PATIENT & CAREGIVER EDUCATION

About Your Salivary Gland Surgery

This guide will help you get ready for your salivary gland surgery at MSK. It will also help you know what to expect as you recover.

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

Your care team

Doctor: ______________________________________________________

Nurse: ______________________________________________________

Phone number: ________________________________________________

Fax number: __________________________________________________

Your caregiver

Your caregiver will learn about your surgery with you. They'll also help you care for yourself while you’re healing after surgery. Write their name below.

Visit www.msk.org/pe/salivary_gland_surgery to view this guide online.
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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 irritated 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.

Notes ________________________________________________________________
Getting ready for your salivary gland surgery

This section will help you get ready for your surgery. Read it when your surgery is scheduled. Refer to it as your surgery gets closer. It has important information about what to do to get ready.

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

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Getting ready for surgery

You and your care team will work together to get ready for your surgery. Help us keep you safe by telling us if any of these things apply to you, even if you’re not sure.

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

- I take an SGLT2 inhibitor, such as:
  - Canagliflozin (Invokana®).
  - Dapagliflozin (Farxiga®).
  - Empagliflozin (Jardiance®).
  - Ertugliflozin (Steglatro®).

- 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 have 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 or e-cigarette.
• I use recreational drugs, such as marijuana.

About drinking alcohol
It’s important to talk with your healthcare providers about how much alcohol you drink. This will help us plan your care.

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

If you drink alcohol regularly and stop suddenly, it can cause seizures, delirium, and death. If we know you’re at risk for these problems, we can prescribe medications to help prevent them.

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. Tell your healthcare provider right away if you:
  o Get a headache.
  o Feel nauseous (like you’re going to throw up).
  o Feel more anxious (nervous or worried) than usual.
  o Cannot sleep.
These are early signs of alcohol withdrawal and can be treated.

• Tell your healthcare provider if you cannot stop drinking.

• Ask your healthcare provider questions about drinking and surgery. All your medical information will be kept private, as always.

About smoking

If you smoke, you can have breathing problems when you have surgery. Stopping for even a few days before surgery can help.

Your healthcare provider will refer you to our Tobacco Treatment Program if you smoke. You can also reach the program by calling 212-610-0507.

About sleep apnea

Sleep apnea is a common breathing problem. If you have sleep apnea, you stop breathing for short lengths of time while you’re asleep. The most common type is obstructive sleep apnea (OSA). With OSA, your airway becomes fully blocked during sleep.

OSA can cause serious problems during and after surgery. Tell us if you have or think you might have sleep apnea. If you use a breathing device, such as a CPAP machine, bring it on the day of your surgery.
Using MyMSK

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

If you do not have a MyMSK account, you can sign up at my.mskcc.org. You can get an enrollment ID by calling 646-227-2593 or your doctor’s office.

Watch How to Enroll in MyMSK: Memorial Sloan Kettering’s Patient Portal at www.msk.org/pe/enroll_mymsk to learn more. You can also contact the MyMSK Help Desk by emailing mymsk@mskcc.org or calling 800-248-0593.

Within 30 days of your salivary gland surgery

Presurgical Testing (PST)

You’ll have a PST appointment before your surgery. You’ll get a reminder from your surgeon’s office with the appointment date, time, and location.

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

It’s helpful to bring these things to your 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 names and telephone numbers of your healthcare providers.
You’ll meet with a nurse practitioner (NP) during your PST appointment. They work 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 to plan your care, such as:

- An electrocardiogram (EKG) to check your heart rhythm.
- A chest X-ray.
- Blood tests.

Your NP may recommend you see other healthcare providers. They’ll also talk with you about which medications to take the morning of your surgery.

**Identify your caregiver**

Your caregiver has 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. They’ll also help you care for yourself at home.

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**For caregivers**

Caring for a person going through cancer treatment comes with many responsibilities. We offer resources and support to help you manage them.

Visit www.msk.org/caregivers or read *A Guide for Caregivers* to learn more. You can ask for a printed copy or find it at www.msk.org/pe/guide_caregivers
Fill out a Health Care Proxy form

If you have not already filled out a Health Care Proxy form, we recommend you do now. If you already filled one out or have any other advance directives, bring them to your next appointment.

A health care proxy is a legal document. It says who will speak for you if you cannot communicate for yourself. This person is called your health care agent.

- Read Advance Care Planning to learn about health care proxies and other advance directives. You can ask for a printed copy or find it at www.msk.org/pe/advance_care_planning
- Read How to Be a Health Care Agent to learn about being a health care agent. You can find it at www.msk.org/pe/health_care_agent or ask for a printed copy.

Talk with a member of your care team if you have questions about filling out a Health Care Proxy form.

Do breathing and coughing exercises

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

Do physical activity

Doing physical activity will help your body get into its best condition for your surgery. It will also make your recovery faster and easier.
Try to do physical activity every day. Any activity that makes your heart beat faster, such as walking, swimming, or biking, is a good choice. If it’s cold outside, use stairs in your home or go to a mall or shopping center.

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 salivary gland surgery

Follow your healthcare provider’s instructions for taking aspirin

Aspirin can cause bleeding. 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. Do not stop taking aspirin unless they tell you to.

Read Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E to learn more. You can find it in the “Educational resources” section of this guide.

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

Vitamin E, multivitamins, herbal remedies, and other dietary supplements can cause bleeding. Stop taking them 7 days before your surgery. If your healthcare provider gives you other instructions, follow those instead.
Read *Herbal Remedies and Cancer Treatment* to learn more. You can find it in the “Educational resources” section of this guide.

2 days before your salivary gland surgery

Stop taking nonsteroidal anti-inflammatory drugs (NSAIDs)

NSAIDs, such as ibuprofen (Advil® and Motrin®) and naproxen (Aleve®), can cause bleeding. Stop taking them 2 days before your surgery. If your healthcare provider gives you other instructions, follow those instead.

Read *Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E* to learn more. You can find it in the “Educational resources” section of this guide.

1 day before your salivary gland surgery

Note the time of your surgery

A staff member will call you after 2 p.m. the day before your surgery. If your surgery is scheduled for a Monday, they’ll call you the Friday before. If you do not get a call by 7 p.m., call 212-639-5014.

The staff member will tell you what time to get to the hospital for your surgery. They’ll also remind you where to go. This will be one of the following locations:
The Presurgical Center (PSC) at Memorial Hospital
1275 York Avenue (between East 67th and East 68th Streets)
New York, NY 10065
Take the M elevator to the 2nd floor.

The Presurgical Center (PSC) at Memorial Hospital
1275 York Ave. (between East 67th and East 68th streets)
New York, NY 10065
Take the B elevator to the 6th floor.

Instructions for eating before your surgery

Do not eat anything after midnight (12 a.m.) the night before your surgery. This includes hard candy and gum.

The morning of your salivary gland surgery

Instructions for drinking before your surgery

You can drink a total of 12 ounces of water between midnight (12 a.m.) 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
A member of your care team will tell you which medications to take 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.
- Do not wear any metal objects. Take off all jewelry, including body piercings. The tools used during your surgery can cause burns if they touch metal.
- Leave valuable items at home.
- If you’re menstruating (have your monthly period), use a sanitary pad, not a tampon. We’ll give you disposable underwear and a pad if you need them.

What to bring

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

Where to park

MSK’s parking garage is on East 66th Street between York and 1st 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. It’s on the right (north) side of the street. There’s a tunnel you can walk through that connects the garage to the hospital.

There are other parking garages on:

• East 69th Street between 1st and 2nd avenues.
• East 67th Street between York and 1st avenues.
• East 65th Street between 1st and 2nd avenues.
Once you’re in the hospital

When you get to the hospital, take the M elevator to the 2nd floor or the B elevator to the 6th floor. Check in at the desk in the PSC waiting room.

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

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

For caregivers, family, and friends

Read Information for Family and Friends for the Day of Surgery to help you know what to expect on the day of your loved one’s surgery. You can ask for a printed copy or find it at www.msk.org/pe/info_family_friends

Meet with a nurse

You’ll meet with a nurse before surgery. Tell them the dose of any medications you took after midnight (12 a.m.) and the time you took them. Make sure to include prescription and over-the-counter medications, patches, and creams.

Your nurse may place an intravenous (IV) line in one of your veins, usually in your arm or hand. If your nurse does not 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, such as 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 surgery

When it’s time for your surgery, you’ll take off your eyeglasses, hearing aids, dentures, prosthetic devices, wig, and religious articles.

You’ll either walk into the operating room or a staff member will bring you there on a stretcher.

A member of the operating room team will help you onto the operating bed. They’ll put 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, your care team will place a breathing tube through your mouth into your airway. It will help you breathe. They’ll also place a
urinary (Foley) catheter in your bladder. It will drain your urine (pee) during your surgery.

Your surgeon will close your incisions with staples or stitches once they finish your surgery.

They may also place Steri-Strips™ (thin pieces of surgical tape) or Dermabond® (surgical glue) over your incisions. They’ll cover your incisions with a bandage.

Your breathing tube is usually taken out while you’re still in the operating room.
Recovering after your salivary gland surgery

This section will help you know what to expect after your surgery. You’ll learn how to safely recover from your surgery both in the hospital and at home.

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

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In the Post-Anesthesia Care Unit (PACU)

You’ll be in the PACU when you wake up after your surgery. A nurse will be keeping track of your temperature, pulse, blood pressure, and oxygen levels. You may get oxygen through a tube resting below your nose or a mask over 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

You may stay in the PACU for a few hours or overnight. How long you stay depends on the type of surgery you had. A staff member will bring you to your hospital room after your stay in the PACU.

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.

In your hospital room, you’ll meet one of the nurses who will care for you during your stay. A nurse will help you out of bed and into your chair soon after you get there.
Your healthcare providers will teach you how to care for yourself while you’re healing from your surgery.

**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.

Read *Frequently Asked Questions About Walking After Your Surgery* to learn more about how walking can help you recover. You can find it at www.msk.org/pe/walking_after_surgery or ask for a printed copy.

Read *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 for a printed copy or find it at www.msk.org/pe/call_dont_fall
Exercising your lungs

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

- Use your incentive spirometer 10 times every hour you’re awake. Read How to Use Your Incentive Spirometer to learn more. 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, look at your incision with one of your healthcare providers. Knowing what it looks like will help you notice any changes later. On the day of your discharge, plan to leave the hospital around 11 a.m. Your healthcare provider will write your discharge order and prescriptions before you leave. You’ll also get written discharge instructions. One of your healthcare providers will review them with you before you leave.
If your ride isn’t at the hospital when you’re ready to leave, you may be able to wait in the Patient Transition Lounge. A member of your care team will give you more information.

At home
Read *What You Can Do to Avoid Falling* to learn what you can do to keep from falling at home and during your appointments at MSK. You can find it at www.msk.org/pe/avoid_falling or ask for a printed copy.

**Filling out your Recovery Tracker**

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

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

Based on your answers, we may reach out to you for more information. Sometimes, we may ask you to call your surgeon’s office. You can always contact your surgeon’s office if you have any questions.

Read *About Your Recovery Tracker* to learn more. You can find it at www.msk.org/pe/recovery_tracker or ask for a printed copy.

**Managing your pain**

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

Follow these guidelines 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 does not help your pain.
- Do not drive or drink alcohol while you’re taking prescription pain medication. Some prescription pain medications can make you drowsy (very sleepy). Alcohol can make the drowsiness worse.
- You’ll have less pain and need less pain medication as your incision heals. An over-the-counter pain reliever will help with aches and discomfort. Acetaminophen (Tylenol®) and ibuprofen (Advil® or Motrin®) are examples of over-the-counter pain relievers.
  - Follow your healthcare provider’s instructions for stopping your prescription pain medication.
  - Do not take too much of any medication. Follow the instructions on the label or from your healthcare provider.
  - Read the labels on all the medications you’re taking. This is very important if you’re taking acetaminophen. Acetaminophen is an ingredient in many over-the-counter and prescription medications. Taking too much can harm your liver. Do not take more than one medication that has acetaminophen without talking with a member of your care team.
- Pain medication should help you get back to your normal activities. Take enough medication to do your activities and exercises comfortably. You may have a little more pain 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. Constipation is when you poop less often than usual, have a harder time pooping, or both.

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 healthcare provider.

If you go home with sutures in your incision, your healthcare provider 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

You can shower 24 hours after your drains have been removed.
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 healthcare provider if you see any redness or thick, pus-like drainage from your incision.

Physical activity and exercise

Your incision may look like it’s healed on the outside when you leave the hospital. It will not be healed on the inside. For the first 2 weeks after your surgery:

- Do not lift anything heavier than 10 pounds (4.5 kilograms).
- Do not do any high-energy activities, such as jogging and tennis.
- Do not play any contact sports, such as football.

Doing physical activity, such as walking and stair climbing, will help you gain strength and feel better. Try to 20 to 30 minutes of physical activity at least 2 to 3 times a day. For example, you can walk outside or indoors at your local mall or shopping center.

It’s common to have less energy than usual after surgery. Recovery time is different for everyone. Do more activity each day as much as you can. Always balance activity periods with rest periods. Rest is an important part of your recovery.
Driving
Ask your healthcare provider when you can drive. Most people can start driving again 7 to 10 days after surgery. Do not 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. They’ll tell you when it may be safe for you to start working again based on what you do. If you move around a lot or lift heavy objects, you may need to stay out a little longer. If you sit at a desk, you may be able to go back sooner.

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
You may have new and upsetting feelings after a surgery for a serious illness. Many people say they felt weepy, sad, worried, nervous, irritable, or angry at one time or another. You may find that you cannot 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. We can also 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.

We’re here to help you and your family and friends handle the emotional aspects of your illness. We can help no matter if you’re in the hospital or at home.

When to call your healthcare provider

Call your healthcare provider if:

- You have a fever of 100.5 °F (38 °C) or higher.
- You have chills.
- You’re having trouble breathing.
- The skin around your incision is very red or getting more red.
- The skin around your incision is warmer than usual.
- The area around your incision is starting to swell or getting more swollen.
- You see drainage that looks like pus (thick and milky).
- Your incision smells bad.
- You have any questions or concerns.
Contact information

Monday through Friday from 9 a.m. to 5 p.m., call your healthcare provider’s office.

After 5 p.m., during the weekend, and on holidays, call 212-639-2000. Ask to speak to the person on call for your healthcare provider.

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33
Support services

This section has a list of support services. They may help you as you get ready for your surgery and recover after your surgery.

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

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MSK support services

Admitting Office
212-639-7606
Call if you have questions about your hospital admission, such as asking for a private room.

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

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

Bobst International Center
888-675-7722
We welcome patients from around the world and offer many services to help. If you’re an international patient, call for help arranging your care.

Counseling Center
www.msk.org/counseling
646-888-0200
Many people find that counseling helps them. Our Counseling Center offers counseling for individuals, couples, families, and groups. We can also prescribe medications to help if you feel anxious or depressed. Ask a member of your care team for a referral or call the number above to make an appointment.

Food Pantry Program
646-888-8055
We give food to people in need during their cancer treatment. Talk with a member of your care team or call the number above to learn more.
Integrative Medicine Service
www.msk.org/integrativemedicine
Our 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. Call 646-449-1010 to make an appointment for these services.

You can also schedule a consultation with a healthcare provider in the Integrative Medicine Service. They’ll work with you to make a plan for creating a healthy lifestyle and managing side effects. Call 646-608-8550 to make an appointment for a consultation.

MSK Library
library.mskcc.org
212-639-7439
You can visit our library website or call to talk with the library reference staff. They can help you find more information about a type of cancer. You can also visit the library’s Patient and Health Care Consumer Education Guide at libguides.mskcc.org/patienteducation

Nutrition Services
www.msk.org/nutrition
212-639-7312
Our Nutrition Service offers nutritional counseling with one of our clinical dietitian nutritionists. Your clinical dietitian nutritionist will talk with you about your eating habits. They can also give advice on what to eat during and after treatment. Ask a member of your care team for a referral or call the number above to make an appointment.
Patient and Community Education
www.msk.org/pe
Visit our patient and community education website to search for educational resources, videos, and online programs.

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 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 Nurses and Companions
917-862-6373
You can request private nurses or companions to care for you in the hospital and at home. Call to learn more.

Rehabilitation Services
www.msk.org/rehabilitation
Cancers and cancer treatments can make your body feel weak, stiff, or tight. Some can cause lymphedema (swelling). Our physiatrists (rehabilitation medicine doctors), occupational therapists (OTs), and physical therapists (PTs) can help you get back to your usual activities.

- Rehabilitation medicine doctors diagnose and treat problems that affect how you move and do activities. They can design and help
coordinate your rehabilitation therapy program, either at MSK or somewhere closer to home. Call Rehabilitation Medicine (Physiatry) at 646-888-1929 to learn more.

- An OT can help if you’re having trouble doing usual daily activities. For example, they can recommend tools to help make daily tasks easier. A PT can teach you exercises to help build strength and flexibility. Call Rehabilitation Therapy at 646-888-1900 to learn more.

Resources for Life After Cancer (RLAC) Program
646-888-8106
At MSK, care does not end after your treatment. The RLAC Program is for patients and their families who have finished treatment.

This program has many services. We offer seminars, workshops, support groups, and counseling on life after treatment. We can also help with insurance and employment issues.

Sexual Health Programs
Cancer and cancer treatments can affect your sexual health, fertility, or both. MSK’s sexual health programs can help you before, during, or after your treatment.

- Our Female Sexual Medicine and Women’s Health Program can help with sexual health problems such as premature menopause or fertility issues. Call 646-888-5076 to learn more or make an appointment.
- Our Male Sexual and Reproductive Medicine Program can help with sexual health problems such as erectile dysfunction (ED). Call 646-888-6024 to learn more or make an appointment.
Social Work
www.msk.org/socialwork
212-639-7020
Social workers help patients, families, and friends deal with common issues for people who have cancer. They provide individual counseling and support groups throughout your treatment. They can help you communicate with children and other family members.

Our social workers can also help refer you to community agencies and programs. If you’re having trouble paying your bills, they also have information about financial resources. Call the number above to learn more.

Spiritual Care
212-639-5982
Our chaplains (spiritual counselors) are available to listen, help support family members, and pray. They can contact community clergy or faith groups, or simply be a comforting companion and a spiritual presence. Anyone can ask for spiritual support. You do not have to have a religious affiliation (connection to a religion).

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

Tobacco Treatment Program
www.msk.org/tobacco
212-610-0507
If you want to quit smoking, MSK has specialists who can help. Call to learn more.
Virtual Programs
www.msk.org/vp
We offer online education and support for patients and caregivers. These are live sessions where you can talk or just listen. You can learn about your diagnosis, what to expect during treatment, and how to prepare for your cancer care.

Sessions are private, free, and led by experts. Visit our website to learn more about Virtual Programs or to register.

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. Others can help with transportation, lodging, and treatment costs.

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

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41
Educational resources

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

As you read these resources, write down questions to ask your healthcare provider. You can use the space below.

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43
PATIENT & CAREGIVER EDUCATION

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><strong>Aggrenox®</strong></td>
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<tr>
<td><strong>Alka Seltzer®</strong></td>
</tr>
<tr>
<td><strong>Anacin®</strong></td>
</tr>
<tr>
<td><strong>Arthritis Pain Formula</strong></td>
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<tr>
<td><strong>Arthritis Foundation Pain Reliever®</strong></td>
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<tr>
<td><strong>ASA Enseals®</strong></td>
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<tr>
<td><strong>ASA Suppositories®</strong></td>
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<tr>
<td><strong>Ascriptin® and Ascriptin A/D®</strong></td>
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<tr>
<td><strong>Aspergum®</strong></td>
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<tr>
<td><strong>Asprimox®</strong></td>
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<tr>
<td><strong>Axotal®</strong></td>
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<tr>
<td><strong>Azdone®</strong></td>
</tr>
<tr>
<td><strong>Bayer® (most formulations)</strong></td>
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<tr>
<td><strong>BC® Powder and Cold formulations</strong></td>
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<tr>
<td><strong>Bufferin® (most formulations)</strong></td>
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<tr>
<td><strong>Buffets II®</strong></td>
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<tr>
<td><strong>Buffex®</strong></td>
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</table>
# Common NSAID Medications That Don’t Contain Aspirin

<table>
<thead>
<tr>
<th>NSAID Medications</th>
<th>Products Containing Vitamin E</th>
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</thead>
<tbody>
<tr>
<td>Advil®</td>
<td>Amino-Opt-E</td>
</tr>
<tr>
<td>Advil Migraine®</td>
<td>Aquavit</td>
</tr>
<tr>
<td>Aleve®</td>
<td>E-400 IU</td>
</tr>
<tr>
<td>Anaprox DS®</td>
<td>E complex-600 IU</td>
</tr>
<tr>
<td>Ansaid®</td>
<td>Aquasol E</td>
</tr>
<tr>
<td>Arthrotec®</td>
<td>D’alpha E</td>
</tr>
<tr>
<td>Bayer® Select Pain</td>
<td>E-1000 IU Softgels</td>
</tr>
<tr>
<td>Celebrex®</td>
<td>400 IU</td>
</tr>
<tr>
<td>Celecoxib</td>
<td>softergels</td>
</tr>
<tr>
<td>Children’s Motrin®</td>
<td>E-1000 IU</td>
</tr>
<tr>
<td>Clinoril®</td>
<td>E complex-600 IU</td>
</tr>
<tr>
<td>Daypro®</td>
<td>E complex-600 IU</td>
</tr>
<tr>
<td>Diclofenac</td>
<td>E complex-600 IU</td>
</tr>
<tr>
<td>Etodolac®</td>
<td>E complex-600 IU</td>
</tr>
<tr>
<td>Feldene®</td>
<td>E complex-600 IU</td>
</tr>
<tr>
<td>Fenoprofen</td>
<td>E complex-600 IU</td>
</tr>
<tr>
<td>Flurbiprofen</td>
<td>E complex-600 IU</td>
</tr>
<tr>
<td>Genpril®</td>
<td>E complex-600 IU</td>
</tr>
<tr>
<td>Ibuprofen</td>
<td>E complex-600 IU</td>
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<tr>
<td>Indomethacin</td>
<td>E complex-600 IU</td>
</tr>
<tr>
<td>Indocin®</td>
<td>E complex-600 IU</td>
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<tr>
<td>Ketoprofen</td>
<td>E complex-600 IU</td>
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<tr>
<td>Ketorolac</td>
<td>E complex-600 IU</td>
</tr>
<tr>
<td>Lodine®</td>
<td>E complex-600 IU</td>
</tr>
<tr>
<td>Mefenamic Acid</td>
<td>E complex-600 IU</td>
</tr>
<tr>
<td>Meloxicam</td>
<td>E complex-600 IU</td>
</tr>
<tr>
<td>Menadol®</td>
<td>E complex-600 IU</td>
</tr>
<tr>
<td>Midol®</td>
<td>E complex-600 IU</td>
</tr>
<tr>
<td>Mobic®</td>
<td>E complex-600 IU</td>
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<tr>
<td>Nabumetone</td>
<td>E complex-600 IU</td>
</tr>
<tr>
<td>Motrin®</td>
<td>E complex-600 IU</td>
</tr>
<tr>
<td>Naproxen</td>
<td>E complex-600 IU</td>
</tr>
<tr>
<td>Naprosyn®</td>
<td>E complex-600 IU</td>
</tr>
<tr>
<td>Nuprin®</td>
<td>E complex-600 IU</td>
</tr>
<tr>
<td>Oxaprozin</td>
<td>E complex-600 IU</td>
</tr>
<tr>
<td>PediaCare Fever®</td>
<td>E complex-600 IU</td>
</tr>
<tr>
<td>Piroxicam</td>
<td>E complex-600 IU</td>
</tr>
<tr>
<td>Ponstel®</td>
<td>E complex-600 IU</td>
</tr>
<tr>
<td>Relafen®</td>
<td>E complex-600 IU</td>
</tr>
<tr>
<td>Saleto 200®</td>
<td>E complex-600 IU</td>
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<tr>
<td>Sulindac</td>
<td>E complex-600 IU</td>
</tr>
<tr>
<td>Toradol®</td>
<td>E complex-600 IU</td>
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<tr>
<td>Treximet®</td>
<td>E complex-600 IU</td>
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<tr>
<td>Vicoprofen®</td>
<td>E complex-600 IU</td>
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<tr>
<td>Vimovo®</td>
<td>E complex-600 IU</td>
</tr>
<tr>
<td>Voltaren®</td>
<td>E complex-600 IU</td>
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<tr>
<td>Orudis®</td>
<td>E complex-600 IU</td>
</tr>
<tr>
<td>Oxaproxin</td>
<td>E complex-600 IU</td>
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</tbody>
</table>

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

## About Acetaminophen

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

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

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

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

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

About Herbal Remedies

Herbal remedies are any herbs, botanical (plant-based) supplements, or dietary supplements you take for their health benefits. These may come as tablets, capsules, powders, teas, liquid extracts, and fresh or dried plants.

Some herbal remedies can help prevent or manage side effects of cancer or your treatment. The herbal remedies that can help you depend on what symptoms you have and what treatment you’re getting.

Even though herbal remedies can feel safe, they may not all be safe. Herbal remedies do not go through the same testing as prescription medications to make sure they work and are safe.

Some herbal remedies may be harmful. This is because they can:

- Affect how your other medications work.
- Raise or lower your blood pressure.
- Thin your blood and increase your risk of bleeding.
- Keep radiation therapy from working as well as it should.
- Change how your body reacts to sedation (medication to make you calmer) or general anesthesia (medication to make you sleepy).

Talk with your healthcare provider about any herbal remedies or other
supplements you are taking. They can provide an open and safe space to talk about these products.

For more information about herbs and supplements, visit www.aboutherbs.com or call MSK’s Integrative Medicine Service at 646-608-8550.

**Stop taking herbal remedies before your treatment**

**Stop taking herbal remedies and other dietary supplements 7 days (1 week) before you:**

- Have surgery.
- Start chemotherapy.
- Start radiation therapy.
- Have certain procedures. Your healthcare provider will let you know if you need to stop taking herbal remedies before your procedure.

Herbal remedies and other dietary supplements can cause bleeding and affect your treatment. Follow your healthcare provider’s instructions for when to restart taking herbal remedies.

You can still use some herbs in your food and drinks, such as using spices in cooking and drinking tea. Herbal remedies are stronger than the herbs you cook with.

**Common Herbal Remedies and Their Effects**

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

**Echinacea (EH-kih-NAY-shuh)**

- Can cause rare but serious allergic reactions, such as a rash or trouble breathing.
- Can keep medications that weaken your immune system from working as well as they should.
Garlic

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

Gingko (also known as Gingko biloba)

- Can increase your risk of bleeding.

Ginseng (JIN-seng)

- Can keep sedation or general anesthesia from working as well as they should.
- Can increase your blood pressure.
- Can increase your risk of bleeding.
- Can lower your blood glucose (sugar) level.

Turmeric (TER-mayr-ik)

- Can keep chemotherapy from working as well as it should.

St. John’s Wort

- Can keep some medications from working as well as they should.
- Can make your skin more sensitive to radiation or laser treatment.

Valerian (vuh-LEER-ee-un)

- Can make sedation or general anesthesia affect you more than they should.

Herbal formulas

- Herbal formulas contain many different herbs and dosages.
- Stop taking these products 7 days (1 week) before treatment. Do not start taking herbal formulas again until your healthcare provider tells you it is safe.
This information does not cover all herbal remedies or possible side effects. Talk with your healthcare provider if you have any questions or concerns.

**Contact Information**

- To schedule a consultation with a healthcare provider in Integrative Medicine, call 646-608-8550.
- To make an appointment for Integrative Medicine Service’s therapies, classes, and workshops, call 646-449-1010.

For more information, visit [www.mskcc.org/IntegrativeMedicine](http://www.mskcc.org/IntegrativeMedicine) or read *Integrative Medicine Therapies and Your Cancer Treatment* ([www.mskcc.org/pe/integrative_therapies](http://www.mskcc.org/pe/integrative_therapies)).

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

Herbal Remedies and Cancer Treatment - Last updated on May 5, 2022
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How To Use Your Incentive Spirometer

This information will help you learn how to use your incentive spirometer (in-SEN-tiv spy-rah-MEE-ter). It also answers some common questions about it.

About Your Incentive Spirometer

An incentive spirometer is a device that will expand your lungs by helping you breathe more deeply and fully. It measures how much air you can breathe into your lungs.

Using an incentive spirometer:

- Helps you practice taking slow, deep breaths.
- Exercises your lungs and makes them stronger as you heal from surgery.
- Helps clear out mucus that builds up in your lungs.
- Lowers your risk of getting a lung infection as you heal from surgery.
The parts of your incentive spirometer are labeled in Figure 1.

![Incentive Spirometer Diagram]

**Figure 1. Incentive Spirometer**

It’s very important to use your incentive spirometer after your surgery. It’s also important to do your deep breathing and coughing exercises. This will help loosen and bring up any mucus in your lungs. Keeping your lungs active during your recovery will help prevent lung infections, such as pneumonia (nook-MOH-nyuh).

If you have an active respiratory infection, do not use your incentive spirometer around other people. A respiratory infection is an infection in your nose, throat, or lungs, such as pneumonia or COVID-19. This kind of infection can spread from person to person through the air. It can spread to someone near you when you’re using your spirometer to breathe in and out.
How To Use Your Incentive Spirometer

Here is a video that shows how to use your incentive spirometer:

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

Setting up your incentive spirometer

Before you use your incentive spirometer for the first time, you will need to set it up. First, take the flexible (bendable) tubing out of the bag and stretch it out. Then, connect the tubing to the outlet on the right side of the base (see Figure 1). The mouthpiece is attached to the other end of the tubing.

Using your incentive spirometer

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

If you feel dizzy or lightheaded (like you’re going to faint) at any time, stop and rest. Try again at a later time.

Follow these steps to use your incentive spirometer. Repeat these steps each hour you’re awake.

1. Sit upright on the edge of your bed or in a chair. Hold the incentive spirometer at eye level.
   ○ If you had surgery on your chest or abdomen (belly), it may help to splint your incision (surgical cut). To do this, hold a pillow against your incision. This will keep your muscles from moving as much while you’re using the spirometer. It will also help ease pain at your incision.

2. Before you use the spirometer, breathe out (exhale) slowly and fully through your mouth.

3. Put the mouthpiece in your mouth and close your lips tightly around it.
Make sure you do not block the mouthpiece with your tongue.

4. Breathe in (inhale) slowly through your mouth as deeply as you can. You will see the piston slowly rise inside the spirometer. The deeper you breathe in, the higher the piston will rise.

5. Try to get the piston to rise as high as you can. As the piston rises, the coaching indicator on the right side of the spirometer should also rise. It should stay between the 2 arrows (see Figure 1).
   - The coaching indicator measures the speed of your breath. If it does not stay between the arrows, you’re breathing in either too fast or too slow.
     - If the indicator rises above the higher arrow, you’re breathing in too fast. Try to breathe in slower.
     - If the indicator stays below the lower arrow, you’re breathing in too slow. Try to breathe in faster.

6. When you get the piston to rise as high as you can, hold your breath for at least 5 seconds. You will see the piston slowly fall to the bottom of the spirometer.

7. Once the piston reaches the bottom of the spirometer, breathe out slowly and fully through your mouth. If you want, you can take the mouthpiece out of your mouth first and then breathe out.

8. Rest for a few seconds. If you took the mouthpiece out of your mouth, put it back in when you’re ready to start again.

9. Repeat steps 1 to 8 at least 10 times. Try to get the piston to the same level with each breath. After you have done the exercise 10 times, go on to step 10.

10. Try to cough a few times. As you’re coughing, hold a pillow against your incision, as needed. Coughing will help loosen and bring up any mucus in your lungs.

11. Use the marker on the left side of the spirometer to mark how high the piston rises (see Figure 1). Look at the very top of the piston, not the bottom. The number you see at the top is the highest number the piston
reached. Put the marker there. This is how high you should try to get the piston the next time you use your spirometer.

- Write down the highest number the piston reached. This can help you change your goals and track your progress over time.

**Use your incentive spirometer 10 times each hour you’re awake.**

Cover the mouthpiece of your incentive spirometer when you’re not using it.

**Commonly Asked Questions**

**How often should I use my incentive spirometer?**

How often you will need to use your incentive spirometer is different for everyone. It depends on the type of surgery you had and your recovery process.

Most people are able to use their incentive spirometer at least 10 times each hour they’re awake. Your healthcare provider will tell you how often to use your spirometer. Follow their instructions.

**How long after my surgery will I need to use my incentive spirometer?**

The length of time you will need to use your incentive spirometer is different for everyone. It depends on the type of surgery you had and your recovery process.

Your healthcare provider will tell you how long you need to use your spirometer for. Follow their instructions.

**What do the numbers on my incentive spirometer measure?**

The large column of your incentive spirometer has numbers on it (see Figure 1). These numbers measure the volume of your breath in milliliters (mL) or cubic centimeters (cc). The volume of your breath is how much air you can breathe into your lungs (inhale).
For example, if the piston rises to 1500, it means you can inhale 1500 mL or cc of air. The higher the number, the more air you’re able to inhale, and the better your lungs are working.

**What number I should aim for?**
The number you should aim for depends on your age, height, and sex. It also depends on the type of surgery you had and your recovery process. Your healthcare provider will look at these things when setting a goal for you. They will tell you what number to aim for.

Most people start with a goal of 500 mL or cc. Your healthcare provider may change your goal and have you aim for higher numbers as you heal from surgery.

The package your incentive spirometer came in should also have a chart. You can use the chart to set your goal based on your age, height, and sex.

**What does the coaching indicator on my incentive spirometer measure?**
The coaching indicator on your incentive spirometer measures the speed of your breath. As the speed of your breath changes, the indicator moves up and down.

Use the indicator to guide your breathing. If the indicator rises above the higher arrow, it means you’re breathing in too fast. If the indicator stays below the lower arrow, it means you’re breathing in too slow.

Aim to keep the indicator between the 2 arrows (see Figure 1). This means your breath is steady and controlled.

**When To Call Your Healthcare Provider**
Call your healthcare provider if you have any of these when using your incentive spirometer:

- Dizziness or feeling like you’re going to faint (pass out).
• Pain in your lungs or chest.
• Pain when you take deep breaths.
• Trouble breathing.
• Coughing up blood.
• Fluid or blood coming from your incision site (surgical cut) when you cough.
• Trouble using your spirometer for any reason.

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

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