About Your Total Abdominal Hysterectomy and Other Gynecologic Surgeries

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

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

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

Your Care Team

Doctor: ________________________________

Phone number: ________________________________

Fax number: ________________________________

Nurse: ________________________________

Your Caregiver

It’s important to choose a person to be your caregiver. They will 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: ________________________________
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About Your Surgery

This guide will help you prepare for your total abdominal hysterectomy and other gynecologic surgeries at Memorial Sloan Kettering (MSK). It will also help you understand what to expect during your recovery. Read through this guide at least once before your surgery and use it as a reference in the days leading up to your surgery. Bring this guide with you every time you come to MSK, including the day of your surgery. You and your healthcare team will refer to it throughout your care.

In a total abdominal hysterectomy, your uterus and cervix will be removed. You may be having a hysterectomy because you have uterine, cervical, or ovarian cancer, uterine fibroids, endometriosis, heavy vaginal bleeding, or pelvic pain. Your doctor will explain 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 located in your lower abdomen (belly) between your bladder and rectum. The lower narrow end of the uterus is called the cervix. Your ovaries and fallopian tubes are attached to your uterus.

After your hysterectomy, you will not be able to have children naturally. Menstruation will also stop. A hysterectomy doesn’t cause menopause unless your ovaries are removed. If you have questions about preserving your fertility, ask your doctor for a referral to a fertility specialist.

Figure 1. Your reproductive system
About Your Gynecologic Surgery

There are different types of surgeries, depending on what your doctor is treating. You may have a combination of surgeries at the same time. Your doctor will talk with you about the gynecologic surgery you’re having.

Total Abdominal Hysterectomy

Your surgeon will make an incision (surgical cut) on your abdomen (belly). They will remove your uterus and cervix through the incision and close up the incision with sutures (stitches).

Your surgeon may also perform 1, 2 or all 3 of the procedures listed below. These will be done at the same time as your hysterectomy.

Salpingo-Oophorectomy

Depending on your surgery, 1 or both of your ovaries and fallopian tubes may be removed. This is called a salpingo-oophorectomy.

If both ovaries are removed, you will go into menopause, if you haven’t already. If you’re in menopause or have already gone through it, you shouldn’t notice any changes. If you haven’t started menopause, you may experience common symptoms, including night sweats, hot flashes, and vaginal dryness. Speak with your doctor about ways to manage these symptoms.

Sentinel Lymph Node Mapping and Lymph Node Dissection

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

If your surgeon suspects that you may have cancer, they may do sentinel lymph node mapping and remove some of your lymph nodes, which is called a lymph node dissection. You will get anesthesia (medication to make you sleep) before these procedures.

For sentinel lymph node mapping, your surgeon will inject a small amount of dye in the area where the cancer may be. Your surgeon will discuss with you the type of dye that they will use. This dye travels to the sentinel nodes and turns them blue or green. Once the sentinel node(s) are located, your surgeon will make a small incision. They will remove the sentinel node(s) (the nodes that have turned blue or green) and the nodes will be examined to see if they contain cancer cells.

Colon Resection

Colon resection is a surgery that is done to treat your cancer or to resect (remove) a mass near your colon. The part of your colon containing the cancer is removed. The healthy ends of your colon are then sewn back together. Your surgeon will explain which part of your colon will be removed (see Figure 2).
Figure 2: Parts of the colon

- Transverse colon
- Ascending colon
- Descending colon
- Sigmoid colon
- Ileum
- Cecum
- Appendix
- Rectum
- Anus
Notes

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

Write down any questions you have and be sure to ask your doctor or nurse.
Preparing for Your Surgery

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

About Drinking Alcohol

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

- Stopping alcohol suddenly 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 to prevent problems before your surgery:

- 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, 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 us any questions you have about drinking and surgery. As always, all of your medical information will be kept confidential.

About Smoking

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

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

- I take a blood thinner. Some examples are aspirin, heparin, warfarin (Coumadin®), clopidogrel (Plavix®), enoxaparin (Lovenox®), dabigatran (Pradaxa®), apixaban (Eliquis®), and rivaroxaban (Xarelto®). There are others, so be sure your doctor knows all the medications you’re taking.
- I take prescription medications (medications prescribed by a doctor), 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, and natural or home remedies.
- I have a pacemaker, automatic implantable cardioverter-defibrillator (AICD), or other heart device.
- I have sleep apnea.
- I have had a problem with anesthesia (medication to make you sleep during surgery) in the past.
- I am allergic to certain medication(s) or materials, including latex.
- I am not willing to receive a blood transfusion.
- I drink alcohol.
- I smoke.
- I use recreational drugs.
About Sleep Apnea

Sleep apnea is a common breathing disorder that causes a person to stop breathing for short periods of time while sleeping. The most common type is obstructive sleep apnea (OSA). With OSA, the airway becomes completely blocked during sleep. It 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 machine (such as a CPAP) for sleep apnea, bring it with you the day of your surgery.

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 doctor or nurse at your next appointment, or you can call your doctor’s office.

- **Exercise and eat 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.** Your nurse will give you a pathway with goals for your recovery. It will help you know what to do and expect on each day during your recovery.

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

Within **30** Days of Your Surgery

Presurgical Testing (PST)

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

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

Your NP will talk with you about which medications you should take the morning of your surgery.
It's very helpful if you bring the following with you to your PST appointment:

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

**Complete a Health Care Proxy Form**

If you haven't already completed a Health Care Proxy form, we recommend you complete one now. A health care proxy is a legal document that identifies the person who will speak for you if you're unable to communicate for yourself. The person you identify is called your health care agent.

If you're interested in completing a Health Care Proxy form, talk with your nurse. If you have completed one already, or if you have any other advance directive, bring it with you to your next appointment.

**Do Breathing and Coughing Exercises**

Practice taking deep breaths and coughing before your surgery. You will be given an incentive spirometer to help expand your lungs. For more information, read *How to Use Your Incentive Spirometer*, located in the “After Your Surgery” section. If you have any questions, ask your nurse or respiratory therapist.

**Exercise**

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

**Eat a Healthy Diet**

You should eat a well-balanced, healthy diet before your surgery. If you need help with your diet talk with your doctor or nurse about meeting with a dietitian.

**10 Days Before Your Surgery**

**Stop Taking Vitamin E**

If you take vitamin E, stop taking it 10 days before your surgery because it can cause bleeding. For more information, read *Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs)*, located in this section.
Purchase Hibiclens® Skin Cleanser

Hibiclens is a skin cleanser that kills germs for 24 hours after using it (see Figure 3). Showering with Hibiclens before surgery will help reduce your risk of infection after surgery. You can buy Hibiclens at your local pharmacy without a prescription.

Purchase Supplies for Your Bowel Preparation, if Needed

Your surgeon may instruct you to clean out your bowels before your surgery. Your nurse will tell you how. You will need to purchase the following supplies for your bowel preparation at your local pharmacy. You don’t need a prescription.

- 1 (238-gram) bottle of polyethylene glycol (MiraLAX®)
- 1 (64-ounce) bottle of a clear liquid

Your doctor 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.

This is also a good time to stock up on clear liquids to drink the day before your surgery, if you need to. For a list of clear liquids that you can drink, see the table in this section.

Days Before Your Surgery

Stop Taking Certain Medications

If you take aspirin, ask your surgeon if you should continue. Aspirin and medications that contain aspirin can cause bleeding. For more information, read Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), located in this section.

Stop Taking Herbal Remedies

Stop taking herbal remedies or supplements 7 days before your surgery. If you take a multivitamin, talk with your doctor or nurse about whether you should continue. For more information, read Herbal Remedies and Cancer Treatment, located in this section.

Watch a Virtual Tour

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

www.mskcc.org/pe/day-your-surgery
Days Before Your Surgery

Stop Taking Certain Medications

Stop taking nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen (Advil®, Motrin®) and naproxen (Aleve®). These medications can cause bleeding. For more information, read Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), located in this section.

Day Before Your Surgery

Note the Time of Your Surgery

A clerk from the Admitting Office will call you after 2:00 PM the day before your surgery. They will tell you what time you should arrive at the hospital for your surgery. If you're scheduled for surgery on a Monday, you will be called on the Friday before. If you don't receive a call by 7:00 PM, please call 212-639-5014.

Use this area to write in information when the clerk calls:

Date: ___________    Time: ___________

Follow a Clear Liquid Diet, if Needed

You may 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.

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.

While you’re following a clear liquid diet, make sure to check your blood sugar level often. If you have any questions, talk with your healthcare provider.
Clear Liquid Diet

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

Start Bowel Preparation, if Needed

You may also need to do a bowel preparation in order to empty your bowels before surgery. If you need to do this, your nurse will tell you.

The MiraLAX bowel preparation will make you have frequent bowel movements (poop often), so make sure you’re near a bathroom the evening before your surgery.

- Mix all 238 grams of MiraLAX with the 64 ounces of clear liquid until the MiraLAX powder dissolves. Once the MiraLAX 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 bowel preparation. Drink 1 (8-ounce) glass of the mixture every 15 minutes until the container is empty.

- After you’re finished drinking the MiraLAX bowel preparation, 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 petroleum jelly (Vaseline®) or A&D® ointment 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 10:00 PM on the day before your surgery**, take your antibiotics as instructed.

Shower With Hibiclens

The night before your surgery, shower using Hibiclens. To use Hibiclens, open the bottle and pour some solution into your hand or a washcloth. Move away from the shower stream to avoid rinsing off the Hibiclens too soon. Rub it gently over your body from your neck to your waist and rinse.

Don’t let the solution get into your eyes, ears, mouth, or genital area. Don’t use any other soap. Dry yourself off with a clean towel after your shower.
Sleep
Go to bed early and get a full night’s sleep.

Do not eat or drink after midnight.

The Morning of Your Surgery

Shower With Hibiclens
Shower using Hibiclens just before you leave for the hospital. Use the Hibiclens the same way you did the night before. Don’t use any other soap. Don’t put on any lotion, cream, powder, deodorant, makeup, or perfume after your shower.

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

Two hours before your scheduled arrival time, drink the Clearfast® carbohydrate drink your doctor or nurse gave you. After you finish the Clearfast, do not eat or drink anything else. This includes water, hard candy, and gum.

Things to Remember
• Don’t put on any lotion, cream, deodorant, makeup, powder, or perfume.
• Don’t wear any metal objects. Remove all jewelry, including body piercings. The equipment used during your surgery can cause burns if it touches metal.
• Leave valuables, such as credit cards, jewelry, or your checkbook at home.
• Before you’re taken into the operating room, you will need to remove your eyeglasses, hearing aids, dentures, prosthetic device(s), wig, and religious articles.
• Wear something comfortable and loose-fitting.
• If you usually wear contact lenses, wear your glasses instead.
• ______________________________________________________________________
• ______________________________________________________________________
• ______________________________________________________________________
What to Bring

☐ This guide. Your healthcare team will use this guide to teach you how to care for yourself after your surgery.

☐ Only the money you may need for a newspaper, bus, taxi, or parking.

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

☐ Your incentive spirometer, if you have one.

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

☐ A case for your personal items, such as eyeglasses, hearing aid(s), dentures, prosthetic device(s), wig, and religious articles such as a rosary, if you have it.

☐ Your Health Care Proxy form, if you have completed one.

Parking When You Arrive

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

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

There are also other garages located on East 69th Street between First and Second Avenues, East 67th Street between York and First Avenues, and East 65th Street between First and Second Avenues.
Once You’re in the Hospital

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

Get Dressed for Surgery

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

Meet With Your Nurse

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

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

Meet With Your Anesthesiologist

Your anesthesiologist will:

- Review your medical history with you.
- Talk with you about your comfort and safety during your surgery.
- Talk with you about the kind of anesthesia you will receive.
- Answer any questions you may have about your anesthesia.

Prepare for Surgery

Once your nurse has seen you, 1 or 2 visitors can keep you company as you wait for your surgery to begin. When it is time for your surgery, your visitor(s) will be shown to the waiting area. Your visitors should read Information for Family and Friends for the Day of Surgery located in this section.

You will either walk into the operating room or be taken in on a stretcher. A member of the operating room team will help you onto the operating bed. Compression boots will be placed on your lower legs. These gently inflate and deflate to help circulation 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 will fall asleep. You will also get fluids through your IV line during and after your surgery.

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

Once your surgery is finished, your incisions will be closed with Steri-Strips™ (thin pieces of tape) and covered with a dry dressing. Your breathing tube is usually taken out while you’re still in the operating room.
The information in this section will tell you what to expect after your surgery, both during your hospital stay and after you leave the hospital. You will learn how to safely recover from your surgery.

Write down any questions you have and be sure to ask your doctor or nurse.
What to Expect

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

You will receive oxygen through a thin tube that rests below your nose called a nasal cannula. A nurse will be monitoring your body temperature, pulse, blood pressure, and oxygen levels.

You may have a urinary catheter in your bladder to help monitor the amount of urine you're making. It should come out before you leave the hospital or PACU. You will also have compression boots on your lower legs to help your circulation.

You may also have a drain in your abdomen (belly). It allows fluid in the abdomen to drain.

Your pain medication will be given through an IV line or as a pill that you swallow. If you’re having pain, tell your nurse.

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

After your stay in the PACU, you may be discharged or you may be taken to your hospital room in the inpatient unit. There, your nurse will tell you how to recover from your surgery. Below are examples of ways you can help yourself recover safely.

- You will be encouraged to walk with the help of your nurse or physical therapist. We will give you medication to relieve pain. Walking helps reduce the risk for blood clots and pneumonia. It also helps to stimulate your bowels so they begin working again.

- Use your incentive spirometer. This will help your lungs expand, which prevents pneumonia. For more information, read How to Use Your Incentive Spirometer located in this section.

Commonly Asked Questions: During Your Hospital Stay

**Will I have pain after surgery?**

Yes, you will have some pain after your surgery, especially in the first few days. Your doctor and nurse will ask you about your pain often. You will be given medication to manage your pain as needed. If your pain isn’t relieved, please tell your doctor or nurse. It’s important to control your pain so you can cough, breathe deeply, use your incentive spirometer, and get out of bed and walk.

**Will I be able to eat?**

Most people will be able to eat a regular diet or eat as tolerated. You should start with foods that are soft and easy to digest such as apple sauce and chicken noodle soup. Eat small meals frequently, and then advance to regular foods.

If you experience bloating, gas, or cramps, limit high-fiber foods, including whole grain breads and cereal, nuts, seeds, salads, fresh fruit, broccoli, cabbage, and cauliflower.

If you also had a colon resection, you will get clear liquids for the first few days after your surgery. Then your diet will progress to solid food. Please see the question “Will I need to change my diet after my surgery?” in this section for more information.
Your doctor will give you dietary guidelines to follow after your surgery. Your dietitian will go over these guidelines with you before you leave the hospital.

**How long will I be in the hospital?**

Depending on the type of surgery you have, you may stay in the hospital for 3 to 5 days. Before you go home, you should:

- Have your pain under control with medication.
- Be able to get up and walk around.
- Be able to urinate and pass gas.
- Be able to eat some food and liquids.

**Commonly Asked Questions: At Home**

**Will I have pain when I am home?**

The length of time each person has pain or discomfort varies. You may still have some pain when you go home and will probably be taking pain medication. Follow the guidelines below.

- Take your medications as directed and as needed.
- Call your doctor if the medication prescribed for you doesn’t relieve your pain.
- Don’t drive or drink alcohol while you’re taking prescription pain medication.
- As your incision heals, you will have less pain and need less pain medication. A mild pain reliever such as acetaminophen (Tylenol®) or ibuprofen (Advil®) will relieve aches and discomfort. However, large quantities of acetaminophen may be harmful to your liver. Don’t take more acetaminophen than the amount directed on the bottle or as instructed by your doctor or nurse.
- Pain medication should help you as you resume your normal activities. Take enough medication to do your exercises comfortably. Pain medication is most effective 30 to 45 minutes after taking it.
- Keep track of when you take your pain medication. Taking it when your pain first begins is more effective than waiting for the pain to get worse.

Pain medication may cause constipation (having fewer bowel movements than what is normal for you).

**How do I care for my incision(s)?**

Your incision(s) will be closed with sutures, staples, or surgical glue. If you have staples, they are usually removed 10 to 14 days after surgery. You will need to come back to the clinic to have them removed. This is done in your doctor’s office and is not painful.

Tape strips called Steri-Strips will be placed across your incision(s) to make sure it stays closed. After about 14 days, these will loosen and you can remove them. Your incision(s) will stay closed.
You should check your incision(s) every day for any signs of infection until your doctor tells you it has healed. Call your doctor if you develop any of the following signs of a wound infection:

- Redness
- Swelling
- Increased pain
- Warmth at the incision site
- Foul-smelling or pus-like drainage from your incision
- A temperature 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).

**When can I shower?**

Shower with Hibiclens until your staples are removed. Gently wash your incision(s) with Hibiclens. If you have Steri-Strips or surgical glue on your incision(s), don’t scrub it or use a washcloth on it. This could irritate your incision(s) and prevent it from healing.

Don’t let your incision(s) be wet for too long when you shower. When you’re finished with your shower, gently pat your incision(s) with a clean towel. Allow it to air dry completely before getting dressed.

When your staples are removed, your doctor or nurse will tell if you can stop showering with Hibiclens. Continue to shower at least once day for 4 weeks after your surgery with a soap like Dove® or Ivory®.

Don’t take tub baths or go swimming until your doctor says it is okay.

**What are the most common symptoms after a hysterectomy?**

It’s common for you to have some vaginal spotting or light bleeding, which can occur for about 4 to 6 weeks after your surgery. You should monitor this with a pad or a panty liner. Don’t use tampons or place anything in your vagina for 8 weeks. If you’re having heavy bleeding, such as if you’re bleeding through a pad every 1 to 2 hours, call your doctor right away.

It’s also common to have some discomfort after surgery from the air that was pumped into your abdomen (belly) during surgery. To help with this, walk, drink plenty of liquids and make sure to take the stool softeners you received.

**When can I resume sexual activity?**

Don’t have vaginal intercourse for 8 weeks after your surgery. Some people will need to wait longer than 8 weeks, so speak with your doctor before resuming sexual intercourse.

**How can I prevent constipation?**

You may experience constipation after your surgery. This is a common side effect of pain medication. Gentle activity, such as walking, and drinking more water can help reduce this side effect.
To avoid constipation, take a stool softener such as docusate sodium (Colace®) 3 times a day and 2 tablets of senna (a laxative) at bedtime. Continue taking the stool softener and laxative until you’re no longer taking pain medication. Drink plenty of liquids. If you feel bloated, avoid foods that can cause gas, such as beans, broccoli, onions, cabbage, and cauliflower.

**How will my bowel function change after surgery?**

If part of your colon has been removed, the part that is left adapts to this change. Your remaining colon will begin to adapt shortly after your surgery. During this time, you may have the following symptoms:

- Gas
- Cramps
- Changes in your bowel habits (such as frequent bowel movements)

If you have soreness around your anus from 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 nonalcohol wipe instead.
- Take medication, if your doctor prescribes it.

**Will I need to change my diet after my surgery?**

Parts of the 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 that you drink plenty of liquids and make sure you’re getting enough nutrients while you’re recovering from your surgery.

**When is it safe for me to drive?**

Don’t drive until your surgeon tells you it’s okay. This will be some time after your first follow-up appointment after your 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, braking requires use of the abdominal muscles, so driving may increase your discomfort.

**Will I be able to travel?**

Yes, you can travel. 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.

**What exercises can I do?**

Exercise will help you gain strength and feel better. Walking is an excellent form of exercise. Gradually increase the distance you walk.

Don’t go jogging or do pilates or yoga. Ask your doctor or nurse before starting more strenuous exercises.
**When can I lift heavy objects?**

Check with your doctor before you do any heavy lifting. Normally, you shouldn’t lift anything heavier than 10 pounds (4.5 kilograms) for at least 6 weeks after your surgery. Ask your doctor how long you should avoid heavy lifting.

**When can I return 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 return to work about 4 to 6 weeks after the surgery.

**How can I cope with my feelings?**

After surgery for a serious illness, you may have new and upsetting feelings. Many people say they felt weepy, sad, worried, nervous, irritable, and angry at one time or another. You may find that you can’t control some of these feelings. If this happens, it’s a good idea to seek emotional support.

The first step in coping is to talk about how you feel. Family and friends can help. Your nurse, doctor, and social worker can reassure, support, and guide you. It’s always a good idea to let these professionals know how you, your family, and your friends are feeling emotionally. Many resources are available to patients and their families. Whether you are in the hospital or at home, the nurses, doctors, and social workers are here to help you and your family and friends handle the emotional aspects of your illness.

**When is my first appointment 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. At this appointment, your doctor will discuss your test results with you in detail.

**What if I have other questions?**

If you have any questions or concerns, please talk with your doctor or nurse. You can reach them Monday through Friday from 9:00 AM to 5:00 PM.

After 5:00 PM, during the weekend, and on holidays, call 212-639-2000 and ask for the doctor on call for your doctor.
Call your doctor or nurse if you:

- Have a temperature of 101° F (38.3° C) or higher
- Have pain that does not get better with pain medication
- Have redness, drainage, or swelling from your incisions
- Have heavy vaginal bleeding
- Have swelling or tenderness in your calves or thighs
- Cough up blood
- Have any shortness of breath or difficulty breathing
- Do not have any bowel movement for 3 days or longer
- Have nausea, vomiting, or diarrhea (loose or watery bowel movements)
- Have any questions or concerns
This section contains a list of MSK support services, as well as the resources that were referred to throughout this guide. These resources will help you prepare for your surgery and recover safely.

Write down any questions you have and be sure to ask your doctor or nurse.
MSK Support Services

**Anesthesia**  
212-639-6840  
Call with any 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.

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

**Look Good Feel Better Program**  
800-395-LOOK (800-395-5665)  
Learn techniques to help you feel better about your appearance by taking a workshop or visiting the program online at www.lookgoodfeelbetter.org.

**Patient-to-Patient Support Program**  
212-639-5007  
You may find it comforting to speak with a cancer survivor or caregiver who has been through a similar treatment. Through our Patient-to-Patient Support Program, we are able to offer you a chance to speak with former patients and caregivers.

**Patient Billing**  
646-227-3378  
Call Patient Billing with any questions regarding preauthorization with your insurance company. This is also called preapproval.
Patient Representative Office
212-639-7202
Call if you have any questions about the Health Care Proxy Form or if you have any concerns about your care.

Perioperative Nurse Liaison
212-639-5935
Call if you have any questions about MSK releasing any information while you are 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
Breathing Easier in Lung Cancer Survivorship
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.

The Breathing Easier in Lung Cancer Survivorship meeting is led by social workers and nurses and is designed to help people adjust to life after lung cancer treatment. This may include physical and psychological changes, lifestyle changes, and concerns about the future. We encourage people to share their concerns while getting information from healthcare providers.

Social Work
212-639-7020
Social workers help patients, family, and friends deal with issues that are common for people with cancer. They provide individual counseling and support groups throughout the course of treatment, and can help you communicate with children and other family members. Our social workers can also help refer you to community agencies and programs, as well as financial resources if you’re eligible.

Tobacco Treatment Program
212-610-0507
If you want to quit smoking, MSK has specialists who can help. Call for more information.

For additional online information, visit LIBGUIDES on MSK’s library website at http://library.mskcc.org or the Lung Cancer section of www.mskcc.org. You can also contact the library reference staff at 212-639-7439 for help.
External Resources

**Access-A-Ride**  
web.mta.info/nyct/paratran/guide.htm  
877-337-2017  
In New York City, the MTA offers a shared ride, door-to-door service for people with disabilities who are unable to take the public bus or subway.

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

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

**Cancer and Careers**  
www.cancerandcareers.org  
A comprehensive resource for education, tools, and events for employees with cancer.

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

**Cancer Support Community**  
www.cancersupportcommunity.org  
Provides support and education to people affected by cancer.

**Caregiver Action Network**  
www.caregiveraction.org  
800-896-3650  
Provides education and support for those who care for loved ones with a chronic illness or disability.

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

**Gilda’s Club**  
www.gildasclubnyc.org  
212-647-9700  
A place where men, women, and children living with cancer find social and emotional support through networking, workshops, lectures, and social activities.
Good Days
www.mygooddays.org
877-968-7233
Offers financial assistance to pay for copayments during treatment. Patients must have medical insurance, meet the income criteria, and be prescribed medication that is part of the Good Days formulary.

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

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

LGBT Cancer Project
http://lgbtcancer.com/
Provides support and advocacy for the LGBT community, including a online support groups and a database of LGBT friendly clinical trials.

LIVESTRONG Fertility
www.livestrong.org/we-can-help/fertility-services
855-744-7777
Provides reproductive information and support to cancer patients and survivors whose medical treatments have risks associated with infertility.

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

National Cancer Legal Services Network
www.nclsn.org
Free cancer legal advocacy program.

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

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

NYRx
www.nyrxplan.com
Provides prescription benefits to eligible employees and retirees of public sector employers in New York State.
Partnership for Prescription Assistance
www.pparx.org
888-477-2669
Helps qualifying patients without prescription drug coverage get free or low-cost medications.

Patient Access Network Foundation
www.panfoundation.org
866-316-7263
Provides assistance with copayments for patients with insurance.

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

RxHope
www.rxhope.com
877-267-0517
Provides assistance to help people obtain medications that they have trouble affording.
Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

This information will help you identify medications that contain aspirin and other nonsteroidal anti-inflammatory drugs (NSAIDs). It’s important to stop these medications before many cancer treatments.

Aspirin, other NSAIDs (such as ibuprofen), and vitamin E can increase your risk of bleeding during cancer treatment. These medications affect your platelets, which are blood cells that clot to prevent bleeding.

Read the section “Examples of Medications” to see if your medications contain aspirin, other NSAIDs, or vitamin E.

If you take aspirin, medications that contain aspirin, other NSAIDs, or vitamin E, tell your doctor or nurse. They will tell you if you need to stop taking these medications before your treatment. You will also find instructions in the information about the treatment you’re having.

Before Your Surgery

If you’re having surgery, follow the instructions below.

- Stop taking medications that contain vitamin E 10 days before your surgery, or as directed by your doctor.
- Stop taking medications that contain aspirin 7 days before your surgery, or as directed by your doctor. If you take aspirin because you’ve had a problem with your heart or you’ve had a stroke, be sure to talk with your doctor.
before you stop taking it.

- Stop taking NSAIDs 48 hours before your surgery, or as directed by your doctor.

**Before Your Radiology Procedure**

If you’re having a radiology procedure (including Interventional Radiology, Interventional Mammography, and General Radiology), follow the instructions below.

- Stop taking medications that contain vitamin E 10 days before your procedure, or as directed by your doctor.

- If your doctor tells you to stop taking aspirin, stop taking it 5 days before your procedure, or as directed by your doctor. If you take aspirin because you’ve had a problem with your heart or you’ve had a stroke, be sure to talk with your doctor before you stop taking it.
  
  - If you take low dose aspirin (81 mg), you may not need to stop it before your procedure. Your doctor will tell you if you should stop taking low dose aspirin.

- Stop taking NSAIDs 24 hours before your procedure, or as directed by your doctor.

**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 you’ve been getting it, talk with your doctor or nurse before taking aspirin or NSAIDs.

**Examples of Medications**

Medications are often called by their brand name, which can make it hard to know their ingredients. To help you identify medications that contain aspirin, other NSAIDs, and vitamin E, please review the lists below.

These lists include the most common products, but there are others. Check with your healthcare provider if you aren’t sure. **Always be sure your doctor**
knows all of the medications you’re taking, both prescription and over-the-counter (not prescription).

<table>
<thead>
<tr>
<th>Common Medications that Contain Aspirin</th>
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<tbody>
<tr>
<td>Aggrenox®</td>
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<tr>
<td>Bufferin® (most formulations)</td>
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<tr>
<td>Fiorgen®</td>
</tr>
<tr>
<td>Momentum®</td>
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<tr>
<td>Soma® Compound Tablets</td>
</tr>
<tr>
<td>Alka Seltzer®</td>
</tr>
<tr>
<td>Buffets II®</td>
</tr>
<tr>
<td>Fiorinal® (most formulations)</td>
</tr>
<tr>
<td>Norgesic Forte® (most formulations)</td>
</tr>
<tr>
<td>Soma® Compound with Codeine Tablets</td>
</tr>
<tr>
<td>Anacin®</td>
</tr>
<tr>
<td>Buffex®</td>
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<tr>
<td>Fiotral®</td>
</tr>
<tr>
<td>Norwich® Aspirin</td>
</tr>
<tr>
<td>St. Joseph® Adult Chewable Aspirin</td>
</tr>
<tr>
<td>Arthritis Pain Formula</td>
</tr>
<tr>
<td>Cama® Arthritis Pain Reliever</td>
</tr>
<tr>
<td>Gelpirin®</td>
</tr>
<tr>
<td>PAC® Analgesic Tablets</td>
</tr>
<tr>
<td>Supac®</td>
</tr>
<tr>
<td>Arthritis Foundation Pain Reliever®</td>
</tr>
<tr>
<td>COPE®</td>
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<tr>
<td>Genprin®</td>
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<tr>
<td>Orphengesic®</td>
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<tr>
<td>Synalgos®-DC Capsules</td>
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<tr>
<td>ASA Enseals®</td>
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<tr>
<td>Dasin®</td>
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<tr>
<td>Gensan®</td>
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<tr>
<td>Painaid®</td>
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<tr>
<td>Tenol-Plus®</td>
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<tr>
<td>ASA Suppositories®</td>
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<tr>
<td>Easprin®</td>
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<tr>
<td>Heartline®</td>
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<tr>
<td>Panasal®</td>
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<tr>
<td>Trigesic®</td>
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<tr>
<td>Ascriptin® and Ascriptin A/D®</td>
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<tr>
<td>Ecotrin® (most formulations)</td>
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<tr>
<td>Headrin®</td>
</tr>
<tr>
<td>Percodan® Tablets</td>
</tr>
<tr>
<td>Talwin® Compound</td>
</tr>
<tr>
<td>Aspergum®</td>
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<tr>
<td>Empirin® Aspirin (most formulations)</td>
</tr>
<tr>
<td>Isollyl®</td>
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<tr>
<td>Persistin®</td>
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<tr>
<td>Vanquish® Analgesic Caplets</td>
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<tr>
<td>Asprimox®</td>
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<tr>
<td>Epromate®</td>
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<tr>
<td>Lanorinal®</td>
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<tr>
<td>Robaxisal® Tablets</td>
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<tr>
<td>Wesprin® Buffered</td>
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<tr>
<td>Axotal®</td>
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<tr>
<td>Equagesic Tablets</td>
</tr>
<tr>
<td>Lortab® ASA Tablets</td>
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<tr>
<td>Roxiprin®</td>
</tr>
<tr>
<td>Zee-Seltzer®</td>
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<tr>
<td>Azdone®</td>
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<tr>
<td>Equazine®</td>
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<tr>
<td>Magnaprin®</td>
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<tr>
<td>Saleto®</td>
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<tr>
<td>ZORprin®</td>
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<tr>
<td>Bayer® (most formulations)</td>
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<tr>
<td>Excedrin® Extra-Strength Analgesic</td>
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<tr>
<td>Tablets and Caplets</td>
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<tr>
<td>Marnal®</td>
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<td>Salocol®</td>
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</table>
Common Medications that are NSAIDs that Don’t Contain Aspirin

| Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs) 4/6 |
|---|---|---|---|---|
| BC® Powder and Cold formulations | Excedrin® Migraine | Micraining® | Sodol® |
| Advil® | Clinoril® | Indocin® | Motrin® | Ponstel® |
| Advil Migraine® | Daypro® | Ketoprofen | Nabumetone | Relafen® |
| Aleve® | Diclofenac | Ketorolac | Nalfon® | Saleto 200® |
| Anaprox DS® | Etodolac® | Lodine® | Naproxen | Sulindac |
| Ansaid® | Feldene® | Mefenamic Acid | Naprosyn® | Toradol® |
| Arthrotec® | Fenoprofen | Mefenamic Acid | Nuprin® | Voltaren® |
| Bayer® Select Pain Relief Formula Caplets | Flurbiprofen | Meloxicam | Orudis® |
| Celebrex® | Genpril® | Menadione® | Oxaprozin |
| Celecoxib | Ibuprofen | Midol® | PediaCare Fever® |
| Children’s Motrin® | Indomethacin | Mobic® | Piroxicam |

Products that Contain Vitamin E

| Products that Contain Vitamin E |
|---|---|---|---|
| Amino-Opt-E | Aquavit | E-400 IU | E complex-600 |
| Aquasol E | D’alpha E | E-1000 IU Softgels | Vita-Plus E |

Most multivitamins contain vitamin E. If you take a multivitamin, be sure to 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. However, talk with your doctor before taking acetaminophen if you’re getting chemotherapy.
### Medications that Contain Acetaminophen

<table>
<thead>
<tr>
<th>Medication</th>
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<tbody>
<tr>
<td>Acephen®</td>
<td>Di-Gesic®</td>
<td>Norco®</td>
<td>Tylenol®</td>
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<tr>
<td>Aceta® with Codeine</td>
<td>Esgic®</td>
<td>Panadol®</td>
<td>Tylenol® with Codeine No. 3</td>
</tr>
<tr>
<td>Acetaminophen with Codeine</td>
<td>Excedrin P.M.®</td>
<td>Percocet®</td>
<td>Vanquish®</td>
</tr>
<tr>
<td>Aspirin-Free Anacin®</td>
<td>Fiorcet®</td>
<td>Repan</td>
<td>Vicodin®</td>
</tr>
<tr>
<td>Arthritis Pain Formula® Aspirin-Free</td>
<td>Lorcan®</td>
<td>Roxicet®</td>
<td>Wygesic®</td>
</tr>
<tr>
<td>Darvocet-N 100®</td>
<td>Lortab®</td>
<td>Talacen®</td>
<td>Zydine®</td>
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<tr>
<td>Datril®</td>
<td>Naldegesic®</td>
<td>Tempra®</td>
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**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 1 day. It’s possible to take too much acetaminophen without knowing because it’s in many different medications.

Make sure to always read and follow the label on the product you’re taking. Acetaminophen is a very common ingredient found in over-the-counter and prescription 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

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Name</th>
<th>Full Name</th>
<th>Full Name</th>
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<tbody>
<tr>
<td>APAP</td>
<td>Acetaminophen</td>
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<td>AC</td>
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<td>Acetamin</td>
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<td>Naldegesic</td>
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<tr>
<td>Tempra®</td>
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</table>

Don’t take more than 1 medication that contains acetaminophen at a time without talking with a member of your healthcare team.
Herbal Remedies and Cancer Treatment

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

One week before you have surgery or start chemotherapy or radiation therapy, you must stop taking any herbal or botanical 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 difficulty 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 anesthesia or sedation.

**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 does not cover all herbal remedies or possible side effects. Speak with your healthcare provider if you have any questions or concerns.
For more information about herbs and botanicals, visit the Memorial Sloan Kettering (MSK) Integrative Medicine Service website at www.aboutherbs.com.
How to Use Your Incentive Spirometer

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

About Your Incentive Spirometer

An incentive spirometer is a device that will expand your lungs by helping you to breathe more deeply and fully. The parts of your incentive spirometer are labeled in Figure 1.

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

How To Use Your Incentive Spirometer

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

Please visit mskcc.org/pe/incentive_spirometer 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 are using your incentive spirometer, make sure to breathe through your mouth. If you breathe through your nose the incentive spirometer will not work properly. You can plug 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 does not stay between the arrows, you are 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 are awake.

Cover the mouthpiece of the incentive spirometer when you are not using it.
Information for Family and Friends for the Day of Surgery

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

Before the Surgery

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

Once the patient is checked in, they will go to the Presurgical Center (PSC) to be examined before surgery. Sometimes, they may need to wait before they are admitted to the PSC.

In the PSC, the nurse will do an exam. One person can come along to the PSC, but other visitors should wait in the waiting area. If the patient wants, other visitors may join them when the nurse has finished the exam.

When the operating room (OR) is ready, a member of the surgical team will come to escort the patient into the OR. They will prepare the patient for surgery, which can take 15 to 90 minutes. Then, the surgery will begin.

Please remember the following:

- **Do not bring food or drinks to the waiting area.** Patients are not allowed to eat or drink before their surgery or procedure.

- Our patients are at high risk for infection. Please do not visit if you have any cold or flu symptoms (fever, sneezing, sniffles, or a cough). We may ask you...
to wear a mask if there are any concerns about your health.

- If the patient brought any valuables, such as a cell phone, iPod, or iPad, please keep them safe for them during surgery.

- Sometimes, surgeries may be delayed. We make every effort to tell you when this happens.

**During the Surgery**

After the patient is taken to the OR, please wait in the main lobby on the 1st floor, where you will be updated by the nurse liaison. While you’re waiting, here are some things you can do:

- Food and drinks are available in the cafeteria and gift shop. You can also bring your own food and eat it in the cafeteria.

- The coat-check room is located at the bottom of the escalator on the ground level. It’s open Monday through Friday from 11:00 am to 4:00 pm.

- Wireless Internet access is available in most areas of the hospital. The wifi network name is MSK_guest. You can also use the computers in the room off the main lobby.

- Please be courteous and mindful of others while using your cell phone. Use the designated area to accept and make calls on your cell phone. It may be useful to bring your phone charger to the hospital.

- The Mary French Rockefeller All Faith Chapel is an interfaith chapel located in room M106 near the main lobby on the 1st floor. It’s open at all times for meditation and prayer.

- The Patient Recreation Pavilion is open daily from 9:00 am to 8:00 pm for patients and their visitors. Children are allowed in the pavilion as long as they are supervised by an adult. The pavilion has arts and crafts, a library, an outdoor terrace, and scheduled entertainment events. To get to the pavilion, take the M elevators to the 15th floor.

**Surgery updates**

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

- Give you information about the patient.
• Prepare you for your meeting with the surgeon.

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

To contact the nurse liaison:

• From inside the hospital, use a hospital courtesy phone. Dial 2000 and ask for beeper 9000. Please be patient, as this can take up to 2 minutes.


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

After the Surgery

Meeting with the surgeon

When the patient’s surgery is completed, we will call you and ask you to return to the concierge desk to tell you where to go to meet with the surgeon.

After you have met with the surgeon, return to the concierge desk and tell them that you have finished your consultation.

Visiting the patient in the PACU

After surgery, the patient will be taken to the PACU. It can take up to 90 minutes before the patient is ready to have visitors. You can use this time to take a walk or just relax in the waiting area until the patient is ready to see you.

When the patient is able to have visitors, a staff member will take you to the PACU for one brief visit. No one is allowed to stay overnight with the patient in the PACU, except for caregivers of pediatric patients.

Please follow these guidelines before your visit:

• Silence your cell phone.

• Apply an alcohol-based hand sanitizer (such as Purell®) before entering. There are hand sanitizer stations located throughout the hospital.

• Do not bring food or flowers into the PACU.

Please remember that only a limited number of visitors can go into the PACU. This is to keep the area quiet and allow the patients to rest and receive care.
While visiting in the PACU

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

The nurse will update you with the plan of care for the patient, such as whether the patient is staying overnight and when they will be moved to an inpatient room. If the patient is staying overnight, you may visit them again in the PACU. If the patient is going home the same day, a caregiver must take them home.

After your visit, a staff member will escort you back from the PACU.

We will give you a card with the PACU phone number. Please choose one person to call for updates.
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.

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
- Don’t see well
- Feel dizzy, lightheaded, or confused
- Use a walker or cane
- Have depression or anxiety
- 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
- Pain medications
- Intravenous (IV) fluids (fluids into your vein)
- Any medication that makes you feel sleepy

How to Avoid Falling During Your MSK Appointments

- 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.
- 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 you’re lying down, sit at the side of the bed or exam table before you stand up.
- 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

- 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. 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.

- Apply anti-slip stickers to 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.

If you’re concerned about your risk for falling, talk with your doctor or nurse.

**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](http://www.cdc.gov) or by calling 800-CDC-INFO (800-232-4636).

For more information about choosing safe shoes, read our resource [How to Choose Safe Shoes to Prevent Falling](https://www.mskcc.org/pe/safe_shoes).
Understanding Lymphedema

- "Understanding Lymphedema" is also available in Portable Document Format (PDF, 463KB, 2pg.)

If you have ever had radiation, surgery for cancer, trauma, burns, infections, or other surgical procedures particularly involving the arms and legs or lymph nodes, lymphedema is something that you need to know about.

What is lymphedema?

Lymphedema (LIMF-eh-DEE-ma) is the buildup of lymph fluid in your body's tissues that can happen when lymph nodes are removed or damaged. Lymphedema can cause swelling anywhere in the body, but most often happens in the arms and/or legs. Lymphedema results from common cancer treatments such as surgery and radiation but can occur as a result of trauma, burns, infections or other surgical procedures. It can develop soon after treatment, or may show up many months, years, or even decades later.

Photos courtesy of Lymphedema Therapy, Woodbury, NY

Lymphedema can:

- lead to infections
- cause pain and discomfort
- be a long-term condition
- be controlled through awareness and treatment

*Once you develop lymphedema, it can be managed, but it cannot be cured. It is important that you do everything you can to help prevent it from developing.*

What are the Symptoms of Lymphedema?

The symptoms of lymphedema often appear slowly over a period of years. Even if you don't develop symptoms right away, you may still be at risk. If you have had surgery or radiation treatment for cancer, or have had trauma, burns, infection or other surgical procedures and begin to notice any of the following symptoms, you may have lymphedema, and should call a doctor:

- pain, aching, or redness in an arm or leg, including fingers or toes
- swelling (with or without pain) anywhere in your body that lasts for 1 to 2 weeks
- jewelry or clothing feels tight but there is no weight gain
- a feeling of weakness, heaviness, or tightness in the arm or leg
- repeated infections in the arm or leg
- hardening and thickening of the skin on the arm or leg

https://www.health.ny.gov/publications/0399/
• a temperature of 100.5 degrees Fahrenheit or higher that isn't related to a cold or flu

What is the treatment for lymphedema?

If you have lymphedema, there is effective treatment to reduce the swelling, prevent the condition from getting worse, and limit the risk of infection. Experts generally recommend Complete Decongestive Therapy (CDT) for people with lymphedema. CDT is a combination of treatments that include special massage for lymph drainage, exercises, compression, and skin care. These treatments should be given by a certified lymphedema therapist or someone who has received special lymphedema therapy training. Early treatment focuses on reducing the swelling and controlling the pain, and can shorten the time that treatment is needed.

It is important that you be involved in your lymphedema treatment:

• So that you can better understand the signs and symptoms of lymphedema, contact any of the organizations listed on the back of this brochure.
• Get professionally fitted for a compression garment. To find a certified lymphedema therapist, see the National Lymphedema Network or the Lymphology Association of North America contact information listed on the back of this brochure.

Infection is a common problem with lymphedema. To protect against infection:

• use antibacterial creams for all cuts, scrapes, insect bites, etc. on the affected arm or leg
• use the unaffected arm for blood tests, IVs, injections, and blood pressure readings
• wear protective gloves when doing chores such as washing dishes or gardening
• frequently apply fragrance-free, hypoallergenic lotion to avoid dry, chapped skin

If any part of your affected arm or leg feels hot, looks red, or swells suddenly, you should call your doctor as these symptoms could be a sign of an infection and you may need antibiotics.

Where can I get support for lymphedema?

Attend lymphedema support group meetings in your community. These meetings are a good way to connect with people who understand what you're going through. The National Lymphedema Network website or hotline can provide a list of support groups around the country.

Participate in online message boards and chat rooms. Make sure that the site you go to is recommended by a reputable source, such as The National Lymphedema Network. If you don't have internet access, call any of the hotline numbers listed at the end of this pamphlet.

Can lymphedema be prevented?

While there is currently no cure for lymphedema, there are things you can do to reduce your risk of developing lymphedema. The risk of lymphedema is life-long. Following these preventative steps will greatly reduce the
possibility that you will develop lymphedema:

**DO**

- rest your arm or leg while recovering
- exercise and stretch, but avoid strenuous activities, such as those that make you sweat, until after you've completely recovered from surgery or radiation
- talk to your health care provider about whether you should wear a professionally fitted compression garment, which is a long sleeve or stocking made to compress the arm or leg to encourage the flow of lymph fluid out of the affected arm or leg
- protect your arms and legs from sunburns or other burns

**DON'T**

- don't wear clothing or jewelry that feels tight or uncomfortable
- don't carry heavy items or do repetitive activities until you are fully healed. First check with your health care provider
- don't apply heat, such as with a heating pad, to your affected limb
- don't use hot tubs or saunas

**For further information on lymphedema**

- [Lymphatic Education and Research Network](https://www.lymphnet.org)
  516-625-9675
- [American Cancer Society](https://www.cancer.org)
  1-800-ACS-2345
- [National Cancer Institute](https://www.cancer.gov)
  1-800-4-CANCER
- [Susan G. Komen Breast Cancer Foundation](https://www.komen.org)
  1-800-I'M AWARE (1-800-462-9273)

**To find a certified lymphedema therapist**

- [Lymphology Association of North America (LANA)](https://www.lymphology.org)
  1-773-756-8971
- [National Lymphedema Network](https://www.lymphedemaeducation.org)
  1-800-541-3259