



About Your Total Laryngectomy

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

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

Your care team

Doctor: _____

Nurse: _____

Phone number: _____

Fax number: _____

Your caregiver

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

Caregiver: _____



Visit www.msk.org/pe/total-laryngectomy to view this guide online.

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About your total laryngectomy

About your larynx (voice box)

Your larynx is in your neck above your trachea (windpipe). It's the entrance to your airway and is important in breathing, swallowing, and speaking.

- When you breathe, your larynx opens to let air reach your lungs.
- When you swallow, your larynx rises and closes your airway to keep food and liquid from getting in your lungs.
- Two muscular folds in your larynx, called your vocal folds or vocal cords, vibrate to make your speaking voice.

About your total laryngectomy

A total laryngectomy is a surgery to remove your whole larynx (see Figure 1).

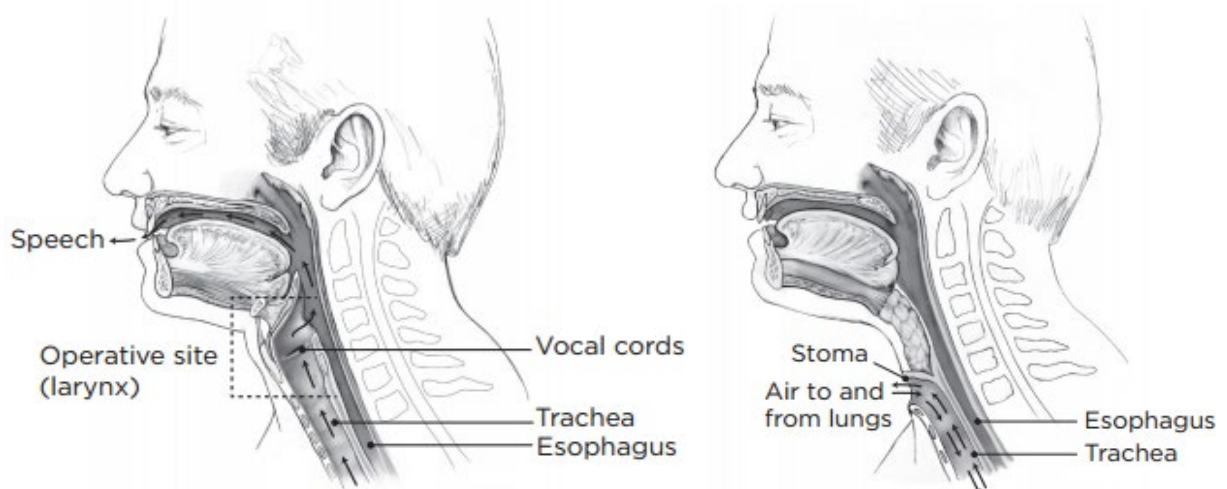


Figure 1. Before and after laryngectomy

After your surgery, you'll need to adjust how you speak and breathe.

- You'll need to learn a new way to speak. You'll meet with a speech therapist before your surgery. They'll review how your airway will be different after your surgery. They'll also talk with you about ways to speak after your laryngectomy and show you a video demonstrating these ways.
- Your nose and mouth will no longer be connected to your trachea. You'll breathe through a new opening in your neck called a stoma. Air will pass through the stoma into and out of your lungs. This will be your only way to breathe. You'll be a "neck breather" and, if you need CPR, it'll need to be given mouth-to-neck.

Your incisions (surgical cuts) will be closed with plastic or nylon sutures (stitches). The sutures will stay in place for about 2 weeks. They may be removed at your post-

Getting ready for surgery

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

- I take any prescription medicines. A prescription medicine is one you can only get with a prescription from a healthcare provider. Examples include:
 - Medicines you swallow.
 - Medicines you take as an injection (shot).
 - Medicines you inhale (breathe in).
 - Medicines you put on your skin as a patch or cream.
- I take any over-the-counter medicines, including patches and creams. An over-the-counter medicine is one you can buy without a prescription.
- I take any 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 had a problem with anesthesia (A-nes-THEE-zhuh) in the past. Anesthesia is medicine to make you sleep during a surgery or procedure.
- I'm allergic to certain medicines or materials, including latex.
- I'm not willing to receive a blood transfusion.
- I use recreational drugs, such as marijuana.

Always be sure your healthcare providers know all the medicines and supplements you're taking.

You may need to follow special instructions before surgery based on the medicines and supplements you take. If you do not follow those instructions, your surgery may be delayed or canceled.

GLP-1 medicines for weight loss

It's important to tell your healthcare provider if you take a GLP-1 medicine. You will need to follow special eating and drinking instructions before your surgery or procedure. **It is very important to follow these instructions. If you do not follow them, your surgery may be delayed or canceled.**

- **Follow a clear liquid diet the day before your surgery.** Do not eat any solid food. Read *Clear Liquid Diet* to learn more. You can find it at www.msk.org/pe/clear-liquid-diet or ask for a printed copy.
- **Stop drinking 8 hours before your arrival time.** Do not eat or drink anything after this time, including clear liquids. You can have small sips of water with your medicines.

Read *Eating and Drinking Before Your Surgery or Procedure When Taking GLP-1 Medicines* to learn more. You can ask for a printed copy or find it at www.msk.org/pe/eat-drink-glp1.

Here are some examples of GLP-1 medicines. There are others, so be sure your care team knows all the medicines you take. Sometimes, these are prescribed to help manage diabetes or other conditions. Other times, they are prescribed for weight loss.

- Semaglutide (Wegovy®, Ozempic®, Rybelsus®)
- Dulaglutide (Trulicity®)
- Tirzepatide (Zepbound®, Mounjaro®)
- Liraglutide (Saxenda®, Victoza®)

About drinking alcohol

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

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

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

Here are things you can do before surgery to keep from having problems.

- Be honest with us about how much alcohol you drink.
- Try to stop drinking alcohol once your surgery is planned. Tell us right away if you:
 - Get a headache.
 - Feel nauseous (like you're going to throw up).
 - Feel more anxious (nervous or worried) than usual.
 - Cannot sleep.

These are early signs of alcohol withdrawal and can be treated.

- Tell us if you cannot stop drinking.
- Ask us questions about drinking and surgery. We will keep all your medical information private, as always.

About smoking

If you smoke or use an electronic smoking device, you can have breathing problems when you have surgery. Vapes and e-cigarettes are examples of electronic smoking devices. Stopping for even a few days before surgery can help prevent breathing problems during and after surgery.

We will refer you to our Tobacco Treatment Program if you smoke. You can also reach the program by calling 212-610-0507. To learn more, visit www.msk.org/tobacco

About sleep apnea

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

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

Using MSK MyChart

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

If you do not have an MSK MyChart account, you can sign up at mskmychart.mskcc.org. You can also ask a member of your care team to send you an invitation.

If you need help with your account, call the MSK MyChart Help Desk at 646-227-2593. They are available Monday through Friday between 9 a.m. and 5 p.m. (Eastern time).

Within 30 days of your surgery

Presurgical testing (PST)

You'll have a PST appointment before your surgery. You'll get a reminder from your surgeon's office with the appointment date, time, and location. Visit www.msk.org/parking for parking information and directions to all MSK locations.

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

It's helpful to bring these things to your appointment:

- A list of all the medicines you're taking, including prescription and over-the-counter medicines, patches, and creams.
- Results of any medical tests done outside of MSK in the past year, if you have them. Examples include results from a cardiac stress test, echocardiogram, or carotid doppler study.
- The names and telephone numbers of your healthcare providers.

You'll meet with an advance practice provider (APP) during your PST appointment. They work closely with MSK's anesthesiology (A-nes-THÉE-zee-AH-loh-jee) staff. These are doctors with special training in using anesthesia during a surgery or procedure.

Your APP will review your medical and surgical history with you. You may have tests to plan your care, such as:

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

Your APP may recommend you see other healthcare providers. They'll also talk with you about which medicines to take the morning of your surgery.

Identify your caregiver

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



For caregivers

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

Visit www.msk.org/caregivers or read *A Guide for Caregivers* to learn more. You can ask for a printed copy or go to www.msk.org/pe/guide-caregivers to find it online.

Fill out a Health Care Proxy form

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

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

- To learn about health care proxies and other advance directives, read *Advance Care Planning for People With Cancer and Their Loved Ones*. You can find it at www.msk.org/pe/advance-care-planning or ask for a printed copy.
- To learn about being a health care agent, read *How to Be a Health Care Agent*. You can find it at www.msk.org/pe/health-care-agent or ask for a printed copy.

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

Do physical activity

Doing physical activity will help your body get into its best condition for your surgery. It will also make your recovery faster and easier.

Try to do physical activity every day. Any activity that makes your heart beat faster, such as walking, swimming, or biking, is a good choice. If it's cold outside, use stairs in your home or go to a mall or shopping center.

Follow a healthy diet

Follow a well-balanced, healthy diet before your surgery. If you need help with your diet, talk with your healthcare provider about meeting with a clinical dietitian nutritionist.

7 days before your surgery

Follow your healthcare provider's instructions for taking aspirin

Aspirin can cause bleeding. If you take aspirin or a medicine that has aspirin, you may need to change your dose or stop taking it 7 days before your surgery. Follow your healthcare provider's instructions. **Do not stop taking aspirin unless they tell you to.**

To learn more, read *How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil*. You can find it in the "Educational resources" section of this guide.

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

Vitamin E, multivitamins, herbal remedies, and other dietary supplements can cause bleeding. Stop taking them 7 days before your surgery. If your healthcare provider gives you other instructions, follow those instead.

To learn more, read *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)

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

To learn more, read *How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil*. You can find it in the "Educational resources" section of this guide.

1 day before your surgery

Note the time of your surgery

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

The staff member will tell you what time to get to the hospital for your surgery. They'll also remind you where to go. This will be:

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

Visit www.msk.org/parking for parking information and directions to all MSK locations.

Instructions for eating

Important: If you take a GLP-1 medicine, do not follow these instructions. Follow the instructions in *Eating and Drinking Before Your Surgery or Procedure When Taking GLP-1 Medicines* (www.msk.org/pe/eat-drink-glp1) instead.



Stop eating at midnight (12 a.m.) the night before your surgery.
This includes hard candy and gum.

Your healthcare provider may have given you different instructions for when to stop eating. If so, follow their instructions. Some people need to fast (not eat) for longer before their surgery.

The day of your surgery

Instructions for drinking


Important: If you take a GLP-1 medicine, do not follow these instructions. Follow the instructions in *Eating and Drinking Before Your Surgery or Procedure When Taking GLP-1 Medicines* (www.msk.org/pe/eat-drink-glp1) instead.

Between midnight (12 a.m.) and 2 hours before your arrival time, only drink the liquids on the list below. Do not eat or drink anything else. Stop drinking 2 hours before your arrival time.

- Water.
- Clear apple juice, clear grape juice, or clear cranberry juice.
- Gatorade or Powerade.
- Black coffee or plain tea. It's OK to add sugar. Do not add anything else.
 - Do not add any amount of any type of milk or creamer. This includes plant-based milks and creamers.
 - Do not add flavored syrup.

If you have diabetes, pay attention to the amount of sugar in your drinks. It will be easier to control your blood sugar levels if you include sugar-free, low-sugar, or no added sugar versions of these drinks.

It's helpful to stay hydrated before surgery, so drink if you are thirsty. Do not drink more than you need. You will get intravenous (IV) fluids during your surgery.

	<p>Stop drinking 2 hours before your arrival time. This includes water.</p> <p>Your healthcare provider may have given you different instructions for when to stop drinking. If so, follow their instructions.</p>
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Take your medicines as instructed

A member of your care team will tell you which medicines to take the morning of your surgery. Take only those medicines with a sip of water. Depending on what you usually take, this may be all, some, or none of your usual morning medicines.

Things to remember

- Wear something comfortable and loose-fitting.
- If you wear contact lenses, wear your glasses instead. Wearing contact lenses during surgery can damage your eyes.
- Do not wear any metal objects. Take off all jewelry, including body piercings. The tools used during your surgery can cause burns if they touch metal.
- Do not wear any lotion, cream, deodorant, makeup, powder, perfume, or cologne.
- Leave valuable items at home.
- If you're menstruating (have your monthly period), use a sanitary pad, not a tampon. We'll give you disposable underwear and a pad if you need them.

What to bring

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

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.

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



For caregivers, family, and friends

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

Meet with a nurse

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

Your nurse may place an IV line in one of your veins, usually in your arm or hand. If your nurse does not place the IV, your anesthesiologist (A-nes-THEE-zee-AH-loh-jist) will do it in the operating room.

Meet with an anesthesiologist

You'll also meet with an anesthesiologist before surgery. They will:

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

Get ready for surgery

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

You'll either walk into the operating room or a staff member will bring you there on a stretcher. A member of the operating room team will help you onto the operating bed. They'll put compression boots on your lower legs. These gently inflate and deflate to help blood flow in your legs.

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

During your surgery

After you're fully asleep, your care team will place a breathing tube through your mouth into your airway. It will help you breathe. They'll also place a urinary (Foley) catheter in your bladder. It will drain your urine (pee) during your surgery.

Once your surgery is finished, your incisions will be closed with sutures (stitches). Your incisions may be covered with a bandage.

Your care team will usually take out your breathing tube while you're still in the operating room.

In the Post-Anesthesia Care Unit (PACU)

You'll be in the PACU when you wake up after your surgery. A nurse will be keeping track of your temperature, pulse, blood pressure, and oxygen levels.

You'll have a loose collar on your neck over your new stoma. This will deliver humidity and a small amount of extra oxygen to your lungs to keep the lining of your trachea moist. You'll also have compression boots on your lower legs.

Pain medicine

You'll get IV pain medicine while you're in the PACU.

It will be put into your bloodstream through your IV line.

You'll be able to control your pain medicine using a button called a patient-controlled analgesia (PCA) device. Read *Patient-Controlled Analgesia (PCA)* to learn more. You can find it at www.msk.org/pe/pca or ask for a printed copy.

Tubes and drains

You'll have the following tubes:

- A laryngectomy tube in your stoma. This will help keep your laryngectomy stoma from closing.
- An NG tube in your nose. This will carry food and medications to your stomach.
- A Foley catheter in your bladder. This will let your care team keep track of how much urine you're making.

Moving to your hospital room

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

In your hospital room

The length of time you're in the hospital after your surgery depends on your recovery. Most people stay in the hospital for 10 to 14 days.

In your hospital room, you'll meet one of the nurses who will care for you during your stay. A nurse will help you out of bed and into your chair soon after you get there.

Your care team will teach you how to care for yourself while you're healing from your surgery.

Your nurse will also explain how to use the call bell system. It has an alert indicating you can't speak. When you use the call bell, the person who answers will ask what you need. If no one is in your room to speak for you, a staff member will come to your room to help you.

Communicating

You'll get a dry erase board to write on and a point-to-talk communication board to help you communicate. iPads are also available for your use.

About 3 to 5 days after your surgery, you'll start using an electrolarynx to speak. About 2 to 3 weeks after your surgery, you can start learning to use other ways to speak, such as esophageal speech or tracheoesophageal speech. For more information about these communication options, read the section "Ways to communicate."

Managing your pain

You'll have some pain after your surgery. At first, you'll get your pain medication through your IV line. You'll be able to control your pain medication using a PCA device. Once you can get food through your NG tube, you'll get your pain medication through your NG tube as well.

We will ask you about your pain often and give you medicine as needed. Tell one of your healthcare providers if your pain is not relieved. It's important to control your pain so you can use your incentive spirometer and move around. Controlling your pain can help you recover faster.

You'll get a prescription for pain medicine before you leave the hospital. Talk with your healthcare provider about possible side effects. Ask them when to start switching to over-the-counter pain medicine.

Moving around and walking

Moving around and walking will help lower your risk for blood clots and pneumonia (lung infection). It will also help you start passing gas and having bowel movements (pooping) again. Your nurse, physical therapist, or occupational therapist will help you move around, if needed.

To learn more about how walking can help you recover, read *Frequently Asked Questions About Walking After Your Surgery*. You can find it at www.msk.org/pe/walking-after-surgery or ask for a printed copy.

To learn what you can do to stay safe and keep from falling while you're in the hospital, read *Call! Don't Fall!* You can ask for a printed copy or find it at www.msk.org/pe/call-dont-fall

Eating and drinking

While you have an NG tube

You'll start getting water and nutrients through your NG tube the day after your surgery.

Your NG tube will be removed once you can swallow liquids. This usually happens 8 to 10 days after surgery. If you had chemotherapy, radiation therapy, or other treatments before your surgery, your NG tube may need to stay in place for longer. You may also have an x-ray to make sure you've healed enough and are ready to start swallowing safely.

After your NG tube is removed

Once your NG tube is removed, you'll start by only drinking liquids. You'll then slowly move on to puréed foods, then to soft solid foods, and eventually to solid foods. Your healthcare provider will tell you when and what types of liquids and food you can have based on how you're healing.

About swallowing

Swallowing after a total laryngectomy is usually similar to the way you swallowed before your surgery. If you had trouble swallowing before your surgery, it may even be easier to swallow after surgery. At first, it might feel like food or liquid is sticking in your throat and not going down your esophagus. If this happens, you may need to use the back of your tongue to give the food a little extra push when you start to swallow.

Tell your healthcare provider if you're having trouble swallowing. They'll refer you to a specialist who can help you with your speech and swallowing.

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

Caring for your laryngectomy stoma

Right after your surgery, your nurse will care for your stoma. Over time, they'll teach you how to suction and care for your stoma yourself.

Remember that you'll be a neck breather, so you'll need to keep your airway open to breathe. Suctioning your stoma will keep it free of secretions and mucus and allow air in and out of your lungs. Your nurse will teach you how to suction your stoma and how often to do this.

Using a heat and moisture exchanger (HME)

You'll also need to keep your stoma and airway moist. The moisture will help you cough out secretions and mucus. It will also keep mucus from drying out and causing plugs that can block your breathing.

Before your surgery, your nose and upper airway warmed and moisturized the air you breathed. After your surgery, you'll use a HME to moisturize the air you breathe through your stoma. A HME is a small round device that you put over your stoma. There are different types of HMEs. Your nurse will help you find the one that works best for you.

HMEs work best when you wear one all the time. While you're in the hospital, use a HME or humidity collar as much as possible. We'll also give you HMEs to use at home. Taking your HME out before you cough can help keep it clean.

Put a new HME on your laryngectomy tube every day. Inspect your HME often, at least 3 times per day, to make sure it's clean. If your HME is dirty, wipe it clean or change it. Never rinse it under water.

It might seem like you have more mucus or are coughing more when you first start using an HME. This is normal. It might take a few days or weeks of using a HME before it seems to be helping. If you've been using a HME for 3 weeks and don't feel like you're making less mucus and coughing less, tell your healthcare provider.

Your laryngectomy tube

You'll also get a soft plastic laryngectomy tube to keep the opening of your stoma from getting smaller (see Figure 2). Your healthcare provider will tell you how long you need to wear it.

Clean your laryngectomy tube regularly to help to keep it free of secretions. We recommend cleaning your tube at least twice a day or more as needed. Your nurse will show you how.



Figure 2. Laryngectomy tube

For instructions for caring for your stoma and cleaning your laryngectomy tube, read the section "Caring for and suctioning your laryngectomy stoma."

Showering

Your healthcare provider will tell you when you can shower. For most people, this is at least 1 week after surgery.

Your nurse will give you a reusable shower shield to keep water from getting in your stoma when you shower. Bring it home when you're discharged. Keep using it at home.

Don't take baths or submerge yourself under water. If you do, too much water can enter your stoma. If this happens, you can drown.

Planning for discharge

Before you leave the hospital, your case manager will meet with you to determine what kind of help you'll need at home. This may include a visiting nurse to reinforce what you learned about caring for your stoma while you were in the hospital.

Your case manager will order a portable suction machine for you to use at home. The machine will be delivered to you while you're still in the hospital. Your nurse will show you how to use it before you leave.

Your nurse will give you supplies so you can care for and suction your stoma for a couple of days after you're discharged. We'll also send you a kit that has the supplies you need for your laryngectomy. Depending on what you need, you may have more supplies delivered to your home. You should also find a medical supply store near your home.

Leaving the hospital

Before you leave, look at your incision with one of your healthcare providers. Knowing what it looks like will help you notice any changes later.

On the day of your discharge, plan to leave the hospital around 11 a.m. Your healthcare provider will write your discharge order and prescriptions before you leave. You'll also get written discharge instructions. One of your healthcare providers will review them with you before you leave.

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

At home

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

We strongly recommend registering with the MedicAlert® Foundation and wearing a MedicAlert ID with the words "Neck breather" on it. This way, if you stop breathing, medical personnel will know to give you oxygen through your neck instead of through your mouth. Visit www.medicalert.org to register.

Filling out your Recovery Tracker

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

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

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

To learn more, read *Common Questions About MSK's Recovery Tracker*. You can find it at www.msk.org/pe/recovery-tracker or ask for a printed copy.

Managing your pain

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

Follow these guidelines to help manage your pain at home.

- Take your medicines as directed and as needed.
- Call your healthcare provider if the medicine prescribed for you does not help your pain.
- Do not drive or drink alcohol while you're taking prescription pain medicine. Some prescription pain medicines can make you drowsy (very sleepy). Alcohol can make the drowsiness worse.
- You'll have less pain and need less pain medicine as your incision heals. An over-the-counter pain reliever will help with aches and discomfort. Acetaminophen (Tylenol®) and ibuprofen (Advil or Motrin) are examples of over-the-counter pain relievers.
 - Follow your healthcare provider's instructions for stopping your prescription pain medicine.
 - Do not take too much of any medicine. Follow the instructions on the label or from your healthcare provider.
 - Read the labels on all the medicines you're taking. This is very important if you're taking acetaminophen. Acetaminophen is an ingredient in many over-the-counter and prescription medicines. Taking too much can harm your liver. Do not take more than one medicine that has acetaminophen without talking with a member of your care team.

- Pain medicine should help you get back to your usual activities. Take enough to do your activities and exercises comfortably. You may have a little more pain as you start to be more active.
- Keep track of when you take your pain medicine. It works best 30 to 45 minutes after you take it. Taking it when you first have pain is better than waiting for the pain to get worse.

Some prescription pain medicines, such as opioids, may cause constipation. Constipation is when you poop less often than usual, have a harder time pooping, or both.

Preventing and managing constipation

Talk with your healthcare provider about how to prevent and manage constipation. You can also follow these guidelines.

- Go to the bathroom at the same time every day. Your body will get used to going at that time. But if you feel like you need to go, 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 a great type of exercise that can help prevent and manage constipation.
- Drink 8 to 10 (8-ounce) cups (2 liters) of liquids daily, if you can. Choose water, juices (such as prune juice), soups, and milkshakes. Limit 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. Unpeeled fruits and vegetables, whole grains, and cereals contain fiber. If you have an ostomy or recently had bowel surgery, ask your healthcare provider before changing your diet.
- Both over-the-counter and prescription medicines can treat constipation. Ask your healthcare provider before taking any medicine for constipation. This is very important 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 medicines for constipation are:
 - Docusate sodium (Colace®). This is a stool softener (medicine that makes your bowel movements softer) that causes few side effects. You can use it to help prevent constipation. Do not take it with mineral oil.
 - Polyethylene glycol (MiraLAX®). This is a laxative (medicine 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 medicines cause diarrhea (loose, watery bowel movements), stop taking them. You can start again if you need to.

Caring for and suctioning your laryngectomy stoma

You and your caregiver will need to learn how to suction and care for your new stoma. Remember that you'll be a neck breather, so it's important to keep your airway open so you can breathe. Suctioning your stoma will keep it free of secretions and allow air in and out of your lungs. Your nurse will teach you how to suction your stoma and how often to do this.

How to suction your laryngectomy stoma

1. Gather your supplies. You'll need:
 - A suction machine with plastic tubing
 - A suction catheter
 - A bowl or large cup filled with water
 - A mirror
 - A clean, dry cloth or paper towel (when you're at home)
 - Clean, dry gauze pads (when you're in the hospital)
2. Wash your hands well with soap and water.
3. Connect the suction catheter to the suction machine's plastic tubing.
4. Place the mirror so you can see your laryngectomy stoma opening.
5. Turn on the suction machine. (If you're in the hospital, open the clamp on the suction tubing instead). Pinch the catheter between your thumb and pointer finger to block the suction.
6. Cough deeply to bring up any secretions.
7. Keep the suction catheter pinched. Put it about 3 to 5 inches (8 to 13 centimeters) into your stoma (see Figure 3).
8. Un-pinch the catheter to start suctioning. Suction for 5 to 10 seconds or as long as directed by your healthcare provider. Don't keep the catheter in your trachea for longer than 10 seconds. Keeping it in too long can cause shortness of breath.

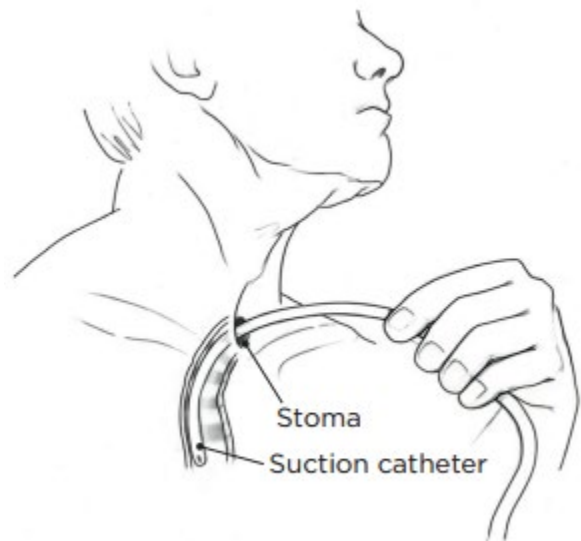


Figure 3. Suctioning your stoma

9. Using a rotating motion, slowly pull the suction catheter out of your stoma. Rotating the catheter helps it suck up secretions on all sides of your trachea and stoma.
10. Wipe the secretions from the outside of the suction catheter with a clean, dry cloth or paper towel. (If you're in the hospital, use dry gauze instead).
11. Rinse the secretions from the inside of the suction catheter by suctioning water through it.
12. Repeat these steps if you feel you have more secretions that need to be cleared out. If you need to repeat the suctioning more than 2 or 3 times, rest for a few minutes before starting again.

Once you're done:

1. Make sure the suction catheter and plastic tube are clean. Rinse and wipe the outside and suction water through the inside to clean them, if needed.
2. Disconnect the suction catheter from the plastic tubing on the suction machine.
3. Place the suction catheter on the dry cloth or paper towel.
4. If you're at home, empty the secretions from the inside of the suction machine into the toilet. Don't empty them into the sink. They can clog the drain. In the hospital, a staff member will do this for you.

While you're at home, change the suction catheter every week or more often if it's dirty or clogged. While you're in the hospital, you'll use a new catheter each time you suction.

How to remove, clean, and reinsert your laryngectomy tube

Clean your laryngectomy tube regularly to help to keep it free of secretions. We recommend cleaning it at least twice a day or more often as needed. Your nurse will show you how.

1. Gather your supplies. You'll need:
 - A mirror
 - A nylon tracheostomy brush
 - Cotton neck tape
 - Scissors
 - Normal saline
 - Cotton-tipped applicators
 - Surgilube® (optional)
 - A clean, dry cloth or paper towel (when you're at home)
 - Clean, dry gauze pads (when you're in the hospital)
2. Wash your hands well with soap and water.
3. Stand or sit in front of a sink with a mirror.
4. Untie or cut your neck tape.

5. Remove the tube from your stoma.
6. Use the nylon brush to clean the inside of the laryngectomy tube (see Figure 4). Then hold the tube under warm running water.
7. Once the tube is clean, shake out the extra water. Dry the tube with a clean, dry cloth or paper towel. (If you're in the hospital, use gauze instead.)
8. Put clean neck tape in the slots on the side of the tube.
9. Gently clean the skin around your stoma with normal saline using cotton-tipped applicators.
10. Lubricate the outside of the tube with water or Surgilube.
11. Tilt your chin slightly toward your chest.
12. Hold your breath and put the tube into your stoma (see Figure 5).
13. Tie the neck tape leaving 1 finger space between the tape and your neck.
14. Rinse the nylon tracheostomy brush under running water.



Figure 4. Cleaning your laryngectomy tube

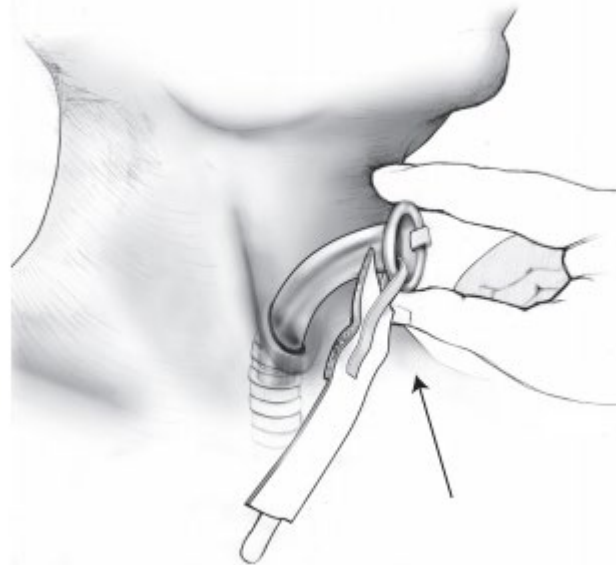


Figure 5. Inserting your laryngectomy tube

Ways to communicate

You'll need to learn a new way of speaking after your total laryngectomy. There are 3 options:

- An electrolarynx
- Esophageal speech
- Tracheoesophageal speech

All these options use an alternate sound source to make sound either outside your body using an electronic device or inside your body using the tissue and structures in your throat.

The type of surgery you had will determine which of these options you can use. Your speech therapist will explain these options before your surgery. After your surgery, they'll monitor your progress to help you decide what options are right for you. All these communication options require practice and time.

Electrolarynx

An electrolarynx is a device you put against your neck to make your voice (see Figure 6). To speak, you use your mouth, lips, and tongue to shape the sound, like you did before your laryngectomy.

The new voice made with the electrolarynx won't sound the same as your old one. It will sound more electronic. With practice, it can become more natural, with your own speech patterns and accents.

You can use an electrolarynx to speak as early as 3 to 5 days after your surgery. It's easy to learn.

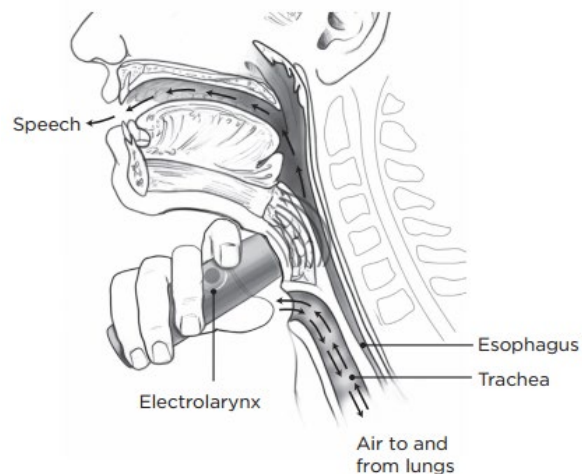


Figure 6. Using an electrolarynx

Esophageal speech

With esophageal speech, you make sounds by pushing or swallowing air into your esophagus, then pushing it back up through your throat and out of your mouth while shaping the sound of words with your mouth.

Esophageal speech sounds more natural than an electrolarynx, but it's much harder to learn. It takes 3 to 6 months of training with a speech therapist.

Not everyone can learn esophageal speech. The extent of your surgery and your healing will determine if it's an option for you.

Tracheoesophageal speech

With tracheoesophageal speech, your surgeon makes a hole between your trachea and esophagus using a procedure called a tracheoesophageal puncture (TEP). They can make the TEP during your laryngectomy surgery or as a separate procedure after you've healed. If it's done as a separate procedure, it's usually about 3 to 6 months after your total laryngectomy.

Something must always stay in your TEP tract or it will close, like a cut. Your surgeon will place either a thin catheter (tube) or a TEP prosthesis in your TEP tract to keep it open. A TEP prosthesis is a valve that lets you speak when it's open and lets you eat and drink without aspiration (food or liquid entering your lungs) when it's closed.

If your surgeon places a catheter in your TEP tract, your speech pathologist will replace it with a TEP prosthesis once the site has healed. This is usually about 10 to 12 days after the TEP is made.

To make tracheoesophageal speech, you must breathe in and then cover your stoma (see Figure 7). The air from your lungs will be forced through the TEP prosthesis and into your throat. Your throat will vibrate to make sound (see Figure 8).

Tracheoesophageal speech sounds similar to your speech before your laryngectomy.



Figure 7. Blocking your stoma for TEP speech (front view)

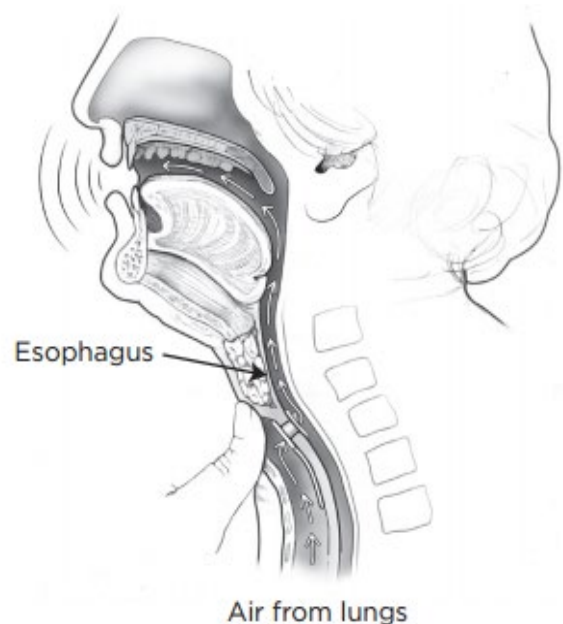


Figure 8. Blocking your stoma for TEP speech (side view)

Emergency precautions for TEP

If you had a TEP, you'll get a TEP Prosthesis Dislodgement Kit when you're discharged from the hospital. This kit has written directions and different sized catheters in case your TEP prosthesis falls out. This isn't likely to happen, but if it does, don't panic. Follow the steps below.

1. Get the 16FR width catheter from your TEP Prosthesis Dislodgement Kit. Knot it at the top.
2. Put the other end of the catheter into your TEP tract so 5 to 6 inches (13 to 15 centimeters) of the catheter is sticking out (see Figure 9). If you can't get it in, try a thinner catheter.
3. Tape the knotted end to your chest or neck (see Figure 10). This will let you eat and drink until you can get to your speech therapist. They'll put the TEP prosthesis back into your TEP tract.
4. Call your speech therapist at MSK and tell them your TEP prosthesis fell out. If you can, find the prosthesis and bring it to your appointment.

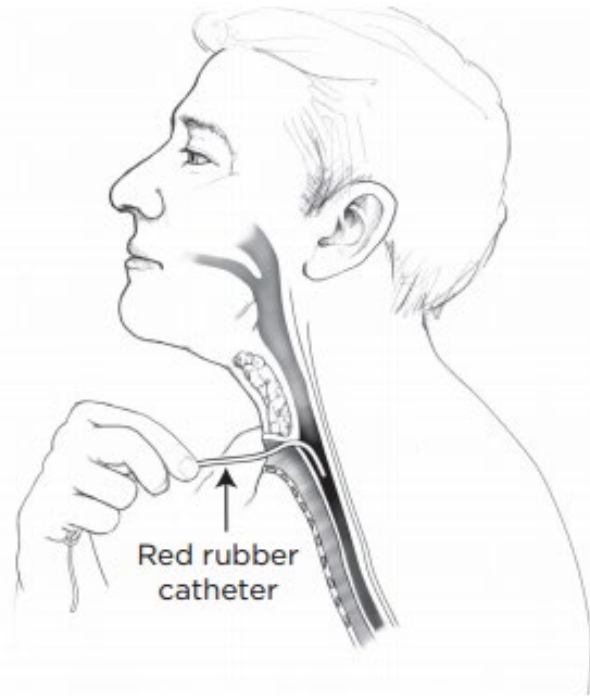


Figure 9. Inserting catheter into TEP tract

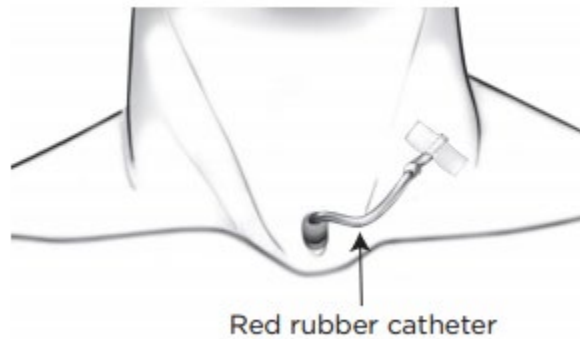


Figure 10. Taping catheter to neck

If you can't find the TEP prosthesis and think it may have fallen into your lungs:

- Put a catheter into your TEP tract following the steps above.
- Go to the Urgent Care Center at MSK. Ask for the Head and Neck doctor on call.
- If you aren't near MSK, go to the nearest emergency room. Bring the TEP Prosthesis Dislodgement Kit with you and tell them there may be a foreign body in your lungs. They'll need to do a chest x-ray and remove it if needed.

If you can't put a catheter into your TEP tract:

- Don't eat or drink anything.
- Between 9:00 AM and 5:00 PM, call the Speech and Hearing Center at MSK at 212-639-5856 and tell them what happened.
- After 5:00 PM, on weekends, and on holidays, go to the Urgent Care Center at MSK and ask for the Head and Neck doctor on call. If you aren't near MSK, go to your nearest emergency department and tell them that you can't insert a catheter into your TEP tract.

Physical activity and exercise

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

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

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

It's common to have less energy than usual after surgery. Recovery time is different for everyone. Do more activity each day as much as you can. Always balance activity periods with rest periods. Rest is an important part of your recovery.

Driving

Ask your healthcare provider when you can drive. Most people can start driving again 3 weeks after surgery. Do not drive while you're taking pain medicine that may make you drowsy.

You can ride in a car as a passenger at any time after you leave the hospital.

Going back to work

Talk with your healthcare provider about your job. They'll tell you when it may be safe for you to start working again based on what you do. If you move around a lot or lift heavy objects, you may need to stay out a little longer. If you sit at a desk, you may be able to go back sooner.

Traveling

Having a tracheostomy or laryngectomy should not stop you from travelling. But check with your healthcare provider to talk about whether air travel is safe.

If you're flying, contact your airline. Check if you need a letter from your healthcare provider for your medical equipment.

Place your medical equipment in your carry-on luggage in an area that's easy to get to. Your medical equipment may include:

- Stoma care equipment (portable suction and catheters).
- An electrolarynx.
- TEP dislodge device.

You can manage cabin dry air by moistening the air. Wear a heat and moisture exchanger (HME) filter or a moist cloth cover over your stoma. HME filters include Provox XtraMoist HME and Provox Life Home HME.

Managing your feelings

You may have new and upsetting feelings after a surgery for a serious illness. Many people say they felt weepy, sad, worried, nervous, irritable, or angry at one time or another. You may find that you cannot control some of these feelings. If this happens, it's a good idea to seek emotional support. Your healthcare provider can refer you to MSK's Counseling Center. You can also reach them by calling 646-888-0200.

The first step in coping is to talk about how you feel. Family and friends can help. We can also reassure, support, and guide you. It's always a good idea to let us know how you, your family, and your friends are feeling emotionally. Many resources are available to you and your family. We're here to help you and your family and friends handle the emotional aspects of your illness. We can help no matter if you're in the hospital or at home.

When to call your healthcare provider



Call your healthcare provider if:

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

MSK support services

Admitting Office

212-639-7606

Call if you have questions about your hospital admission, such as asking for a private room.

Anesthesia

212-639-6840

Call if you have questions about anesthesia.

Blood Donor Room

212-639-7643

Call for information if you're interested in donating blood or platelets.

Bobst International Center

www.msk.org/international

888-675-7722

We welcome patients from around the world and offer many services to help. If you're an international patient, call for help arranging your care.

Counseling Center

www.msk.org/counseling

646-888-0200

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

Food Pantry Program

646-888-8055

We give food to people in need during their cancer treatment. Talk with a member of your care team or call the number above to learn more.

Integrative Medicine and Wellness Service

www.msk.org/integrativemedicine

Our Integrative Medicine and Wellness Service offers many services to complement (go along with) traditional medical care. For example, we offer music therapy, mind/body therapies, dance and movement therapy, yoga, and touch therapy. Call 646-449-1010 to make an appointment for these services.

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

MSK Library

library.mskcc.org

You can visit our library website or email asklibrarian@mskcc.org to talk with the library reference staff. They can help you find more information about a type of cancer. You can also visit libguides.mskcc.org/patienteducation to see the library's Patient Education Resource Guide.

Nutrition Services

www.msk.org/nutrition
212-639-7312

Our Nutrition Service offers nutritional counseling with one of our clinical dietitian nutritionists. Your clinical dietitian nutritionist will talk with you about your eating habits. They can also give advice on what to eat during and after treatment. Ask a member of your care team for a referral or call the number above to make an appointment.

Patient and Community Education

www.msk.org/pe

Visit our patient and community education website to search for educational resources, videos, and online programs.

Patient Billing

646-227-3378

Call if you have questions about preauthorization with your insurance company. This is also called preapproval.

Patient Representative Office

212-639-7202

Call if you have questions about the Health Care Proxy form or concerns about your care.

Perioperative Nurse Liaison

212-639-5935

Call if you have questions about MSK releasing any information while you're having surgery.

Private Duty Nurses and Companions

646-357-9272

You can request private nurses or companions to care for you in the hospital and at home. Call to learn more.

Rehabilitation Services

www.msk.org/rehabilitation

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

- **Rehabilitation medicine doctors** diagnose and treat problems that affect how you move and do activities. They can design and help coordinate your rehabilitation therapy program, either at MSK or somewhere closer to home. Call Rehabilitation Medicine (Physiatry) at 646-888-1929 to learn more.
- An **OT** can help if you're having trouble doing usual daily activities. For example, they can recommend tools to help make daily tasks easier. A **PT** can teach you exercises to help build strength and flexibility. Call Rehabilitation Therapy at 646-888-1900 to learn more.

Resources for Life After Cancer (RLAC) Program

646-888-8106

At MSK, care does not end after your treatment. The RLAC Program is for patients and their families who have finished treatment.

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

Sexual Health Programs

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

- Our **Female Sexual Medicine and Women's Health Program** can help with sexual health problems such as premature menopause or fertility issues. Ask a member of your MSK care team for a referral or call 646-888-5076 to learn more.
- Our **Male Sexual and Reproductive Medicine Program** can help with sexual health problems such as erectile dysfunction (ED). Ask a member of your care team for a referral or call 646-888-6024 to learn more.

Social Work

www.msk.org/socialwork

212-639-7020

Social workers help patients, families, and friends deal with common issues for people who have cancer. They provide individual counseling and support groups throughout your treatment. They can help you communicate with children and other family members.

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

Spiritual Care

212-639-5982

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

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

Tobacco Treatment Program

www.msk.org/tobacco

212-610-0507

If you want to quit smoking, MSK has specialists who can help. Call to learn more.

Virtual Programs

www.msk.org/vp

We offer online education and support for patients and caregivers. These are live sessions where you can talk or just listen. You can learn about your diagnosis, what to expect during treatment, and how to prepare for your cancer care.

These are the educational resources mentioned in this guide. You can find them online or ask a member of your care team for a printed copy.

- ***A Guide for Caregivers*** (www.msk.org/pe/guide-caregivers)
- ***Advance Care Planning for People With Cancer and Their Loved Ones*** (www.msk.org/pe/advance-care-planning)
- ***Call! Don't Fall!*** (www.msk.org/pe/call-dont-fall)
- ***Common Questions About MSK's Recovery Tracker*** (www.msk.org/pe/recovery-tracker)
- ***Frequently Asked Questions About Walking After Your Surgery*** (www.msk.org/pe/walking-after-surgery)
- ***Herbal Remedies and Cancer Treatment*** (www.msk.org/pe/herbal-remedies)
- ***How to Be a Health Care Agent*** (www.msk.org/pe/health-care-agent)
- ***How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil*** (www.msk.org/pe/check-med-supplement)
- ***How to Use Your Incentive Spirometer*** (www.msk.org/pe/incentive-spirometer)
- ***Information for Family and Friends for the Day of Surgery*** (www.msk.org/pe/info-family-friends)
- ***Patient-Controlled Analgesia (PCA)*** (www.msk.org/pe/pca)
- ***What You Can Do to Avoid Falling*** (www.msk.org/pe/avoid-falling)



PATIENT & CAREGIVER EDUCATION

Herbal Remedies and Cancer Treatment

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

About Herbal Remedies

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

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

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

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

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

Talk with your healthcare provider about any herbal remedies or other

supplements you are taking. They can provide an open and safe space to talk about these products.

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

Stop taking herbal remedies before your treatment

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

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

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

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

Common Herbal Remedies and Their Effects

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

Echinacea (EH-kih-NAY-shuh)

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

Garlic

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

Gingko (also known as Gingko biloba)

- Can increase your risk of bleeding.

Ginseng (JIN-seng)

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

Turmeric (TER-mayr-ik)

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

St. John's Wort

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

Valerian (vuh-LEER-ee-un)

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

Herbal formulas

- Herbal formulas contain many different herbs and dosages.
- Stop taking these products 7 days (1 week) before treatment. Do not start taking herbal formulas again until your healthcare provider tells you it is safe.

This information does not cover all herbal remedies or possible side effects. Talk with your healthcare provider if you have any questions or concerns.

Contact Information

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

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

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

Herbal Remedies and Cancer Treatment - Last updated on May 5, 2022

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PATIENT & CAREGIVER EDUCATION

How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil

This information will help you check if your medicines or dietary supplements have aspirin, other NSAIDs, vitamin E, or fish oil as an active ingredient. NSAID stands for nonsteroidal anti-inflammatory drug.

It's important to stop taking these medicines and supplements before many cancer treatments. They affect your platelets (blood cells that clot to prevent bleeding) and can raise your risk of bleeding.

Other dietary supplements, such as vitamins and herbal remedies, can also affect your cancer treatment. Read *Herbal Remedies and Cancer Treatment* (www.mskcc.org/pe/herbal_remedies) to learn more.

Make sure your healthcare provider always knows all the prescription and over-the-counter medicines and supplements you're taking. This includes patches and creams.

A prescription medicine is one you can only get with a prescription from your healthcare provider. An over-the-counter medicine is one you can buy without a prescription.

What is an active ingredient?

An active ingredient is the part of a medicine or supplement that makes it work. Some medicines and supplements have just one active ingredient. Others have more. For example:

- Ibuprofen is the active ingredient in Advil® and Motrin®. Ibuprofen is an NSAID.
- Naproxen is the active ingredient in Aleve®. Naproxen is an NSAID.
- Acetaminophen is the active ingredient in Tylenol®.
- Aspirin, acetaminophen, and caffeine are the active ingredients in Excedrin®.

Generic medicines sometimes use their active ingredient as their name. But people often call medicines and supplements by a brand name, even if they're generic. This can make it hard to know their active ingredients.

How to find a medicine or supplement's active ingredients

You can always find the active ingredients by reading the label.

Over-the-counter medicines

Over-the-counter medicines list their active ingredients in the "Drug Facts" label (see Figure 1). Active ingredients are always the first thing on the Drug Facts label.



Figure 1. Active ingredients on an over-the-counter medicine label

Prescription medicines

Prescription medicines list their active ingredients on the label. Their active ingredients and their generic name are the same thing.

Labels often look different depending on which pharmacy you use. Here’s an example of where to find a medicine’s active ingredients (generic name) on a label from MSK’s pharmacy (see Figure 2).

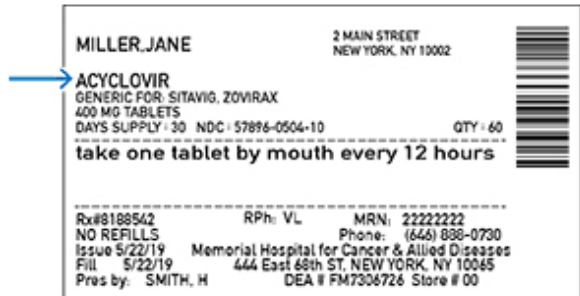


Figure 2. Active ingredients on a prescription medicine label

Dietary supplements

Dietary supplements list their active ingredients in the “Supplement Facts” label (see Figure 3). The active ingredients always have an amount per serving and % daily value included.

	Amount Per Serving	% Daily Value
Vitamin A (as retinyl acetate and 50% as beta-carotene)	5000 IU	100%
Vitamin C (as ascorbic acid)	60 mg	100%
Vitamin D (as cholecalciferol)	400 IU	100%
Vitamin E (as di-alpha tocopheryl acetate)	90 IU	100%
Thiamin (as thiamin mononitrate)	1.5 mg	100%
Riboflavin	1.7 mg	100%
Niacin (as niacinamide)	20 mg	100%
Vitamin B ₆ (as pyridoxine hydrochloride)	2.0 mg	100%
Folate (as folic acid)	400 mcg	100%
Vitamin B ₁₂ (as cyanocobalamin)	6 mcg	100%
Biotin	30 mcg	10%
Pantothenic Acid (as calcium pantothenate)	10 mg	100%

Other ingredients: Gelatin, lactose, magnesium stearate, microcrystalline cellulose, FD&C Yellow No. 6, propylene glycol, propylparaben, and sodium benzoate.

Figure 3. Active ingredients on a supplement label

Active ingredients to look for

If your medicine or supplement has any of these active ingredients, you may need to stop taking it before, during, or after your cancer treatment or surgery. Follow your care team's instructions.

Active ingredients to look for		
<ul style="list-style-type: none">• Acetylsalicylic acid• Alpha-linolenic acid (ALA)• Aspirin• Acetaminophen*• Celecoxib• Diclofenac• Diflunisal• Docosahexaenoic acid (DHA)• Eicosapentaenoic acid (EPA)	<ul style="list-style-type: none">• Etodolac• Fish oil• Fenoprofen Flurbiprofen• Ibuprofen• Indomethacin• Ketoprofen• Ketorolac• Meclofenamate• Mefenamic acid• Meloxicam	<ul style="list-style-type: none">• Nabumetone• Naproxen• Omega-3 fatty acids• Omega-6 fatty acids• Oxaprozin• Piroxicam• Sulindac• Tolmetin• Vitamin E

* 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		
<ul style="list-style-type: none">• APAP• Acetamin	<ul style="list-style-type: none">• AC• Acetam	<ul style="list-style-type: none">• Acetaminop• Acetaminoph

About acetaminophen (Tylenol)

In general, acetaminophen is safe to take during cancer treatment. It doesn't affect platelets. That means it will not raise your chance of bleeding. If you're getting chemotherapy, talk with your healthcare provider before taking acetaminophen.

There is a limit to how much acetaminophen you can take in a day. Always follow the instructions from your care team or on the medicine's label.

Acetaminophen is in many different prescription and over-the-counter medicines. It's possible to take too much without knowing. **Always read the label on the medicines you take.** Do not take more than 1 medicine that has acetaminophen at a time without talking with a member of your care team.

Instructions before your cancer treatment

Tell your healthcare provider if you take aspirin, other NSAIDs, vitamin E, or fish oil. They'll tell you if you need to stop taking it. You'll also find instructions in the information about your treatment.

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 medicine that has aspirin, you may need to change your dose or stop taking it 7 days before your surgery. Follow your healthcare provider's instructions. **Do not stop taking aspirin unless your healthcare provider tells you to.**
- If you take vitamin E, fish oil, or a supplement that has vitamin E or fish oil, stop taking it 7 days before your surgery or as directed by your healthcare provider.
- If you take an NSAID or a medicine that has 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 medicine that has aspirin, you may need to stop taking it 5 days before your procedure. Follow your healthcare provider's instructions. **Do not stop taking aspirin unless your healthcare provider tells you to.**
- If you take an NSAID or a medicine that has 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. No matter if you're just starting chemotherapy or have been getting it, talk with your healthcare provider before taking aspirin, other NSAIDs, vitamin E, or fish oil.

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

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

How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil - Last updated on November 29, 2023

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