About Your Total Abdominal Hysterectomy and Other Gynecologic Surgeries

This guide will help you get ready for your total abdominal hysterectomy and other gynecologic 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 on the day of your surgery. You and your care team will refer to it as you learn more about your recovery.

Your care 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/hysterectomy_gyn_surgery
## Table of contents

**About Your Surgery**
- About your reproductive system ................................................................. 3
- Total abdominal hysterectomy ................................................................. 4
- Salpingo-oophorectomy .............................................................................. 4
- Sentinel lymph node mapping and lymph node dissection ......................... 4
- Colon resection .......................................................................................... 5

**Before Your Surgery** .............................................................................. 7
- Getting ready for your surgery ................................................................. 8
- Within 30 days of your surgery ............................................................... 10
- 7 days before your surgery ...................................................................... 13
- 2 days before your surgery ...................................................................... 14
- 1 day before your surgery ........................................................................ 14
- The morning of your surgery .................................................................. 17

**After Your Surgery** .............................................................................. 21
- In the Post-Anesthesia Care Unit (PACU) .................................................. 22
- In your hospital room ............................................................................... 22
- At home .................................................................................................... 24
- When to call your healthcare provider ..................................................... 30

**Support Services** .................................................................................. 31
- MSK support services ................................................................................ 32
- External support services .......................................................................... 34

**Educational Resources** ......................................................................... 35
- About Your Recovery Tracker
- Call! Don’t Fall!
- Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E
- Herbal Remedies and Cancer Treatment
- How to Use Your Incentive Spirometer
- What You Can Do to Avoid Falling
About Your Surgery

A total abdominal hysterectomy is a surgery to remove your uterus and cervix. You may be having a hysterectomy because you have:

- Uterine cancer, cervical cancer, or ovarian cancer
- Uterine fibroids
- Endometriosis
- Heavy vaginal bleeding
- Pelvic pain

Your healthcare provider will talk with you about why you’re having the surgery.

About your reproductive system

Your reproductive system includes your ovaries, fallopian tubes, uterus, cervix, and vagina (see Figure 1). Your uterus is in your lower abdomen (belly) between your bladder and rectum. The lower narrow end of your uterus is called your cervix. Your ovaries and fallopian tubes are attached to your uterus.

After your hysterectomy, you won’t be able to have children naturally. You’ll also stop menstruating (getting your monthly period). A hysterectomy doesn’t cause menopause unless your ovaries are removed.

If you want to have biological children in the future, ask your healthcare provider for a referral to a fertility specialist.

Figure 1. Your reproductive system
Total abdominal hysterectomy

During your total abdominal hysterectomy, your surgeon will make an incision (surgical cut) on your abdomen. They’ll remove your uterus and cervix through the incision. They’ll then close your incision with sutures (stitches).

You might have 1, 2, or all 3 of the following procedures along with your hysterectomy. What you have depends on why you’re having surgery. Your surgeon will talk with you about the plan for your specific surgery.

Salpingo-oophorectomy

A salpingo-oophorectomy (sal-PIN-goh-oh-oh-foh-REK-toh-mee) is a surgery to remove your ovary and fallopian tube on one or both sides of your body.

If you haven’t started menopause, you’ll go into menopause if both of your ovaries are removed. You may have some of the common symptoms, including night sweats, hot flashes, and vaginal dryness. Talk with your healthcare provider about ways to manage these symptoms. If you’ve already gone through menopause, you shouldn’t notice any changes.

Sentinel lymph node mapping and lymph node dissection

Lymph nodes are small, bean-shaped glands that make and store the cells that help your body fight infections. Lymph nodes are found throughout your body. Sentinel lymph nodes are the lymph nodes most likely to be affected if you have cancer and it has spread.

If your surgeon thinks you may have cancer, they may do sentinel lymph node mapping and remove some of your lymph nodes during your surgery. This is called a lymph node dissection.

For sentinel lymph node mapping, your surgeon will inject a small amount of dye in the area where the cancer may be. They’ll talk with you the type of dye they’ll use. This dye will travel to the sentinel lymph nodes and turn them blue or green.

Once the sentinel nodes are located, your surgeon will make a small incision. They’ll remove the sentinel nodes and send them to the Pathology Department to be checked for cancer cells.
Colon resection

A colon resection is a surgery to remove part of your colon. You may be having a colon resection to:

- Remove part of your colon that has cancer
- Remove a mass near your colon

Your surgeon will talk with you about which part of your colon will be removed (see Figure 2). After they remove this part of your colon, they’ll connect the healthy ends of your colon back together.
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 care 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® or 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 medications 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 care 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.
About Enhanced Recovery After Surgery (ERAS)

ERAS is a program to help you get better faster after your surgery. As part of the ERAS program, it’s important to do certain things before and after your surgery.

Before your surgery, make sure you’re ready by doing the following things:

- **Read this guide.** It will help you know what to expect before, during, and after your surgery. If you have questions, write them down. You can ask your healthcare provider at your next appointment, or you can call their office.
- **Exercise and follow a healthy diet.** This will help get your body ready for your surgery.

After your surgery, help yourself recover more quickly by doing the following things:

- **Read your recovery pathway.** This is a written educational resource that your healthcare provider will give you. It has goals for your recovery and will help you know what to do and expect on each day during your recovery.
- **Start moving around as soon as you can.** The sooner you’re able to get out of bed and walk, the quicker you’ll be able to get back to your normal activities.

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 names and telephone numbers of your healthcare providers.

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.

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.

Arrange for someone to take you home

You must have a responsible care partner take you home after your surgery. A responsible care partner is someone who can help you get home safely and report concerns to your healthcare providers, if needed. Make sure to plan this before the day of your surgery.

If you don’t have a responsible care partner to take you home, call one of the agencies below. They’ll send someone to go home with you. There’s usually a charge for this service, and you’ll need to provide transportation. It’s OK to use a taxi or car service, but you must still have a responsible care partner with you.

Agencies in New York

- Partners in Care: 888-735-8913
- Caring People: 877-227-4649

Agencies in New Jersey

- Caring People: 877-227-4649
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.

Do breathing and coughing exercises

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

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.

Buy a 4% chlorhexidine gluconate (CHG) solution antiseptic skin cleanser (such as Hibiclens®)

4% CHG solution is a skin cleanser that kills germs for 24 hours after you use it. Showering with it before your surgery will help lower your risk of infection after surgery. You can buy a 4% CHG solution antiseptic skin cleanser at your local pharmacy without a prescription.
Buy supplies for your bowel preparation, if needed

Your healthcare provider may tell you to do a bowel preparation (clear the stool from your body) before your surgery. If they do, they’ll tell you what to do. You’ll need to buy the following supplies:

- 1 (238-gram) bottle of polyethylene glycol (MiraLAX®). You can get this from your local pharmacy. You don’t need a prescription.
- 1 (64-ounce) bottle of a clear liquid. For examples of clear liquids, read the “Follow a clear liquid diet” section.
- Extra clear liquids to drink while you’re following a clear liquid diet.

Your healthcare provider may have sent prescriptions for the following antibiotics to your pharmacy:

- Metronidazole (Flagyl®, Metrogel®) 500 milligram tablets
- Neomycin (Neo-Fradin®) 500 milligram tablets

Be sure to also pick up these antibiotics, if needed.

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

**Follow a clear liquid diet, if needed**

Your healthcare provider will tell you if you need to follow a clear liquid diet the day before your surgery.

A clear liquid diet includes only liquids you can see through. Examples are listed in the “Clear liquid diet” table. While you’re following this diet:

- Don’t eat any solid foods.
- Try to drink at least 1 (8-ounce) glass of clear liquid every hour while you’re awake.
- Drink different types of clear liquids. Don’t just drink water, coffee, and tea.
- Don’t drink sugar-free liquids unless you have diabetes and a member of your care team tells you to.

**For people with diabetes**

If you have diabetes, ask the healthcare provider who manages your diabetes what you should do while you’re following a clear liquid diet.

- If you take insulin or another medication for diabetes, ask if you need to change the dose.
- Ask if you should drink sugar-free clear liquids.
- Make sure to check your blood sugar level often while you’re following a clear liquid diet. If you have any questions, talk with your healthcare provider.
Clear liquid diet

<table>
<thead>
<tr>
<th>Drink</th>
<th>Do Not Drink</th>
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<tbody>
<tr>
<td><strong>Soups</strong></td>
<td>• Clear broth, bouillon, or consommé</td>
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<tr>
<td></td>
<td>• Any products with pieces of dried food or seasoning</td>
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<tr>
<td><strong>Sweets</strong></td>
<td>• Gelatin (such as Jell-O®)</td>
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<td></td>
<td>• Flavored ices</td>
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<td>• Hard candies (such as Life Savers®)</td>
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<td></td>
<td>• All others</td>
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<tr>
<td><strong>Drinks</strong></td>
<td>• Clear fruit juices (such as lemonade, apple, cranberry, and grape juices)</td>
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<tr>
<td></td>
<td>• Soda (such as ginger ale, 7-Up®, Sprite®, and seltzer)</td>
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<td></td>
<td>• Sports drinks (such as Gatorade®)</td>
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<td>• Black coffee</td>
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<td>• Tea</td>
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<td>• Juices with pulp</td>
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<td>• Nectars</td>
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<td></td>
<td>• Milk or cream</td>
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<td></td>
<td>• Alcoholic drinks</td>
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</table>

Start bowel preparation, if needed

Your healthcare provider will tell you if you need to do a bowel preparation the day before your surgery.

The morning of the day before your surgery, mix all 238 grams of MiraLAX with 64 ounces of clear liquid until the MiraLAX powder dissolves. Once the powder is dissolved, you can put the mixture in the refrigerator if you want to.

At 5:00 PM on the day before your surgery, start drinking the MiraLAX mixture. It will cause frequent bowel movements, so make sure you’re near a bathroom.

- Drink 1 (8-ounce) glass of the mixture every 15 minutes until it’s gone.
- When you finish the MiraLAX mixture, drink 4 to 6 glasses of clear liquids. You can keep drinking clear liquids until midnight or until you go to bed, but you don’t have to.
- Apply zinc oxide ointment or Desitin® to the skin around your anus after every bowel movement. This helps prevent irritation.

At 7:00 PM on the day before your surgery, take your antibiotics as instructed.

At 11:00 PM on the day before your surgery, take your antibiotics as instructed.
**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 the following location:

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

**Shower with a 4% CHG solution antiseptic skin cleanser (such as Hibiclens)**

The night before your surgery, shower using a 4% CHG solution antiseptic skin cleanser.

1. Use your normal shampoo to wash your hair. Rinse your head well.
2. Use your normal soap to wash your face and genital area. Rinse your body well with warm water.
3. Open the 4% CHG solution bottle. Pour some into your hand or a clean washcloth.
4. Move away from the shower stream. Rub the 4% CHG solution gently over your body from your neck to your feet. Don’t put it on your face or genital area.
5. Move back into the shower stream to rinse off the 4% CHG solution. Use warm water.
6. Dry yourself off with a clean towel after your shower.
7. Don’t put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne after your shower.

**Instructions for eating before your surgery**

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

Instructions for drinking before your surgery

Finish the CF(Preop)® drink your healthcare provider gave you 2 hours before your scheduled arrival time. Do not drink anything else, including water.

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.

Shower with a 4% CHG solution antiseptic skin cleanser (such as Hibiclens)
Shower with a 4% CHG solution antiseptic skin cleanser before you leave for the hospital. Use it the same way you did the night before.

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

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.
- Leave valuable items at home.
- If you’re menstruating (have your monthly period) or have any bleeding from your vagina, 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 your eyeglasses, hearing aids, dentures, prosthetic devices, wig, or religious articles), if you have any.
- This guide. You’ll use it when you learn 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

When you get to the hospital, take 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.

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.

Your doctor and anesthesiologist may also talk with you about placing an epidural catheter. An epidural catheter is a thin, flexible tube that’s placed in your back, in the space just outside your spinal cord. An epidural catheter is a way to give you pain medication after your surgery.

**Get ready for your surgery**
When it’s time for your surgery, you’ll need to remove your hearing aids, dentures, prosthetic devices, wig, and religious articles, if you have them. 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 and place compression boots on your lower legs. These gently inflate and deflate to help blood flow in your legs. You may also have a blood pressure cuff and EKG pads to monitor you during surgery.

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 may also be placed to drain urine (pee) from your bladder.

Once your surgery is finished, your surgeon will close your incision(s) with staples, sutures (stitches), Dermabond® (surgical glue), or Steri-Strips™ (thin pieces of surgical tape). They may also cover them with a dry dressing (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.

Pain medication
You’ll get pain medication through your IV line, epidural catheter, or as a tablet that you swallow. Your healthcare providers will ask you about your pain often and give you medication as needed. If your pain isn’t relieved, tell one of your healthcare providers.

Tubes and drains
• You may have a urinary catheter in your bladder to help keep track of how much urine (pee) you’re making. If you do, it should be removed before you leave the hospital or PACU.
• You may have a drain in your abdomen. This lets fluid in your abdomen drain out of the area. If you have a drain, it will probably be removed before you’re discharged from the hospital.

Leaving the PACU
After your stay in the PACU, you’ll either be discharged from the hospital or taken to your hospital room in the inpatient unit. Your care team will tell you what to expect.

In your hospital room
The length of time you’re in the hospital after your surgery depends on your recovery and the exact type of surgery you had. Most people stay in the hospital for 3 to 5 days. You’ll stay in the hospital until:
• Your pain is managed by your pain medication(s).
• You can get up and walk around.
• You can urinate (pee) and pass gas.
• You can drink liquids and eat some foods.

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. You can help yourself recover more quickly by doing the following things:

- **Read your recovery pathway.** Your healthcare provider will give you a pathway with goals for your recovery if you don’t already have one. It will help you know what to do and expect on each day during your recovery.

- **Start moving around as soon as you can.** The sooner you’re able to get out of bed and walk, the quicker you’ll be able to get back to your normal activities.

### Managing your pain

You’ll have some pain after your surgery, especially in the first few days. Your healthcare providers will ask you about your pain often and give you medication as needed. If your pain isn’t relieved, tell one of your healthcare providers. It’s important to control your pain so you can use your incentive spirometer and move around. Controlling your pain will help you recover better.

You’ll get a prescription for pain medication before you leave the hospital. Talk with your healthcare provider about possible side effects and when to start switching to over-the-counter pain medications.

### 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 therapists, or occupational therapist will help you move around, if needed.

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 find it in the “Educational Resources” section of this guide.

### Using your incentive spirometer

Use your incentive spirometer 10 times every hour you’re awake. This will help your lungs expand fully, which helps prevent pneumonia. For more information, read the resource *How to Use Your Incentive Spirometer.* You can find it in the “Educational Resources” section of this guide.

### Eating and drinking

If you didn’t have a colon resection as part of your surgery, you’ll be able to eat after your surgery. You’ll start by having small, frequent meals with foods that are soft and easy to digest, such as applesauce and chicken noodle soup. After that, you’ll start adding your regular foods back into your diet.
If you did have a colon resection during your surgery, you’ll get clear liquids for the first few days after your surgery. After that, you’ll start eating solid foods again. Read the “Eating and drinking” section in the “At home” part of this guide for more information.

If you have bloating, gas, or cramps, limit high-fiber foods, such as:

- Whole grain breads and cereal
- Nuts
- Seeds
- Salads
- Fresh fruit
- Broccoli
- Cabbage
- Cauliflower

Your healthcare provider will give you dietary guidelines to follow after your surgery. Your inpatient clinical dietitian nutritionist will go over these guidelines with you before you leave the hospital.

**Leaving the hospital**

By the time you’re ready to leave the hospital, your incision(s) may have started to heal. Before you leave, look at your incision(s) with one of your healthcare providers. Knowing what they look like will help you notice any changes later.

On the day of your discharge, plan to leave the hospital around 11:00 AM. Before you leave, your healthcare provider will write your discharge order and prescriptions. 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 be discharged, 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 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 in the “Educational Resources” section of this guide.

**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 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 for more information or ask you to call your surgeon’s office. You can always contact your surgeon’s office if you have any questions. For more information, read 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. 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(s) heal, 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 relieve 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 to your liver. Don’t take more than 1 medication that contains acetaminophen without talking with a member of your care 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.
Preventing and managing constipation

Some prescription pain medications (such as opioids) may cause constipation (having fewer bowel movements than usual). Talk with your healthcare provider about how to prevent and manage constipation. You can also follow the guidelines below.

- Go to the bathroom at the same time every day. Your body will get used to going at that time. If you feel like you need to go, though, don’t put it off.
- Try to use the bathroom 5 to 15 minutes after meals. After breakfast is a good time to go. That’s when the reflexes in your colon are strongest.
- Exercise, if you can. Walking is an excellent form of exercise.
- Drink 8 to 10 (8-ounce) glasses (2 liters) of liquids daily, if you can. Choose liquids such as water, juices (such as prune juice), soups, and ice cream shakes. Avoid liquids with caffeine (such as coffee and soda). Caffeine can pull fluid out of your body.
- Slowly increase the fiber in your diet to 25 to 35 grams per day. Fruits, vegetables, whole grains, and cereals contain fiber. If you have an ostomy or have had recent bowel surgery, check with your healthcare provider before making any changes in your diet.
- Both over-the-counter and prescription medications are available to treat constipation. Check with your healthcare provider before taking any medications for constipation, especially if you have an ostomy or have had bowel surgery. Follow the instructions on the label or from your healthcare provider. Examples of over-the-counter medications for constipation include:
  - Docusate sodium (Colace®). This is a stool softener (medication that makes your bowel movements softer) that causes few side effects. You can use it to help prevent constipation. Don’t take it with mineral oil.
  - Polyethylene glycol (MiraLAX®). This is a laxative (medication that causes bowel movements) that causes few side effects. Take it with 8 ounces (1 cup) of a liquid. Only take it if you’re already constipated.
  - Senna (Senokot®). This is a stimulant laxative, which can cause cramping. It’s best to take it at bedtime. Only take it if you’re already constipated.

If any of these medications cause diarrhea (loose, watery bowel movements), stop taking them. You can start again if needed.
Caring for your incision(s)

Your incision(s) will be closed with sutures, staples, Dermabond, or Steri-Strips.

- If you have sutures, they’ll dissolve on their own. They won’t need to be removed.
- If you have staples, they’ll probably be removed 10 to 14 days after your surgery. You’ll need to come back to the clinic to have them removed. This is done in your doctor’s office and isn’t painful.
- If you have Steri-Strips or Dermabond, they’ll loosen and may fall or peel off on their own. If they haven’t fallen off within 10 days, you can take them off. Don’t take them off before then.

Check your incision(s) for signs of infection every day until your healthcare provider tells you they’re healed. Call your healthcare provider if:

- The skin around your incision is very red.
- The skin around your incision is getting redder.
- The area around your incision is starting to swell.
- Swelling around your incision is getting worse.
- The skin around your incision is warmer than usual.
- You see drainage that looks like pus (thick and milky).
- Your incision smells bad.
- Your pain is getting worse.
- You have a fever of 101 °F (38.3 °C) or higher.

To prevent infection, don’t let anyone touch your incision(s). Clean your hands with soap and water or an alcohol-based hand sanitizer before you touch your incision(s).

Showering

Shower with a 4% CHG solution antiseptic skin cleanser (such as Hibiclens) every day until your staples are removed. It’s OK to get your sutures, staples, Dermabond, or Steri-Strips wet. Don’t let your incision be directly under the shower stream for too long.

During your shower, use the 4% CHG solution to gently wash your incision(s). Don’t scrub or use a washcloth on them. This could irritate them and keep them from healing. After your shower, gently pat your incision(s) dry with a clean towel. Let them air dry completely before getting dressed. You can also use a blow dryer on the “cool” setting to dry the area.
When your staples are removed, your healthcare provider will tell if you can stop showering with a 4% CHG solution. Keep showering once a day for 4 weeks after your surgery with a gentle, fragrance-free soap (such as Dove®). Don’t use any harsh soaps or scented body washes.

Don’t take tub baths or go swimming until your healthcare provider says it’s OK.

**Managing vaginal spotting or bleeding**

It’s common to have some vaginal spotting or light bleeding for about 4 to 6 weeks after surgery. Use a pad or a panty liner so you can see how much you’re spotting or bleeding. Don’t use a tampon.

If you have heavy bleeding (you’re bleeding through a pad every 1 to 2 hours), call your healthcare provider right away.

**Sexual activity**

Don’t put anything in your vagina or have vaginal intercourse (sex) for 8 weeks after your surgery. Some people will need to wait longer than 8 weeks, so speak with your healthcare provider before starting to have vaginal sex again.

**Managing changes in bowel function**

If part of your colon was removed, the part that’s left will adapt to this change. It will start to adapt shortly after your surgery. During this time, you may have gas, cramps, or changes in your bowel habits (such as frequent bowel movements).

If you have soreness around your anus from having frequent bowel movements:

- Apply zinc oxide ointment (Desitin®) to the skin around your anus. This helps prevent irritation.
- Don’t use harsh toilet tissue. You can use a flushable nonalcohol wipe instead.
- Take medication if your healthcare provider prescribes it.

**Eating and drinking**

If you have gas or feel bloated, avoid foods that can cause gas, such as beans, broccoli, onions, cabbage, and cauliflower.

Parts of your colon can be removed without having a major impact on your nutritional health. However, while your remaining colon is adjusting, your body may not absorb nutrients, liquids, vitamins, and minerals as well as before your surgery. It’s important to drink plenty of liquids and make sure you’re getting enough nutrients while you’re recovering from your surgery.

If you have questions about your diet, ask to see a clinical dietitian nutritionist.
Driving
Don’t drive until your surgeon tells you it’s OK. This will be sometime after your first follow-up appointment after surgery. If you’re still taking your prescribed pain medication, your surgeon may want you to wait longer before driving. The pain medication can slow your reflexes and responses, making it unsafe to drive. Also, you use your abdominal muscles (abs) when you brake, so driving may cause discomfort.

Traveling
It’s OK to travel after surgery. If you’re traveling by plane within a few weeks after your surgery, make sure you get up and walk every hour. Be sure to stretch your legs, drink plenty of liquids, and keep your feet elevated when possible.

Going back to work
The time it takes to return to work depends on the type of work you do, the type of surgery you had, and how fast your body heals. Most people can go back to work about 4 to 6 weeks after the surgery.

Physical activity and exercise
Check with your healthcare provider before you do any heavy lifting. Most people shouldn’t lift anything heavier than 10 pounds (4.5 kilograms) for at least 6 weeks after surgery. Ask your healthcare provider how long you should avoid heavy lifting.

Doing aerobic exercise, such as walking and stair climbing, will help you gain strength and feel better. Gradually increase the distance you walk. Climb stairs slowly, resting or stopping as needed.

Don’t go jogging or do Pilates or yoga. Ask your healthcare provider before starting more strenuous exercises.

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.
Follow-up appointments after surgery

Your first appointment after surgery will be 2 to 4 weeks after surgery. Your nurse will give you instructions on how to make this appointment, including the phone number to call. Your healthcare provider will discuss your test results with you in detail during this appointment.

When to call your healthcare provider

Call your healthcare provider if:

- You have a fever of 101°F (38.3°C) or higher.
- You have pain that doesn’t get better after taking pain medication.
- There’s redness, drainage, or swelling near your incision(s).
- You have heavy vaginal bleeding.
- Your calves are swollen or tender.
- You cough up blood.
- You have any shortness of breath or trouble breathing.
- You don’t have any bowel movement for 3 days or longer.
- You have nausea, vomiting, or diarrhea (loose or watery bowel movements).
- 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.

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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.

**Female Sexual Medicine and Women’s Health Program**
646-888-5076
This program helps people who are dealing with cancer-related sexual health challenges, including premature menopause and fertility issues. For more information or to make an appointment, 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.

**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_service 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 to watch this video.

- You must be signed up for MyMSK. You can access MyMSK at 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, 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).

- 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](http://www.mskcc.org/pe) to search our virtual library.

About Your Recovery Tracker - Last updated on November 23, 2020
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PATIENT & CAREGIVER EDUCATION

Call! Don’t Fall!

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

- Call for help every time you need to get out of bed or up from a chair.
- Don’t go to the bathroom alone.
- Don’t bend over. If you drop something, call for help.
- Don’t lean on furniture that has wheels, such as your bedside table, over-bed table, or IV pole.
- Wear safe, supportive shoes. Examples include shoes with laces and slippers with nonskid soles. Don’t wear shoes or slippers with an open back.
- Call for help right away if you see any spills on the floor.
- Use the grab bars in the bathroom and railings in the hallways.
- If you have glasses or hearing aid(s), wear them when you’re awake.
- Let us know what you will need near you. Help us make sure we have:
  - Placed your call button where you can reach it
  - Placed items you may need (such as your phone, books, or glasses) where you can reach them
  - Turned on a night light before it gets dark
  - Raised the top bedrail to keep you safe
  - Removed any clutter from around your bedside and chairside
Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E

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

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

Instructions Before Your 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>
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<tbody>
<tr>
<td>Aggrenox®</td>
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<tr>
<td>Alka Seltzer®</td>
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<tr>
<td>Anacin®</td>
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<tr>
<td>Arthritis Pain Formula</td>
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<tr>
<td>Arthritis Foundation Pain Reliever®</td>
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<tr>
<td>ASA Enseals®</td>
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<tr>
<td>ASA Suppositories®</td>
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<tr>
<td>Ascriptin® and Ascriptin A/D®</td>
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<td>Aspergum®</td>
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<td>Asprimox®</td>
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<td>Axotal®</td>
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<tr>
<td>Azdone®</td>
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<tr>
<td>Bayer® (most formulations)</td>
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<tr>
<td>BC® Powder and Cold formulations</td>
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<tr>
<td>Bufferin® (most formulations)</td>
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<td>Buffets II®</td>
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<td>Buffex®</td>
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### 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>
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<tbody>
<tr>
<td>Advil Migraine®</td>
<td>Etodolac®</td>
<td>Meloxicam</td>
<td>Piroxicam</td>
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<tr>
<td>Aleve®</td>
<td>Feldene®</td>
<td>Menadol®</td>
<td>Ponstel®</td>
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<td>Anaprox DS®</td>
<td>Fenoprofen</td>
<td>Mido®</td>
<td>Relafen®</td>
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<td>Ansaid®</td>
<td>Flurbiprofen</td>
<td>Mobic®</td>
<td>Saleto 200®</td>
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<td>Arthrotec®</td>
<td>Genpril®</td>
<td>Motrin®</td>
<td>Sulindac</td>
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<td>Bayer® Select Pain</td>
<td>Ibuprofen</td>
<td>Nabumetone</td>
<td>Toradol®</td>
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<td>Relief Formula Caplets</td>
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<tr>
<td>Celebrex®</td>
<td>Indomethacin</td>
<td>Nalfon®</td>
<td>Treximet®</td>
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<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 IU</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

| Accephen® | Esgic® | Percocet® | Vanquish® |
| Aceta® with Codeine | Excedrin P.M.® | Primlev® | Vicodin® |
| Acetaminophen with Codeine | Fiorce® | Repan® | Wygesic® |
| Aspirin-Free Anacin® | Lorcet® | Roxicet® | Xartemis XR® |
| Arthritis Pain Formula® | Lortab® | Talacen® | Xodol® |
| Formula® Aspirin-Free | | | |
| Datril® | Naldegesic® | Tempra® | Zydane® |
| Di-Gesic® | Norco® | Tylemol® |
| Endocet® | Panadol® | Tylemol® with Codeine No. 3 |

**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.

### Common Abbreviations for Acetaminophen

| APAP | AC | Acetaminophin |
| Acetamin | Acetam | |

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 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.
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.

Figure 1. Incentive Spirometer
Use your incentive spirometer after your surgery and do your deep breathing and coughing exercises. This will help keep your lungs active throughout your recovery and prevent complications such as pneumonia.

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

**How To Use Your Incentive Spirometer**

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

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

**Setting up your incentive spirometer**

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

**Using your incentive spirometer**

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

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

To use your incentive spirometer, follow the steps below.

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

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

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

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

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

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

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

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

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

Repeat these steps every hour that you’re awake.

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

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.
What You Can Do to Avoid Falling

This information describes what you can do to keep from falling when you come for your appointments at Memorial Sloan Kettering (MSK). It also describes how you can keep from falling while you’re at home.

About Falls

Falls can be very harmful, but there are many ways you can prevent them. Falls can delay your treatment and can make your hospital stay longer. They can also cause you to need more tests, such as magnetic resonance imaging (MRI). Ongoing cancer treatment may also increase your chances of falling and getting hurt.

Things That Can Make You Fall

Anyone can fall, but some things make you more likely to fall. You’re at higher risk for falling if you:

- Are 60 years old or older
- Have fallen before
- Are afraid of falling
- Feel weak, tired, or forgetful
- Have numbness or tingling in your legs or feet
- Have trouble walking or are unsteady
- Can’t see well
- Can’t hear well
- Feel dizzy, lightheaded, or confused
- Use a walker or cane
- Have depression (strong feelings of sadness) or anxiety (strong feelings of worry or fear)
- Have had a recent surgery with anesthesia (medication that makes you sleep)
- Take certain medications, such as:
  - Laxatives (pills to cause a bowel movement)
  - Diuretics (water pills)
  - Sleeping pills
  - Medications to prevent seizures
  - Some medications for depression and anxiety
  - Pain medications, such as opioid medications
  - Intravenous (IV) fluids (fluids into your vein)
  - Any medication that makes you feel sleepy or dizzy

## How to Avoid Falling During Your MSK Appointments

The following are tips to help you stay safe and avoid falling while you’re at MSK:

- Come to your appointment with someone who can help you get around.
- If you use an assistive device such as a wheelchair or cane, bring it to your appointment.
- Wear safe, supportive shoes. Examples include shoes that have a low heel height, a thin, firm midsole, a slip-resistant sole, and laces or Velcro® to close the shoe. Don’t wear shoes with an open back. For more information on choosing safe shoes, read the resource *How to Choose Safe Shoes to Prevent Falling* ([www.mskcc.org/pe/safe_shoes](http://www.mskcc.org/pe/safe_shoes)).
- Ask a member of our staff, such as a security guard or person at the front desk, for help while you’re at MSK. They can also bring you a wheelchair to use.
during your appointment.

- Have someone help you while you’re in the dressing room or bathroom. If you don’t have anyone with you, tell the person at the reception desk. They will find a nurse to help you.

- Use the grab bars while you’re in the bathroom.

- When getting up after lying down, sit at the side of the bed or exam table before you stand up

- When getting up after sitting, don’t rush and take your time to stand up, so you don’t lose your balance.

- If you feel dizzy or weak, tell someone. If you’re in a bathroom, look for a call bell that you can use to call for help.

How to Avoid Falling at Home

The following are tips to help you stay safe and avoid falling at home:

- Set up your furniture so that you can walk around without anything blocking your way.

- Use a nightlight or keep a flashlight close to you at night.

- Remove rugs and other loose items from your floor. If you have a rug covering a slippery floor, make sure the rug doesn’t have any loose or fringed edges.

- If your bathroom isn’t close to your bedroom (or wherever you spend most of your time during the day), get a commode. A commode is a type of portable toilet that you can put anywhere in your home. Place it nearby so you don’t have to walk to the bathroom.

- Put grab bars and handrails next to your toilet and inside your shower. Never use towel racks to pull yourself up. They aren’t strong enough to hold your weight.

- Put anti-slip stickers on the floor of your tub or shower.

- Buy a shower chair and a hand-held shower head so you can sit while taking a shower.
• When getting up after you’re lying down, sit for a few minutes before you stand up.

• Place items in your kitchen and bathroom cabinets at shoulder height so you don’t have to reach too high or bend too low.

• When you’re at an appointment with your provider at MSK, tell them about all the medications you take. Some medications can increase your risk of falling. This includes prescription and over-the-counter medications.

• Stay physically active. Doing simple daily activities, such as walking, can help you stay strong and move around better.

If you’re concerned about your risk for falling, talk with your healthcare provider.

Additional Resources

For more information about how to keep from falling at home, read the Centers for Disease Control and Prevention (CDC) booklet Check for Safety: A Home Fall Prevention Checklist for Older Adults. It’s available in English and Spanish on www.cdc.gov/steadi/patient.html or by calling 800-CDC-INFO (800-232-4636).

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.