About Your Total Laryngectomy

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A-015-2
About Your Surgery

This guide will help you prepare for your total laryngectomy surgery at Memorial Sloan Kettering (MSK), and help you understand what to expect after your surgery. Read through this guide at least once before your surgery and then 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, so that you and your healthcare team can refer to it throughout your care.

A total laryngectomy is a surgery done to remove your larynx (voice box).

Your Larynx

Your larynx is located in your neck above your trachea (windpipe). It is 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 entering it.
- Two muscular folds in the larynx, the vocal folds (or vocal cords), vibrate to produce your speaking voice.

Your Total Laryngectomy Surgery

Your larynx needs to be completely removed due to the tumor. After the surgery, your anatomy will change (see Figures 1 and 2), and there are adjustments that you will need to make:

- You will need to learn a new way to speak. You will be scheduled to meet with a speech therapist before your surgery. Your speech therapist will review the changes in your anatomy that will happen after the surgery. He or she will also talk with you about ways to speak after the laryngectomy and will show you a video demonstrating these ways.

- Your nose and mouth will no longer be connected to your trachea. You will 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 will be a “neck breather” and if you require CPR it will need to be delivered mouth to neck.
Your incisions (surgical cuts) will be closed with plastic or nylon sutures (stitches) that will remain in place for about 2 weeks. These sutures will be removed at your post-operative visit with your surgeon or they may need to remain in place somewhat longer due to any prior radiation treatment you may have had.

The length of your surgery depends on which type of surgery and incision you have. Your doctor will discuss this with you before your surgery.

We recognize that your upcoming surgery is life-changing. Your healthcare team at MSK will help you through the process.
The information in this section will help you prepare 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 prepare for your surgery.

About Drinking Alcohol

The amount of alcohol you drink can affect you during and after your surgery. It is important that you talk with your healthcare providers about your alcohol intake so that we can plan your care.

- Stopping alcohol suddenly can cause seizures, delirium, and death. If we know you are at risk for these complications, we can prescribe medications to help prevent them.

- If you use alcohol regularly, you may be at risk for other complications during and after your surgery. These include bleeding, infections, heart problems, greater dependence on nursing care, and longer hospital stay.

Here are things you can do to prevent problems before your surgery:

- Be honest with your healthcare provider 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 cannot sleep after you stop drinking, tell your doctor right away. These are early signs of alcohol withdrawal and can be treated.

- Tell your healthcare provider if you cannot stop drinking.

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

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 heparin, warfarin (Coumadin®), clopidogrel (Plavix®), enoxaparin (Lovenox®), and tinzaparin (Innohep®). There are others, so be sure your doctor knows all the medications you’re taking.

- I take prescription medications, including patches and creams.

- I take any over-the-counter medications, herbs, vitamins, minerals, or natural or home remedies.

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

- I have sleep apnea.

- I have had a problem with anesthesia in the past.

- I have allergies, including to latex.

- I am not willing to receive a blood transfusion.

- I drink alcohol.

- I smoke.

- I use recreational drugs.

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.
About Sleep Apnea

Sleep apnea is a common breathing disorder that causes a person to stop breathing for short periods while sleeping. The most common type is obstructive sleep apnea (OSA). This means that the airway becomes completely blocked during sleep, so no air can get through. OSA can cause serious problems when you have surgery. Please tell us if you have sleep apnea or if you think you may have it. If you use a breathing machine (CPAP) for sleep apnea, bring it with you the day of your surgery.

Within 30 Days of Your Surgery

Presurgical Testing

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 who works closely with anesthesiology staff (doctors and specialized nurses who will be giving you medication to put you to sleep during your surgery). He or she 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 nurse practitioner may also recommend you see other healthcare providers.

Your nurse practitioner will talk with you about which medications you should take the morning of your surgery. To help you remember, we've left space for you to write these medications down in “The Morning of Your Surgery” section of this guide.

It is 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).

At this appointment, speak with your nurse practitioner to make sure that you have an appointment to see the speech pathologist in Speech and Hearing department. You should have this appointment before your surgery.

If you receive your care at one of MSK's regional sites, you may have your PST appointment at that location. Use the space below to write in any notes about your PST appointment.

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30
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 are unable to communicate for yourself. The person you identify is called your health care agent. If you are interested in completing a Health Care Proxy form or to learn more, talk with your nurse. If you have completed one already, or if you have any other advanced directive, bring it with you to your next appointment.

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, please read Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), located 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 and Supplements

Stop taking herbal remedies 7 days before your surgery. If you take a multivitamin, talk with your doctor or nurse about whether you should continue. For more information, please 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
2 Days Before Your Surgery

Stop Taking Certain Medications

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

1 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. He or she will tell you what time you should arrive at the hospital for your surgery. If you are scheduled for surgery on Monday you will be called on the Friday before. The Admitting clerk will tell you where to go on the day of your surgery. This will be either the Surgical Day Hospital (SDH) or the Presurgical Center (PSC). If you do not 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: ______________

Both locations are at 1275 York Avenue between East 67th and East 68th streets.

☐ Surgical Day Hospital (SDH)
  M elevator to 2nd Floor

☐ Presurgical Center (PSC)
  B elevator to 6th Floor

Sleep

Go to bed early and get a full night’s sleep.

Instructions for eating and drinking before your surgery

- Do not eat anything after midnight the night before your surgery. This includes hard candy and gum.
- Between midnight and up until 2 hours before your scheduled arrival time, you may drink a total of 12 ounces of water (see figure).
- Starting 2 hours before your scheduled arrival time, do not eat or drink anything. This includes water.
The Morning of Your Surgery

Take Your Medications as Instructed

If your doctor or nurse practitioner instructed you to take certain medications the morning of your surgery, take only those medications with a small 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.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>Doctor/Nurse</th>
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</tbody>
</table>

Things to Remember

- Do not put on any lotion, cream, deodorant, makeup, powder, or perfume.
- Do not 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 are taken into the operating room, you will need to remove your eyeglasses, hearing aid(s), dentures, prosthetic device(s), wig, and religious articles, such as a rosary.
- If you wear contact lenses, wear your glasses instead.
  
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What to Bring

- A button-down or loose fitting top.
- 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.
- 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.
- This guide. Your healthcare team will use this guide to teach you how to care for yourself after your surgery.

Parking When You Arrive

Parking at MSK is available in the garage on East 66th Street between York and First Avenues. 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. If you have questions about prices, call 212-639-2338.

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

You will be given a hospital gown, robe, and nonskid socks.
Meet With Your Nurse

Your nurse will meet with you before your surgery. Tell him or her the dose of any medications (including patches and creams) you took after midnight and the time you took them. Your nurse will insert an intravenous (IV) line into a vein in your arm.

Meet With Your Anesthesiologist

He or she 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 walk into the operating room or you can 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.

Your anesthesiologist will place an intravenous (IV) line into a vein, usually in your arm or hand, if your nurse hasn’t done so already. The IV line will be used to give you fluids and anesthesia (medication to make you sleep) during your surgery. Your anesthesiologist may also put an epidural catheter (thin, flexible tube) in your spine (back). This will be used to give you pain medication. The medication is delivered into your epidural space, which is the area just outside your spinal cord. It will give you pain relief with fewer side effects, such as nausea, vomiting, and sleepiness. This is similar to what is given to women when they have babies.

Once you are fully asleep, you will get a nasogastric tube put in through your nose into your stomach in order to deliver food. You will also have a urinary catheter placed to drain urine from your bladder.
PATIENT & CAREGIVER EDUCATION

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 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 decrease your platelet count, which can increase your risk of bleeding. Whether you’re just starting chemotherapy or you’ve been receiving 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
the medications you’re taking, both prescription and over-the-counter.

### Common medications that contain aspirin

<table>
<thead>
<tr>
<th>Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs)</th>
<th>Formulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggrenox®</td>
<td>Bayer® (most formulations)</td>
</tr>
<tr>
<td>Equagesic Tablets</td>
<td>Isolyl®</td>
</tr>
<tr>
<td>Panasal®</td>
<td>Synalgos®-DC Capsules</td>
</tr>
<tr>
<td>Alka Seltzer®</td>
<td>BC® Powder and Cold Formulations</td>
</tr>
<tr>
<td>Equazine®</td>
<td>Lanorinal®</td>
</tr>
<tr>
<td>Percodan® Tablets</td>
<td>Tenol-Plus®</td>
</tr>
<tr>
<td>Anacin®</td>
<td>Bufferin® (most formulations)</td>
</tr>
<tr>
<td>Excedrin® Extra-Strength Analgesic Tablets and Caplets</td>
<td>Lortab® ASA Tablets</td>
</tr>
<tr>
<td>Persistin®</td>
<td>Trigesic®</td>
</tr>
<tr>
<td>Arthritis Pain Formula</td>
<td>Buffets II®</td>
</tr>
<tr>
<td>Excedrin® Migraine</td>
<td>Magnaprin® Tablets</td>
</tr>
<tr>
<td>Robaxisal®</td>
<td>Talwin® Compound</td>
</tr>
<tr>
<td>Arthritis Foundation Pain Reliever®</td>
<td>Buffex®</td>
</tr>
<tr>
<td>Fiorgen®</td>
<td>Marnal®</td>
</tr>
<tr>
<td>Roxiprin®</td>
<td>Vanquish® Analgesic Caplets</td>
</tr>
<tr>
<td>ASA Enseals® Arthritis Pain Reliever®</td>
<td>Cama® (most formulations)</td>
</tr>
<tr>
<td>Fiorinal® (most formulations)</td>
<td>Micrainin®</td>
</tr>
<tr>
<td>Saleto®</td>
<td>Wesprin® Buffered</td>
</tr>
<tr>
<td>ASA Suppositories®</td>
<td>COPE®</td>
</tr>
<tr>
<td>Fiortal®</td>
<td>Momentum®</td>
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<tr>
<td>Salocol®</td>
<td>Zee-Seltzer®</td>
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<tr>
<td>Ascriptin® and Ascriptin A/D®</td>
<td>Dasin®</td>
</tr>
<tr>
<td>Gelpirin®</td>
<td>Norgesic Forte® (most formulations)</td>
</tr>
<tr>
<td>Sodol®</td>
<td>ZORprin®</td>
</tr>
<tr>
<td>Aspergum®</td>
<td>Easprin®</td>
</tr>
<tr>
<td>Genprin®</td>
<td>Norwich® Aspirin</td>
</tr>
<tr>
<td>Soma® Compound Tablets</td>
<td></td>
</tr>
<tr>
<td>Asprimox®</td>
<td>Ecotrin® (most formulations)</td>
</tr>
<tr>
<td>Gensan®</td>
<td>PAC® Analgesic Tablets</td>
</tr>
<tr>
<td>Soma® Compound with Codeine Tablets</td>
<td></td>
</tr>
<tr>
<td>Axotal®</td>
<td>Empirin® Aspirin (most formulations)</td>
</tr>
<tr>
<td>Heartline®</td>
<td>Orphengesic®</td>
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<tr>
<td>St. Joseph® Adult</td>
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</tbody>
</table>
Common medications that are NSAIDs that don’t contain aspirin

<table>
<thead>
<tr>
<th>Brand</th>
<th>Brand</th>
<th>Brand</th>
<th>Brand</th>
<th>Brand</th>
<th>Brand</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advil®</td>
<td>Celecoxib</td>
<td>Flurbiprofen</td>
<td>Meclofenamate</td>
<td>Nalfon®</td>
<td>Ponstel®</td>
<td></td>
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<tr>
<td>Advil Migraine®</td>
<td>Children’s Motrin®</td>
<td>Genpril®</td>
<td>Mefenamic Acid</td>
<td>Naproxen</td>
<td>Relafen®</td>
<td></td>
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<tr>
<td>Aleve®</td>
<td>Clinoril®</td>
<td>Ibuprofen</td>
<td>Meloxicam</td>
<td>Naprosyn®</td>
<td></td>
<td></td>
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<tr>
<td>Anaprox DS®</td>
<td>Daypro®</td>
<td>Indomethacin</td>
<td>Menadol®</td>
<td>Nuprin®</td>
<td>Saleto 200®</td>
<td></td>
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<tr>
<td>Ansaid®</td>
<td>Diclofenac</td>
<td>Indocin®</td>
<td>Midol®</td>
<td>Orudis®</td>
<td>Sulindac</td>
<td></td>
</tr>
<tr>
<td>Arthrotec®</td>
<td>Etodolac®</td>
<td>Ketoprofen</td>
<td>Mobic®</td>
<td>Oxaprozin</td>
<td>Toradol®</td>
<td></td>
</tr>
<tr>
<td>Bayer® Select Pain Relief Formula Caplets</td>
<td>Feldene®</td>
<td>Ketorolac</td>
<td>Motrin®</td>
<td>PediaCare Fever®</td>
<td>Voltaren®</td>
<td></td>
</tr>
<tr>
<td>Celebrex®</td>
<td>Fenoprofen</td>
<td>Lodine®</td>
<td>Nabumetone</td>
<td>Piroxicam</td>
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</table>

Products with Vitamin E

Most multivitamins contain vitamin E. If you take a multivitamin be sure to check the label. The following products contain vitamin E:

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

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.
The following common medications contain acetaminophen.

<table>
<thead>
<tr>
<th>Acephen®</th>
<th>Datril®</th>
<th>Lortab®</th>
<th>Roxicet®</th>
<th>Vicodin®</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aceta® with Codeine</td>
<td>Di-Gesic®</td>
<td>Naldegesic®</td>
<td>Talacen®</td>
<td>Wygesic®</td>
</tr>
<tr>
<td>Acetaminophen with Codeine</td>
<td>Esgic®</td>
<td>Norco®</td>
<td>Tempra®</td>
<td>Zydome®</td>
</tr>
<tr>
<td>Aspirin-Free Anacin®</td>
<td>Excedrin P.M.®</td>
<td>Panadol®</td>
<td>Tylenol®</td>
<td></td>
</tr>
<tr>
<td>Arthritis Pain Formula® Aspirin-Free</td>
<td>Fiorcet®</td>
<td>Percocet®</td>
<td>Tylenol® with Codeine No. 3</td>
<td></td>
</tr>
<tr>
<td>Darvocet-N 100®</td>
<td>Lorcrat®</td>
<td>Repan</td>
<td>Vanquish®</td>
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</tr>
</tbody>
</table>

Read the labels on all your medications

Acetaminophen is safe when used as directed, but there is 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 are 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, so look for these common abbreviations, especially on prescription pain relievers:

<table>
<thead>
<tr>
<th>APAP</th>
<th>AC</th>
<th>Acetaminop</th>
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<tbody>
<tr>
<td>Acetamin</td>
<td>Acetam</td>
<td>Acetaminoph</td>
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</table>

Do not 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 spices in cooking, but you must stop taking them in supplemental form 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](http://www.aboutherbs.com).
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.
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 stay there until you are awake and your pain is under control.

While you are in the PACU, a nurse will be monitoring your pulse, body temperature, blood pressure, and breathing. You will have a loose collar placed on your neck. This will deliver humidity and a small amount of extra oxygen to your lungs through your new stoma. This is to keep the lining of your trachea (windpipe) moist. You will have a urinary catheter (Foley®) in your bladder to monitor the amount of urine you are making. You will also have compression boots on your lower legs to help your circulation.

You will have a pain pump called a patient-controlled analgesia (PCA) device. For more information, please read *Patient-Controlled Analgesia (PCA)*, located in this section. You will have a nasogastric (NG) tube, which is placed in your nose to carry food and medications to your stomach.

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.

You will be taken to your hospital room the morning after your surgery.

Commonly Asked Questions

**Will I have pain after my surgery?**

You will have some pain after your surgery. Your doctor and nurse will ask you about your pain often and give you medication as needed. If your pain is not relieved, please tell your doctor or nurse.

You will first get pain medication through your IV. You will then begin to get it through your NG tube, once you can eat food through it. You will be given a prescription for pain medication before you leave the hospital.

**How can I prevent constipation?**

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

To prevent constipation:

- Go to the bathroom at the same time every day. Your body will get used to going at that time.
- Exercise if you can; walking is an excellent form of exercise.
- Add extra water before and after each tube feeding.

If you haven’t had a bowel movement in 2 days, call your doctor or nurse.

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

Most people are in the hospital for 10 to 14 days after surgery.

**How will I be able to eat?**

Immediately after your surgery, you will get nutrition through your NG tube. On the day after your surgery, you will start getting water through the NG tube. You will then move on to getting a liquid nutritional formula. Your medical team will show you how to feed yourself through the NG tube.
Once you are able to swallow liquids, your NG tube will be removed. This usually happens 8 to 10 days after surgery but may take longer because of treatments you may have had before your surgery, such as chemotherapy or radiation. You may also get an x-ray to make sure that you have healed enough and are ready to start swallowing safely. Once your NG tube is removed, you will start swallowing liquids. You will then slowly move on to pureed food, soft-solid food, and eventually to solid food. Your doctor will tell you when and what types of liquids and food you can have, based on how you are healing.

Swallowing after a total laryngectomy is usually similar to the way you swallowed before the surgery. In fact it may even be easier, if you were having trouble swallowing before the surgery. At first, you may feel that food or liquid is sticking in your throat and not going down your esophagus. If this happens, you may need to give a little extra push to the food with the back of your tongue when you start to swallow. If you are having trouble swallowing, tell your doctor. Your doctor will refer you to a specialist who can help you with your speech and swallowing.

**How will I communicate?**

When you leave the PACU and arrive on the inpatient unit, your nurse will orient you to the unit and explain how to use the call bell system. The call bell system has an alert indicating that you cannot speak. The unit assistant who answers the call bell will ask you 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. To help you communicate, you will get a dry erase board to write on and a point-to-talk communication board. Text telephones or TTY phones are also available for your use.

Three to 5 days after your surgery, you will begin using electrolarynx to speak. About 2 to 3 weeks after your surgery, you can start learning to use other methods including esophageal speech or tracheoesophageal (TEP) speech. The type of surgery you had will determine which of these options you can use. All of the options require an alternate sound source that produces sound either externally with an electronic device or internally using the remaining structures in your throat. Your speech therapist will explain these options to you before your surgery, and he or she will monitor your progress to help you decide what options are right for you. All of the communication options discussed requires practice and time. All of these communication options are described in “Ways to Communicate” which is located in this section.

**How do I care for my stoma?**

Immediately after surgery, your nurse will care for your stoma. Over time, your nurse will teach both you and your caregiver how to suction and care for your stoma. Remember, you will be a neck breather so you will need to keep your airway open to breathe. You will also need to keep your stoma moist so that you can cough out the secretions and mucus. 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 yourself and how often to do this.

Moisture delivered to the stoma is needed to keep your airway moist. This will also prevent mucus from drying out and causing plugs that can block your breathing. While in the hospital, use the humidity collar as much as possible. You will be supplied with a portable humidity machine when you are discharged from the hospital to use at home. If you want to get up or go for a walk, a wet-gauze bib can be applied around your neck over the stoma so you breathe moist air.

You will also get a soft plastic laryngectomy tube (also called a Bivona® Tube) to keep the opening of your stoma from getting smaller. Clean your laryngectomy tube regularly to help to keep it free of secretions. We recommend that you clean your tube at least twice a day or more as needed. Your doctor will tell you how
long you need to wear the laryngectomy tube. Your nurse will show you how to insert, care for, and clean the laryngectomy tube.

The instructions for stoma care, wet-gauze bibs, and tube cleaning are available in “Care of the Laryngectomy Stoma and Suctioning,” which is located in this section.

**When can I shower?**

Your doctor will tell you when you can shower. For most people this is at least 1 week after your surgery. When you are in the hospital, your nurse will give you a shower shield. This reusable shield will prevent water from entering your stoma. Keep using your shower shield at home. **Do not take baths or submerge yourself in water because it can cause too much water to enter your stoma.** If this happens, you can drown.

**When can I resume my normal activities?**

You can resume most activities right after your surgery. However, you will not be able to go swimming and should avoid hot tubs, saunas, and swimming pools. You should also avoid being on small boats because they have a greater chance of rolling over.

**Are there other precautions I should take?**

We strongly recommend that you register with the MedicAlert Foundation (www.medicalert.org/) and wear a MedicAlert bracelet with the words “Neck breather” on it. This way, if you stop breathing, medical personnel will know that they will need to give you oxygen through your neck instead of through your mouth.

**What will I need when I leave the hospital?**

Before you leave the hospital, your case manager will meet with you to determine what kind of help you will need at home. This may include a visiting nurse to reinforce what you learned about caring for your stoma while 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 in the hospital and your nurse will show you how to use it before you leave the hospital. Your case manager will also order a compressed air machine, which will be delivered to your home. This machine will provide humidified air to keep your stoma and airway moist. Your nurse will provide you with supplies for the next couple of days to assist in caring for your stoma and suctioning. Depending on what you need, you may have additional supplies delivered to your home. You should also find a medical supply store near your home.

**What exercises can I do?**

Exercise will help you gain strength and feel better. Walking and stair climbing are excellent forms of exercise. Gradually increase the distance you walk. Climb stairs slowly, resting or stopping as needed. 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. Do not lift anything heavier than 10 pounds for at least 2 weeks. Ask your doctor how long you should avoid heavy lifting.
**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 cannot 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 is 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.

**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. Call their offices directly at the numbers listed below.

Doctor: __________________________ Telephone: __________________________

Nurse: __________________________ Telephone: __________________________

After 5:00 PM, during the weekend, and on holidays, please call 212-639-2000 and ask for the doctor on call for your doctor.

**Call your doctor or nurse immediately if you have:**

- A temperature of 101° F (38.3° C) or higher
- Drainage from your incision line
- Shortness of breath
- Warmer than normal skin around your incision
- Increased discomfort in the area
- Increased redness around your incision
- New or increased swelling around your incision
- A stoma that becomes blocked and affects your breathing
Patient-Controlled Analgesia (PCA)

This information will help you understand what patient-controlled analgesia (PCA) is and how to use your PCA pump.

PCA helps you control your pain by letting you give yourself pain medication. It uses a computerized pump to deliver pain medication into your vein (intravenous, or IV PCA) or into your epidural space, which is in your spine (see Figure 1). Whether you have an IV PCA or an epidural PCA depends on what you and your doctor decide is right for you.

PCA is not right for everyone. Some people may not be able to use PCA. Tell your doctor if you have weakness in your hands and think you may have trouble pushing the PCA button. Also, before you get PCA, tell your doctor if you have sleep apnea. This may affect the way we prescribe your medication. People who are confused or cannot follow these instructions should not use PCA.

Using the PCA

To give yourself pain medication, press the button attached to the pump when you have pain. The pump will deliver a safe dose that your doctor has prescribed.

Only you should push the PCA button. Family and friends should never push the button.
The pump can be programmed to deliver your medication in 2 ways:

- As needed. You get your pain medication only when you press the button. It will not allow you to get more medication than prescribed. The pump is set to allow only a certain number of doses per hour.

- Continuous. You get your pain medication at a constant rate all the time. This can be combined with the as needed mode. That allows you to take extra doses safely if you’re having pain.

Tell your doctor if your PCA is not helping with your pain. Also, tell your doctor if your pain changes, such as if it gets worse, feels different than before, or you feel pain in a new place. Your doctor may be able to change the medication to one that may work better for you.

**Side Effects**

Pain medication delivered by the PCA can have side effects. Tell your doctor or nurse if you have any of these problems:

- Constipation
- Nausea or vomiting
- Dry mouth
- Itching
- Changes in your vision, such as seeing things that aren’t there
- Drowsiness, dizziness, or confusion
- Weakness, numbness, or tingling in your arms or legs
- Difficulty urinating
- Any other side effects or problems

Your doctor may be able to give you a different medication that has fewer side effects.
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, you will be a neck breather so it is important for you to keep your airway open so that 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 yourself and how often to do this.

**Suctioning Your Stoma**

You will need the following equipment:

- A suction machine with plastic tubing
- A suction catheter
- A bowl with water
- A mirror
- A jar of Dakin’s solution® or another antiseptic (when you are in the hospital)
- A clean, dry cloth or paper towel (when you are at home)

1. Gather the above equipment.
2. Wash your hands thoroughly with soap and water.
3. Open the catheter package. Connect the catheter to the plastic tubing of the suction machine.
4. Place the mirror so you can see the laryngectomy stoma opening.
5. Turn on the suction machine. Pinch the catheter between your thumb and forefinger to block the suction.
6. Cough deeply to bring up any secretions.
7. Keep the catheter pinched. Insert it about 3 to 5 inches into your stoma (see Figure 1).
8. Un-pincho the catheter to begin suctioning. Suction for 5 to 10 seconds, or as directed by your doctor or nurse. Do not keep the catheter in your trachea or you may have shortness of breath.
9. Take out the catheter using a rotating motion. This will suction the secretions from the entire trachea and stoma.
10. Wipe off the secretions with dry gauze.
11. Rinse the catheter by suctioning water through it.
12. Repeat the above steps until all the secretions are cleared.
13. If you need to repeat the suctioning more than 2 or 3 times, rest for a few minutes before doing it again.

![Figure 1. Suctioning your stoma](image)
Cleaning the Catheter

You must keep the catheter clean between suctioning. While you are in the hospital, you will place the catheter in a jar containing antiseptic fluid. At home, you will suction clean water through the catheter, rinse the catheter between uses, and let it dry. Once you go home, follow the steps below:

1. Rinse the catheter with water and then suction more water through it.
2. Dry the catheter with a piece of gauze.
3. Disconnect the catheter from the plastic tubing.
4. Place the catheter on a clean, dry paper towel.
5. Empty the secretions into the toilet bowl. Do not put them into the sink, as they could clog the drain.

Change the catheter every week. You may have to change it more often if it becomes dirty or clogged.

You will also get a soft plastic laryngectomy tube (also called a Bivona Tube) to keep the opening of the stoma from getting smaller (see Figure 2). Clean your laryngectomy tube regularly to help to keep it free of secretions. We recommend that you clean your tube at least twice a day or more as needed. Your doctor will tell you how long you need to wear the laryngectomy tube. Your nurse will show you how to insert, care for, and clean the laryngectomy tube.

Laryngectomy Tube Removal, Cleaning and Reinsertion

You will need the following equipment:

- A mirror
- A nylon tracheostomy brush
- Cotton neck ties
- Scissors
- Normal saline
- Cotton tipped applicators
- Surgilube®
- 4 X 4 gauze
1. Gather all your equipment.

2. Wash your hands thoroughly 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 the stoma.

6. Use the nylon brush to clean the laryngectomy tube (see Figure 3). Then, hold it under warm running water.

7. Once the tube is clean, shake out the excess water.

8. Dry the tube and place clean neck tape in the tube.

9. Gently clean the skin around the stoma with normal saline using cotton tipped applicators.

10. Lubricate the tube with water or Surgilube.

11. Tilt your chin slightly toward your chest.

12. Hold your breath and insert the tube (see Figure 4).

13. Tie the neck tape leaving one finger space between tape and neck.

14. Moisten a 4x4 gauze with water. Open the gauze and drape it over the neck tape. Put the gauze in front of the laryngectomy stoma (see Figure 5). Tie the tape in a bow to keep it in place. This moist gauze bib will help warm, filter, and moisturize the air you breathe in. The more fluid the secretions are, the easier it will be to suction them and clean the trachea and stoma.
You will need to learn a new way of speaking after your total laryngectomy. There are 3 different communication options:

- Electrolarynx
- Esophageal speech
- Tracheoesophageal (TEP) Speech

The type of surgery you had will determine which of these options you can use. All of the options require an alternate sound source that produces sound either externally with an electronic device or internally using the remaining structures in your throat. Your speech therapist will explain these options to you before your surgery, and he or she will monitor your progress to help you decide what options are right for you. All of the communication options discussed requires practice and time.

**Electrolarynx**

One option for speaking after a laryngectomy is to use an electrolarynx. An electrolarynx is a device that you put against your neck to produce your voice (see Figure 1). In order to speak, you use your mouth structures to shape the sound, as you did before you had your laryngectomy.

The new voice made with the electrolarynx will not 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 also use an electrolarynx to speak as early as 3 to 5 days after your surgery. It is easy to learn.

![Figure 1. Using an electrolarynx](image-url)
**Esophageal Speech**

Another option for speaking after a laryngectomy is esophageal speech. With esophageal speech, you make sounds by injecting or swallowing air into your esophagus and then pushing it back up through your throat and out of your mouth, while you shape the sound of words with your mouth.

Esophageal speech has a more natural sound than using an electrolarynx. However, it is much more difficult to learn and takes 3 to 6 months of training with a speech therapist. Not all people are able to learn esophageal speech. The extent of the surgery and your healing will determine if this type of communication will be an option for you.

**Tracheoesophageal Speech**

The third option for speaking after a laryngectomy is tracheoesophageal speech. This is a method of speaking that involves your doctor making a hole between your trachea and your esophagus, using a procedure called a tracheoesophageal puncture (TEP). This puncture can be done during your laryngectomy surgery or as a separate procedure after you have healed (usually 3 to 6 months after).

Something must always stay in the TEP or it will close, like a cut. To keep it open, your doctor will place either a thin catheter (tube) or a TEP prosthesis. The prosthesis is a valve that when open allows you to produce speech and when closed allows you to eat and drink without the food or liquid entering your lungs (aspiration). If your doctor places the catheter, your speech pathologist will put in the prosthesis once the site has healed, usually 10 to 12 days after the surgery.

To produce the tracheoesophageal speech, you must cover your stoma, after you breathe in (see Figure 2). The air from your lungs will be forced through the TEP prosthesis and into your throat, which vibrates to produce sound (see Figure 3). Tracheoesophageal speech sounds similar to the speech you used to produce before your laryngectomy.
Emergency Precautions for TEP

If you had a TEP, you will be discharged home with a TEP Prosthesis Dislodgement Kit. This kit has written directions and different sized catheters, in case your TEP prosthesis falls out. This is not likely to happen, but if it does, do not panic. Follow the steps below

1. If your TEP prosthesis comes out after you go home, you must insert a catheter in the TEP tract. Start with the 16FR width. If you cannot get it in, try a skinnier one.

2. Knot the catheter at the top and then put the other end into the TEP tract so that 5 to 6 inches of the catheter is sticking out (see Figure 4).

3. Tape the knotted end to your chest or neck (see Figure 5). This will allow you to eat and drink until you can get to your speech therapist who will reinsert the TEP.

4. Call your speech therapist at MSK and tell him or her that your TEP prosthesis fell out. If you can, find the prosthesis and bring it to your appointment.

If you cannot find the TEP prosthesis and think it may have fallen into your lungs, insert the catheter into the TEP tract. Then, go to the Urgent Care Center at MSK and ask for the Head and Neck doctor on call. If you are not near MSK, then go to your nearest emergency department. Bring the TEP Prosthesis Dislodgement Kit with you and tell them that there may be a foreign body in your lungs. They will need to do a chest x-ray and remove it if necessary.

If you are unable to insert a catheter into the TEP tract, do not eat or drink anything. If this happens during business hours call the Speech and Hearing Center at MSK at 212-639-5856 and tell them what happened. Then go to the Speech and Hearing Center which is located on the first floor of the hospital, in the Howard Building, room H-120. If this happens after business hours, go to the Urgent Care Center at MSK and ask for the Head and Neck doctor on call. If you are not near MSK, then go to your nearest emergency department and tell them that you cannot insert a catheter into your TEP tract.
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.
Admitting Office
212-639-5014
Call to discuss private room or luxury suite options. If you want to change your room choice after your presurgical testing visit, call 212-639-7873 or 212-639-7874.

Anesthesia
212-639-6840
Call with any questions about anesthesia.

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

Bobst International Center
888-675-7722
MSK welcomes patients from around the world. If you are 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
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
800-227-2345
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
Patients may request private nurses or companions. Call for more information.

Resources for Life After Cancer (RLAC) Program
646-888-8106
At MSK, care doesn’t end after active treatment. The RLAC Program is for patients and their families who have finished treatment. This program has many services, including seminars, workshops, support groups, counseling on life after treatment, and help with insurance and employment issues.

Social Work
212-639-7020
Social workers help patients, family, and friends deal with issues that are common for cancer patients. They provide individual counseling and support groups throughout the course of treatment, and can help you communicate with children and other family members. Our social workers can also help referring 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 library.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
800-227-2345
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 25th & 26th 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
Free travel to treatment across the country using empty seats on corporate jets.

fertileHOPE
www.fertilehope.org
855-220-7777
Provides reproductive information and support to cancer patients and survivors whose medical treatments have risks associated with infertility.
**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.gooddaysfromcdf.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 an online support groups and a database of LGBT friendly clinical trials.

**National Cancer Institute**  
www.cancer.gov

**National Cancer Legal Services Network**  
www.ncsln.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.com  
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.

**Support for People with Oral and Head and Neck Cancer (SPOHNC)**  
www.spohnc.org  
800-377-0928  
Provides information and support for people with oral and head and neck cancer.

**Web Whispers**  
www.webwhispers.org  
Provides information and support for people who had laryngectomies and survivors of laryngeal cancer.