About Your Total Laryngectomy

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.

Your Healthcare Team

Doctor: _____________________________

Nurse: _____________________________

Phone number: ______________________

Fax number: _________________________

Your Caregiver

It's important to choose a person to be your caregiver. They'll learn about your surgery with you and help you care for yourself while you're recovering after surgery. Write down your caregiver's name below.

Caregiver: __________________________

To view this guide online, visit www.mskcc.org/pe/total_laryngectomy
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About Your Surgery

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.

Figure 1. Before laryngectomy

Figure 2. After laryngectomy
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.
Before Your Surgery

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

Write down your questions and be sure to ask your healthcare provider.

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Getting Ready for Your Surgery

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

About Drinking Alcohol

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

- If you stop drinking alcohol suddenly, it can cause seizures, delirium, and death. If we know you’re at risk for these complications, we can prescribe medications to help keep them from happening.

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

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

- Be honest with your healthcare providers about how much alcohol you drink.

- Try to stop drinking alcohol once your surgery is planned. If you develop a headache, nausea (feeling like you’re going to throw up), increased anxiety, or can’t sleep after you stop drinking, tell your healthcare provider right away. These are early signs of alcohol withdrawal and can be treated.

- Tell your healthcare provider if you can’t stop drinking.

- Ask your healthcare provider questions about drinking and surgery. As always, all of your medical 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 aspirin, heparin, warfarin (Coumadin®), clopidogrel (Plavix®), enoxaparin (Lovenox®), dabigatran (Pradaxa®), apixaban (Eliquis®), and rivaroxaban (Xarelto®). There are others, so be sure your healthcare provider knows all the medications you’re taking.

- I take prescription medications (medications prescribed by a healthcare provider), including patches and creams.

- I take over-the-counter medications (medications I buy without a prescription), including patches and creams.

- I take dietary supplements, such as herbs, vitamins, minerals, or natural or home remedies.

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

- I have sleep apnea.

- I have had a problem with anesthesia (medication to make you sleep during surgery) in the past.

- I’m allergic to certain medication(s) or materials, including latex.

- I’m not willing to receive a blood transfusion.

- I drink alcohol.

- I smoke.

- I use recreational drugs.
About Smoking
If you smoke, you can have breathing problems when you have surgery. Stopping even for a few
days before surgery can help. If you smoke, your healthcare provider will refer you to our Tobacco
Treatment Program. You can also reach the program by calling 212-610-0507.

About Sleep Apnea
Sleep apnea is a common breathing disorder that causes you to stop breathing for short periods of
time while sleeping. The most common type is obstructive sleep apnea (OSA). With OSA, your airway
becomes completely blocked during sleep. OSA can cause serious problems during and after surgery.
Please tell us if you have sleep apnea or if you think you might have it. If you use a breathing device
(such as a CPAP device) for sleep apnea, bring it with you the day of your surgery.

Within 30 Days of Your Surgery

Presurgical Testing (PST)
Before your surgery, you’ll have an appointment for presurgical testing (PST). The date, time,
and location 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’ll meet with a nurse practitioner (NP) who works closely with
anesthesiology staff (specialized healthcare providers who will give you anesthesia during your
surgery). Your NP will review your medical and surgical history with you. You may have tests, such as
an electrocardiogram (EKG) to check your heart rhythm, a chest x-ray, blood tests, and any other tests
needed to plan your care. Your NP may also recommend that you see other healthcare providers.

Your NP will talk with you about which medications you should take the morning of your surgery.

It’s very helpful to bring the following things to your PST appointment:

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

Follow Your Healthcare Provider’s Instructions for Taking Aspirin

If you take aspirin or a medication that contains aspirin, you may need to change your dose or stop taking it 7 days before your surgery. Aspirin can cause bleeding.

Follow your healthcare provider’s instructions. **Don’t stop taking aspirin unless they tell you to.** For more information, read *Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E*, located in the “Educational Resources” section of this guide.

Stop Taking Vitamin E, Multivitamins, Herbal Remedies, and Other Dietary Supplements

Stop taking vitamin E, multivitamins, herbal remedies, and other dietary supplements 7 days before your surgery. These things can cause bleeding. For more information, read *Herbal Remedies and Cancer Treatment*, located in the “Educational Resources” section of this guide.

Watch a Virtual Tour

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

[www.mskcc.org/pe/day_your_surgery](http://www.mskcc.org/pe/day_your_surgery)

Days Before Your Surgery

Stop Taking Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

Stop taking NSAIDs, such as ibuprofen (Advil®, Motrin®) and naproxen (Aleve®), 2 days before your surgery. These medications can cause bleeding. For more information, read *Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E*, located in the “Educational Resources” section of this guide.
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 Before Your Surgery

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

The Morning of Your Surgery

Instructions for Drinking Before Your Surgery

You can drink a total of 12 ounces of water between midnight and 2 hours before your scheduled arrival time. Do not drink anything else.

Do not drink anything starting 2 hours before your scheduled arrival time.
This includes water.
**Take Your Medications as Instructed**

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.

**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.

**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 the “Educational Resources” section of this guide.
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.
The information in this section will tell you what to expect after your surgery, both during your hospital stay and after you leave the hospital. You’ll learn how to safely recover from your surgery.

Write down your questions and be sure to ask your healthcare provider.

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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 the “Educational Resources” section of this guide. 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.

When to Contact Your Healthcare Provider
Contact your healthcare provider right away if you have:

- A fever of 100.5 °F (38 °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
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.
Ways to Communicate

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 support services that may help you get ready for your surgery and recover safely.

Write down your questions and be sure to ask your healthcare provider.
MSK Support Services

**Admitting Office**
212-639-7606
Call if you have questions about your hospital admission, including requesting a private room.

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

**Blood Donor Room**
212-639-7643
Call if you're interested in donating blood or platelets.

**Bobst International Center**
888-675-7722
MSK welcomes patients from around the world. If you're an international patient, call for help arranging your care.

**Chaplaincy Service**
212-639-5982
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 Memorial Hospital's main lobby and is open 24 hours a day. If you have an emergency, call 212-639-2000 and ask for the chaplain on call.

**Counseling Center**
646-888-0200
Many people find counseling helpful. We provide counseling for individuals, couples, families, and groups, as well as medications to help if you feel anxious or depressed. To make an appointment, ask your healthcare provider for a referral or call the number above.

**Food Pantry Program**
646-888-8055
The food pantry program gives food to people in need during their cancer treatment. For more information, talk with your healthcare provider or call the number above.

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

**MSK Library**
library.mskcc.org
212-639-7439
You can visit our library website or speak with the library reference staff to find more information about your specific cancer type. You can also visit LibGuides on MSK’s library website at libguides.mskcc.org.
Patient and Caregiver Education
www.mskcc.org/pe
Visit the Patient and Caregiver Education website to search our virtual library. There, you can find written educational resources, videos, and online programs.

Patient and Caregiver Peer Support Program
212-639-5007
You may find it comforting to speak with someone who has been through a treatment like yours. You can talk with a former MSK patient or caregiver through our Patient and Caregiver Peer Support Program. These conversations are confidential. They may take place in person or over the phone.

Patient Billing
646-227-3378
Call if you have questions about preauthorization with your insurance company. This is also called preapproval.

Patient Representative Office
212-639-7202
Call if you have questions about the Health Care Proxy form or if you have concerns about your care.

Perioperative Nurse Liaison
212-639-5935
Call if you have questions about MSK releasing any information while you’re having surgery.

Private Duty Nursing Office
212-639-6892
You may request private nurses or companions. Call for more information.

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

Sexual Health Programs
Cancer and cancer treatments can have an impact on your sexual health. MSK’s Sexual Health Programs can help you take action and address sexual health issues before, during, or after your treatment.

- Our Female Sexual Medicine and Women’s Health Program helps women who are dealing with cancer-related sexual health challenges, including premature menopause and fertility issues. For more information, or to make an appointment, call 646-888-5076.
- Our Male Sexual and Reproductive Medicine Program helps men who are dealing with cancer-related sexual health challenges, including erectile dysfunction. For more information, or to make an appointment, call 646-888-6024.

Social Work
212-639-7020
Social workers help patients, family, and friends deal with issues that are common for people with cancer. They provide individual counseling and support groups throughout the course of treatment and can help you communicate with children and other family members. Our social workers can also help refer you to community agencies and programs, as well as financial resources if you’re eligible.
Tobacco Treatment Program
212-610-0507
If you want to quit smoking, MSK has specialists who can help. Call for more information.

Virtual Programs
www.mskcc.org/vp
MSK’s Virtual Programs offer online education and support for patients and caregivers, even when you can’t come to MSK in person. Through live, interactive sessions, you can learn about your diagnosis, what to expect during treatment, and how to prepare for the various stages of your cancer care. Sessions are confidential, free, and led by expert clinical staff. If you’re interested in joining a Virtual Program, visit our website at www.mskcc.org/vp for more information.

For more online information, visit the “Cancer Types” section of www.mskcc.org.

External Support Services

Access-A-Ride
new.mta.info/accessibility/paratransit
877-337-2017
In New York City, the MTA offers a shared ride, door-to-door service for people with disabilities who aren’t able to take the public bus or subway.

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

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

Cancer and Careers
www.cancerandcareers.org
646-929-8032
A resource for education, tools, and events for employees with cancer.

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

Cancer Support Community
www.cancersupportcommunity.org
888-793-9355
Provides support and education to people affected by cancer.
Caregiver Action Network  
www.caregiveraction.org  
800-896-3650  
Provides education and support for those who care for loved ones with a chronic illness or disability.

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

Gilda’s Club  
www.gildasclubnyc.org  
212-647-9700  
A place where men, women, and children living with cancer find social and emotional support through networking, workshops, lectures, and social activities.

Good Days  
www.mygooddays.org  
877-968-7233  
Offers financial assistance to pay for copayments during treatment. Patients must have medical insurance, meet the income criteria, and be prescribed medication that is part of the Good Days formulary.

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

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

LGBT Cancer Project  
www.lgbtcancer.org  
212-673-4920  
Provides support and advocacy for the LGBT community, including online support groups and a database of LGBT-friendly clinical trials.

LegalHealth  
www.legalhealth.org  
212-613-5000  
Provides free legal help to New Yorkers experiencing serious or chronic health problems and financial hardship.

LIVESTRONG Fertility  
www.livestrong.org/fertility  
855-744-7777  
Provides reproductive information and support to cancer patients and survivors whose medical treatments have risks associated with infertility.
Look Good Feel Better Program
www.lookgoodfeelbetter.org
800-395-LOOK (800-395-5665)
This program offers workshops to learn things you can do to help you feel better about your appearance. For more information or to sign up for a workshop, call the number above or visit the program’s website.

Medicine Assistance Tool
www.medicineassistancetool.org
A search engine with information about programs that can help people with financial need get access to medications.

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

National LGBT Cancer Network
www.cancer-network.org
212-675-2633
Provides education, training, and advocacy for LGBT cancer survivors and those at risk.

Needy Meds
www.needymeds.org
800-503-6897
Lists Patient Assistance Programs for brand and generic name medications.

Patient Access Network Foundation
www.panfoundation.org
866-316-7263
Helps people with insurance pay their out-of-pocket medical costs.

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
Helps people get medications 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.
This section contains the educational resources that were referred to throughout this guide. These resources will help you get ready for your surgery and recover safely after surgery.

Write down your questions and be sure to ask your healthcare provider.
Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E

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

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

**Instructions Before Your Surgery**

If you take aspirin, other NSAIDs, or vitamin E, tell your healthcare provider. They’ll tell you if you need to stop taking it. You’ll also find instructions in the information about your treatment. Read the “Examples of Medications” section to see if your medications contain aspirin, other NSAIDs, or vitamin E.

Follow these instructions if you’re having surgery or a surgical procedure. **If your healthcare provider gives you other instructions, follow those instead.**

- If you take aspirin or a medication that contains aspirin, you may need to change your dose or stop taking it 7 days before your surgery. Follow your healthcare provider’s instructions. **Don’t stop taking aspirin unless your healthcare provider tells you to.**
• If you take vitamin E or a supplement that contains vitamin E, stop taking it 7 days before your surgery or as directed by your healthcare provider.

• If you take an NSAID or a medication that contains an NSAID, stop taking it 48 hours (2 days) before your surgery or as directed by your healthcare provider.

**Examples of Medications**

Medications are often called by their brand name. This can make it hard to know their ingredients. The lists below can help you identify medications that contain aspirin, other NSAIDs, or vitamin E.

These lists include the most common products, but there are others. **Make sure your healthcare provider always knows all the prescription and over-the-counter (not prescription) medications you’re taking, including patches and creams.**

<table>
<thead>
<tr>
<th>Common Medications Containing Aspirin</th>
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<tbody>
<tr>
<td>Aggrenox®</td>
</tr>
<tr>
<td>Alka Seltzer®</td>
</tr>
<tr>
<td>Anacin®</td>
</tr>
<tr>
<td>Arthritis Pain Formula</td>
</tr>
<tr>
<td>Arthritis Foundation Pain Reliever®</td>
</tr>
<tr>
<td>ASA Enseals®</td>
</tr>
<tr>
<td>ASA Suppositories®</td>
</tr>
<tr>
<td>Ascriptin® and Ascriptin A/D®</td>
</tr>
<tr>
<td>Aspergum®</td>
</tr>
<tr>
<td>Asprimox®</td>
</tr>
<tr>
<td>Tablets and Caplets</td>
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<td>---------------------</td>
</tr>
<tr>
<td>Axotal®</td>
</tr>
<tr>
<td>Azdone®</td>
</tr>
<tr>
<td>Bayer® (most formulations)</td>
</tr>
<tr>
<td>BC® Powder and Cold formulations</td>
</tr>
<tr>
<td>Bufferin® (most formulations)</td>
</tr>
<tr>
<td>Buffets II®</td>
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<tr>
<td>Buffex®</td>
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</tbody>
</table>

**Common NSAID Medications That Don’t Contain Aspirin**

<table>
<thead>
<tr>
<th>Common NSAID Medications That Don’t Contain Aspirin</th>
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<tbody>
<tr>
<td>Advil®</td>
<td>Duexis®</td>
<td>Mefenamic Acid</td>
</tr>
<tr>
<td>Advil Migraine®</td>
<td>Etodolac®</td>
<td>Meloxicam</td>
</tr>
<tr>
<td>Aleve®</td>
<td>Feldene®</td>
<td>Menadol®</td>
</tr>
<tr>
<td>Anaprox DS®</td>
<td>Fenoprofen</td>
<td>Midol®</td>
</tr>
<tr>
<td>Ansaid®</td>
<td>Flurbiprofen</td>
<td>Mobic®</td>
</tr>
<tr>
<td>Arthrotec®</td>
<td>Genpril®</td>
<td>Motrin®</td>
</tr>
<tr>
<td>Bayer® Select Pain Relief Formula Caplets</td>
<td>Ibuprofen</td>
<td>Nabumetone</td>
</tr>
<tr>
<td>Celebrex®</td>
<td>Indomethacin</td>
<td>Nalfon®</td>
</tr>
<tr>
<td>Celecoxib</td>
<td>Indocin®</td>
<td>Naproxen</td>
</tr>
<tr>
<td>Children’s Motrin®</td>
<td>Ketoprofen</td>
<td>Naprosyn®</td>
</tr>
<tr>
<td>Clinoril®</td>
<td>Ketorolac</td>
<td>Nuprin®</td>
</tr>
<tr>
<td>Daypro®</td>
<td>Lodine®</td>
<td>Orudis®</td>
</tr>
<tr>
<td>Diclofenac</td>
<td>Meclofenamate</td>
<td>Oxaprozin</td>
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### Products Containing Vitamin E

<p>| | | | | |</p>
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<tr>
<th></th>
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<tbody>
<tr>
<td>Amino-Opt-E</td>
<td>Aquavit</td>
<td>E-400 IU</td>
<td>E complex-600</td>
<td></td>
</tr>
<tr>
<td>Aquasol E</td>
<td>D’alpha E</td>
<td>E-1000 IU Softgels</td>
<td>Vita-Plus E</td>
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Most multivitamins contain vitamin E. If you take a multivitamin, check the label.

## About Acetaminophen

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

### Medications Containing Acetaminophen

<table>
<thead>
<tr>
<th>Acephen®</th>
<th>Esgic®</th>
<th>Percocet®</th>
<th>Vanquish®</th>
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</thead>
<tbody>
<tr>
<td>Aceta® with Codeine</td>
<td>Excedrin P.M.®</td>
<td>Primlev®</td>
<td>Vicodin®</td>
</tr>
<tr>
<td>Acetaminophen with Codeine</td>
<td>Fiorcet®</td>
<td>Repan®</td>
<td>Wygesic®</td>
</tr>
<tr>
<td>Aspirin-Free Anacin®</td>
<td>Lorcet®</td>
<td>Roxicet®</td>
<td>Xartemis XR®</td>
</tr>
<tr>
<td>Arthritis Pain Formula® Aspirin-Free</td>
<td>Lortab®</td>
<td>Talacen®</td>
<td>Xodol®</td>
</tr>
<tr>
<td>Datril®</td>
<td>Naldegesic®</td>
<td>Tempra®</td>
<td>Zydone®</td>
</tr>
<tr>
<td>Di-Gesic®</td>
<td>Norco®</td>
<td>Tylenol®</td>
<td></td>
</tr>
<tr>
<td>Endocet®</td>
<td>Panadol®</td>
<td>Tylenol® with Codeine No. 3</td>
<td></td>
</tr>
</tbody>
</table>

### Read the labels on all your medications

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

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

<table>
<thead>
<tr>
<th>Common Abbreviations for Acetaminophen</th>
</tr>
</thead>
<tbody>
<tr>
<td>APAP</td>
</tr>
<tr>
<td>Acetamin</td>
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</table>

Always read and follow the label on the product you’re taking. Don’t take more than 1 medication that contains acetaminophen at a time without talking with a member of your healthcare team.
Herbal Remedies and Cancer Treatment

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

One week before you have surgery or start chemotherapy or radiation therapy, you must stop taking any herbal or botanical (plant-based) home remedies or other dietary supplements. This is because they can:

- Interact with your other medications.
- Increase or lower your blood pressure.
- Thin your blood and increase your risk of bleeding.
- Make radiation therapy less effective.
- Increase the effects of sedation or anesthesia (medications to make you sleepy).

You can continue to use herbs in your food and drinks, such as using spices in cooking and drinking tea. However, you must stop taking herbal supplements before your treatment. Herbal supplements are stronger than the herbs you would use in cooking.

Common Herbal Supplements and Their Effects

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

Echinacea
• Can cause an allergic reaction, such as a rash or trouble breathing.
• Can lower the effects of medications used to weaken the immune system.

Garlic

• Can lower your blood pressure, fat, and cholesterol levels.
• Can increase your risk of bleeding.

Gingko (also known as *Gingko biloba*)

• Can increase your risk of bleeding.

Ginseng

• Can lower the effects of sedation or anesthesia.
• Can increase your risk of bleeding.
• Can lower your blood glucose (sugar) level.

Turmeric

• Can make chemotherapy less effective.

St. John’s Wort

• Can interact with medications given during surgery.
• Can make your skin more sensitive to radiation or laser treatment.

Valerian

• Can increase the effects of sedation or anesthesia.

Herbal formulas

• Herbal formulas contain different herbs. We don’t know their side effects. You must also stop taking these products 1 week before treatment. Do not start taking herbal formulas again until your doctor tells you it’s safe.
This information doesn’t cover all herbal remedies or possible side effects. Talk with your healthcare provider if you have any questions or concerns.

For more information about herbs and botanicals, visit the Memorial Sloan Kettering (MSK) Integrative Medicine Service website at www.aboutherbs.com.
Information for Family and Friends for the Day of Surgery

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

Before the Surgery

After they get to the hospital, we’ll ask the patient to provide contact information for the person who will meet 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, we’ll also ask them to provide contact information for the person who will be taking them home.

Once the patient checks in, they’ll go to the Presurgical Center (PSC) to be examined before their surgery. Sometimes they may need to wait before they’re admitted to the PSC.

In the PSC, a nurse will do a full exam of the patient. When the operating room (OR) is ready, a member of the surgical team will come take the patient into the OR. They’ll get the patient ready for surgery. This can take 15 to 90 minutes. Then, the surgery will start.

To keep patients and staff safe and healthy during the COVID-19 pandemic, we may change our visitor policy more often than usual. Visit www.mskcc.org/visit for the most up-to-date information. Please remember the following:

- Don’t bring food or drinks into the hospital. Patients can’t eat or drink before their surgery or procedure.
• If the patient brought any valuables, such as a cellphone, iPod, or iPad, keep them safe for them during surgery.

• Sometimes surgeries can be delayed. We make every effort to tell you when this happens.

**During the Surgery**

**Surgery updates**

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

• Give you information about the patient.
• Get you ready 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, you can use a hospital courtesy phone. These are located on the walls all around the hospital. Dial 2000 and ask for beeper 9000. Please be patient because this can take up to 2 minutes.
• Ask the information desk staff to contact the nurse liaison for you.

**After Surgery**

**Meeting with the surgeon**

When the patient’s surgery is over, we’ll call you and ask you to go back to the information desk. They’ll tell you where to go to meet with the surgeon.

After meeting with the surgeon, go back to the information desk and let them know you’ve finished your meeting.

**Visiting the patient in the PACU**

After surgery, the patient will be taken to the PACU. When patients first get to the
PACU, they’re usually sleepy and want to rest. We ask that you wait 90 minutes before calling the PACU to check on the patient. This gives them time to wake up and get comfortable.

If your family member is an inpatient (staying in the hospital), you’ll be allowed a one-time 30-minute visit. This can be coordinated when you speak with the nurse to find the best time for you and the patient.

- Please wear a mask.
- Make sure your cellphone is on silent before entering.
- Use an alcohol-based hand sanitizer (such as Purell®) or wash your hands before entering. There are hand sanitizer stations located throughout the hospital.
- Don’t bring food or flowers into the PACU.
  - We can store flowers in the flower room (located on the entrance floor of Memorial Hospital) until patients are allowed to have them. Flowers are usually allowed when the patient moves to their inpatient room.

While visiting the patient 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’ll be moved to an inpatient room.

- If the patient moves to an inpatient room, a staff member will let you know the room number and the phone number to the nursing station on that floor. They’ll also let you know the visiting hours for that floor.
- If the patient is going home the same day, a responsible care partner must take
them home.

We’ll give you a card with the PACU phone number. Please choose 1 person who we should call for updates.

Visit www.mskcc.org/visit for more information about MSK’s visitor policy.
Patient-Controlled Analgesia (PCA)

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

About PCA

PCA helps you control your pain by letting you give yourself pain medication. It uses a computerized pump to send pain medication into your vein (called an IV PCA) or into your epidural space (epidural PCA), which is near 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 isn’t right for everyone. Some people may not be able to use a PCA pump. Before you get a PCA pump, tell your doctor if you have weakness in your hands or think you may have trouble pushing the PCA button. You should also tell your doctor if you have sleep apnea. This may affect the way we prescribe your medication.

Using the PCA Pump

To give yourself pain medication, press the button attached to the pump when you
have pain (see Figure 1). The pump will send a safe dose of the medication 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 give you medication in 2 ways:

- **As needed.** You get your pain medication only when you press the button. It won’t let you 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” way. This lets you take extra doses safely if you’re having pain.

Tell your doctor if the PCA isn’t helping with your pain. You should also tell your doctor if your pain changes, gets worse, feels different than before, or if you feel pain in a new place. Your doctor may change the medication to one that may work better for you.

**Side Effects**

Pain medication you get through a PCA can have side effects. Tell your healthcare provider if you have any of these problems:

- Constipation (having fewer bowel movements than usual)
- Nausea (feeling like you’re going to throw up)
- Vomiting (throwing up)
- 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
- Trouble urinating (peeing)
- Any other side effects or problems

Your doctor may adjust your dose or give you a different medication with fewer side effects.