Vanquish®</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aceta® with Codeine</td>
<td>Excedrin P.M.®</td>
<td>Primlev®</td>
<td>Vicodin®</td>
</tr>
<tr>
<td>Acetaminophen with Codeine</td>
<td>Fiorcet®</td>
<td>Repan®</td>
<td>Wygesic®</td>
</tr>
<tr>
<td>Aspirin-Free Anacin®</td>
<td>Loracet®</td>
<td>Roxicet®</td>
<td>Xartemis XR®</td>
</tr>
<tr>
<td>Arthritis Pain Formula® Aspirin-Free</td>
<td>Lortab®</td>
<td>Talacen®</td>
<td>Xodol®</td>
</tr>
<tr>
<td>Datril®</td>
<td>Naldegesic®</td>
<td>Tempra®</td>
<td>Zydone®</td>
</tr>
<tr>
<td>Di-Gesic®</td>
<td>Norco®</td>
<td>Tylenol®</td>
<td></td>
</tr>
<tr>
<td>Endocet®</td>
<td>Panadol®</td>
<td>Tylenol® with Codeine No. 3</td>
<td></td>
</tr>
</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.
If you have any questions, contact a member of your healthcare team directly. If you're a patient at MSK and you need to reach a provider after 5:00 PM, during the weekend, or on a holiday, call 212-639-2000.

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

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

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

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

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

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

Common Herbal Supplements and Their Effects

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

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

**Garlic**

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

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

- Can increase your risk of bleeding.

**Ginseng**

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

**Turmeric**

- Can make chemotherapy less effective.

**St. John’s Wort**

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

**Valerian**

- Can increase the effects of sedation or anesthesia.

**Herbal formulas**

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

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

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

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

Herbal Remedies and Cancer Treatment - Last updated on June 24, 2019
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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:

![Video Link](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.

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

For more resources, visit [www.mskcc.org/pe](http://www.mskcc.org/pe) to search our virtual library.