



Memorial Sloan Kettering  
Cancer Center

PATIENT & CAREGIVER EDUCATION

# About Your Total Laryngectomy

This guide will help you get ready for your total laryngectomy at MSK. It will also help you understand what to expect during your recovery.

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

## Your care team

Doctor: \_\_\_\_\_

Nurse: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

## Your caregiver

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

Caregiver: \_\_\_\_\_



To view this guide online, visit  
[www.mskcc.org/pe/total\\_laryngectomy](http://www.mskcc.org/pe/total_laryngectomy)

# Table of contents

<b>About Your Surgery.....</b>	<b>3</b>
About your larynx (voice box) .....	3
About your total laryngectomy .....	3
<b>Before Your Surgery.....</b>	<b>5</b>
Getting ready for your surgery .....	6
Within 30 days of your surgery .....	8
7 days before your surgery .....	9
2 days before your surgery .....	10
1 day before your surgery .....	10
The day of your surgery .....	11
<b>After Your Surgery .....</b>	<b>15</b>
In the Post-Anesthesia Care Unit (PACU) .....	16
In your hospital room .....	16
At home .....	20
When to call your healthcare provider.....	23
Caring for and suctioning your laryngectomy stoma .....	24
Ways to communicate.....	27
<b>Support Services.....</b>	<b>31</b>
MSK support services .....	32
External support services .....	34
Laryngectomy, oral cancer, and head and neck cancer support services.....	35
<b>Educational Resources.....</b>	<b>37</b>
<i>About Your Recovery Tracker</i>	
<i>How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil</i>	
<i>Herbal Remedies and Cancer Treatment</i>	

# About Your Surgery

## About your larynx (voice box)

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

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

## About your total laryngectomy

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

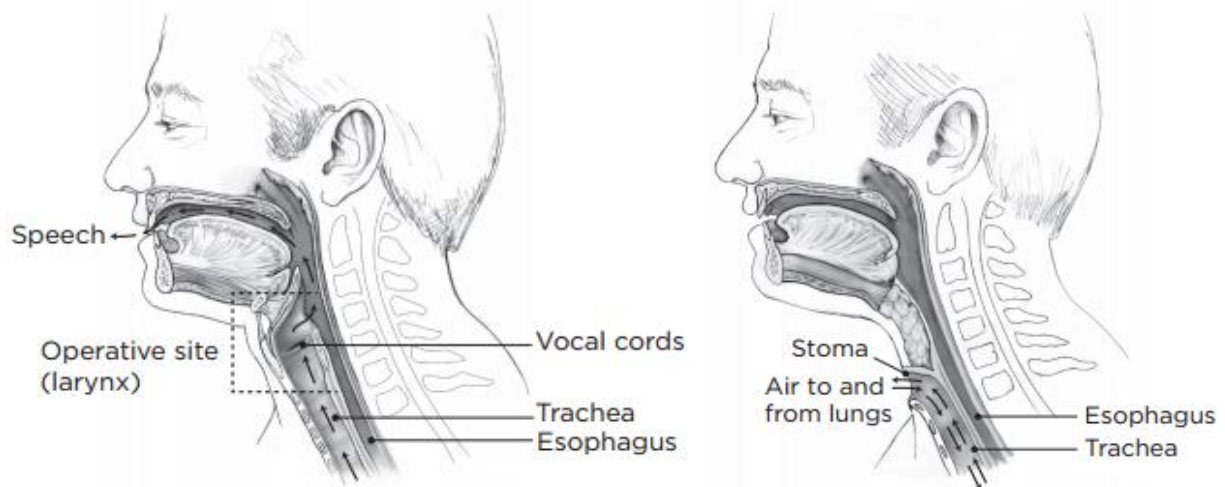


Figure 1. Before and after laryngectomy

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

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

Your incisions (surgical cuts) will be closed with plastic or nylon sutures (stitches). The sutures will stay in place for about 2 weeks. They may be removed at your post-operative visit with your surgeon. If you've had radiation therapy to the area, they may need to stay in place for longer.

The length of your surgery depends on which type of surgery and incisions you have. Your surgeon will talk with you about this before your surgery.

We recognize that your upcoming surgery is life-changing. Your care team at MSK will help you through the process.

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## Before Your Surgery

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

As you read through this section, you can use the space below to write down any questions you want to ask your healthcare provider.

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# Getting ready for your surgery

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

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

- |  |  |
|--|--|
| <input type="checkbox"/> I take a blood thinner, such as: <ul style="list-style-type: none"><li>• Aspirin</li><li>• Heparin</li><li>• Warfarin (Jantoven® or Coumadin®)</li><li>• Clopidogrel (Plavix®)</li><li>• Enoxaparin (Lovenox®)</li><li>• Dabigatran (Pradaxa®)</li><li>• Apixaban (Eliquis®)</li><li>• Rivaroxaban (Xarelto®)</li></ul> | <input type="checkbox"/> I take dietary supplements, such as herbs, vitamins, minerals, or natural or home remedies.         |
|  | <input type="checkbox"/> I have a pacemaker, automatic implantable cardioverter-defibrillator (AICD), or other heart device. |
|  | <input type="checkbox"/> I have sleep apnea.   |
|  | <input type="checkbox"/> I have had a problem with anesthesia (medication to make you sleep during surgery) in the past.     |
|  | <input type="checkbox"/> I'm allergic to certain medication(s) or materials, including latex.                                |
|  | <input type="checkbox"/> I'm not willing to receive a blood transfusion.   |
|  | <input type="checkbox"/> I drink alcohol.  |
|  | <input type="checkbox"/> I smoke or use an electronic smoking device (such as a vape pen, e-cigarette, or Juul®).            |
|  | <input type="checkbox"/> I use recreational drugs.   |

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.

## About drinking alcohol

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

- If you stop drinking alcohol suddenly, it can cause seizures, delirium, and death. If we know you're at risk for these complications, we can prescribe medications to help keep them from happening.
- If you drink alcohol regularly, you may be at risk for other complications during and after your surgery. These include bleeding, infections, heart problems, and a longer hospital stay.

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

- Be honest with your healthcare providers about how much alcohol you drink.
- Try to stop drinking alcohol once your surgery is planned. If you develop a headache, nausea (feeling like you're going to throw up), increased anxiety, or can't sleep after you stop drinking, tell your healthcare provider right away. These are early signs of alcohol withdrawal and can be treated.
- Tell your healthcare provider if you can't stop drinking.
- Ask your healthcare provider questions about drinking and surgery. As always, all your medical information will be kept confidential.

## **About smoking**

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

## **About sleep apnea**

Sleep apnea is a common breathing disorder that causes you to stop breathing for short periods of time while sleeping. The most common type is obstructive sleep apnea (OSA). With OSA, your airway becomes completely blocked during sleep. OSA can cause serious problems during and after surgery.

Please tell us if you have sleep apnea or if you think you might have it. If you use a breathing device (such as a CPAP device) for sleep apnea, bring it with you the day of your surgery.

## **Using MyMSK**

MyMSK ([my.mskcc.org](http://my.mskcc.org)) is your MSK patient portal account. You can use MyMSK to send and receive messages from your care team, view your test results, see your appointment dates and times, and more. You can also invite your caregiver to create their own account so they can see information about your care.

If you don't have a MyMSK account, you can visit [my.mskcc.org](http://my.mskcc.org), call 646-227-2593, or call your doctor's office for an enrollment ID to sign up. You can also watch our video *How to Enroll in MyMSK: Memorial Sloan Kettering's Patient Portal* at [www.mskcc.org/pe/enroll\\_mymsk](http://www.mskcc.org/pe/enroll_mymsk). For help, contact the MyMSK Help Desk by emailing [mymsk@mskcc.org](mailto:mymsk@mskcc.org) or calling 800-248-0593.

## Within 30 days of your surgery

### Presurgical Testing (PST)

Before your surgery, you'll have an appointment for presurgical testing (PST). The date, time, and location will be printed on the appointment reminder from your surgeon's office. It's helpful to bring the following things to your PST appointment:

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

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

During your PST appointment, you'll meet with a nurse practitioner (NP). They work 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. Talk with them to make sure you have an appointment to see a speech therapist in MSK's Speech and Hearing Center. You should have this appointment before your surgery.

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

### Identify your caregiver

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



#### **For caregivers**

Resources and support are available to help manage the responsibilities that come with caring for a person going through cancer treatment. For support resources and information, visit [www.mskcc.org/caregivers](http://www.mskcc.org/caregivers) or read *A Guide for Caregivers*. You can find it online at [www.mskcc.org/pe/guide\\_caregivers](http://www.mskcc.org/pe/guide_caregivers) or ask your healthcare provider for a copy.



## Complete a Health Care Proxy form

If you haven't already completed a Health Care Proxy form, we recommend you complete one now. If you have completed one already, or if you have any other advance directives, bring them to your next appointment.

A health care proxy is a legal document that identifies the person who will speak for you if you can't communicate for yourself. The person you identify is called your health care agent. For more information, read the resource *How to Be a Health Care Agent*. You can find it online at [www.mskcc.org/pe/health\\_care\\_agent](http://www.mskcc.org/pe/health_care_agent) or ask your healthcare provider for a copy.

Talk with your healthcare provider if you're interested in completing a health care proxy. You can also read *Advance Care Planning for Cancer Patients and Their Loved Ones* for information about health care proxies and other advance directives. You can find it online at [www.mskcc.org/pe/advance\\_care\\_planning](http://www.mskcc.org/pe/advance_care_planning) or ask for a printed copy.

## 7 days before your surgery

### Follow your healthcare provider's instructions for taking aspirin

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

Follow your healthcare provider's instructions. **Don't stop taking aspirin unless they tell you to.** For more information, read *How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil*. You can find it in the "Educational Resources" section of this guide.

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

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

## 2 days before your surgery

### **Stop taking nonsteroidal anti-inflammatory drugs (NSAIDs)**

Stop taking NSAIDs, such as ibuprofen (Advil® and Motrin®) and naproxen (Aleve®), 2 days before your surgery. These medications can cause bleeding. For more information, read *How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil*. You can find it in the “Educational Resources” section of this guide.

## 1 day before your surgery

### **Note the time of your surgery**

A staff member from the Admitting Office will call you after 2:00 PM the day before your surgery. If your surgery is scheduled for a Monday, they'll call you on the Friday before. If you don't get a call by 7:00 PM, call 212-639-5014.

The staff member will tell you what time to arrive at the hospital for your surgery. They'll also remind you where to go. This will be one of the following locations:

- Presurgical Center (PSC) on the 2<sup>nd</sup> floor  
1275 York Avenue (between East 67<sup>th</sup> and East 68<sup>th</sup> Streets)  
New York, NY 10065  
Take the M Elevator to the 2<sup>nd</sup> floor.
- Presurgical Center (PSC) on the 6<sup>th</sup> floor  
1275 York Avenue (between East 67<sup>th</sup> and East 68<sup>th</sup> Streets)  
New York, NY 10065  
Take the B elevator to the 6<sup>th</sup> floor.

## Instructions for eating and drinking before your surgery



- **Stop eating 8 hours before your arrival time, if you have not already.**
  - Your healthcare provider may tell you to stop eating earlier. If they do, follow their instructions.
- **8 hours before your arrival time, do not eat or drink anything except these clear liquids:**
  - Water.
  - Soda.
  - Clear juices, such as lemonade, apple, and cranberry juices. Do not drink orange juice or juices with pulp.
  - Black coffee or tea (without any type of milk or creamer).
  - Sports drinks, such as Gatorade®.
  - ClearFast CF(Preop)® or Ensure® Pre-Surgery clear carbohydrate drink.
  - Gelatin, such as Jell-O®.
  - You can keep having these until 2 hours before your arrival time.

## The day of your surgery

Remember, starting 8 hours before your arrival time, do not eat or drink anything except the things listed above.

## Instructions for drinking before your surgery



**Stop drinking 2 hours before your arrival time. This includes water.**

## Take your medicines as instructed

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

## Things to remember

- Don't wear any lotion, cream, deodorant, makeup, powder, perfume, or cologne.

- If you wear contact lenses, wear your glasses instead. Wearing contact lenses during surgery can damage your eyes.
- Don't wear any metal objects. Remove all jewelry, including body piercings. The tools used during your surgery can cause burns if they touch metal.
- Leave valuable items at home.
- If you're menstruating (have your monthly period), use a sanitary pad, not a tampon. You'll get disposable underwear, as well as a pad if needed.

## **What to bring**

- A button-down or loose-fitting top.
- Your Health Care Proxy form and other advance directives, if you completed them.
- Your cell phone and charger.
- Only the money you may want for small purchases (such as a newspaper).
- A case for your personal items (such as eyeglasses, hearing aids, dentures, prosthetic devices, wig, and religious articles), if you have any.
- This guide. Your care team will use it to teach you how to care for yourself after surgery.

## **Where to park**

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

To reach the garage, turn onto East 66<sup>th</sup> 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's a tunnel that you can walk through that connects the garage to the hospital.

There are also other garages located on East 69<sup>th</sup> Street between First and Second Avenues, East 67<sup>th</sup> Street between York and First Avenues, and East 65<sup>th</sup> Street between First and Second Avenues.

## **Once you're in the hospital**

Many staff members will ask you to say and spell your name and birth date. This is for your safety. People with the same or a similar name may be having surgery on the same day.

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

## **Meet with a nurse**

You'll meet with a nurse before surgery. Tell them the dose of any medications you took after midnight (including prescription and over-the-counter medications, patches, and creams) and the time you took them.

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

## **Meet with an anesthesiologist**

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

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

## **Get ready for your surgery**

When it's time for your surgery, you'll need to remove your hearing aids, dentures, prosthetic devices, wig, and religious articles, if you have them.

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

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

## **During your surgery**

After you're fully asleep, a breathing tube will be placed through your mouth and into your windpipe to help you breathe. You'll also have a nasogastric (NG) tube placed through your nose into your stomach to deliver food and a urinary (Foley) catheter placed to drain urine (pee) from your bladder.

Once your surgery is finished, your incisions will be closed with sutures (stitches). Your incisions may be covered with a bandage. Your breathing tube is usually taken out while you're still in the operating room.

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## After Your Surgery

The information in this section will tell you what to expect after your surgery, both during your hospital stay and after you leave the hospital. You'll learn how to safely recover from your surgery.

As you read through this section, you can use the space below to write down any questions you want to ask your healthcare provider.

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## In the Post-Anesthesia Care Unit (PACU)

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

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

### Pain medication

You'll get IV pain medication while you're in the PACU. You'll be able to control your pain medication using a button called a patient-controlled analgesia (PCA) device. For more information, read *Patient-Controlled Analgesia (PCA)*. You can find it online at [www.mskcc.org/pe/pca](http://www.mskcc.org/pe/pca) or ask for a printed copy.

### Tubes and drains

You'll have the following tubes:

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

### Moving to your hospital room

Most people stay in the PACU overnight. After your stay in the PACU, a staff member will take you to your hospital room.

## In your hospital room

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

When you're taken to your hospital room, you'll meet one of the nurses who will care for you while you're in the hospital. They'll explain how to control the lights and TV in your room and introduce you to other staff members who will help care for you during your stay.



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

## **Communicating**

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

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

## **Managing your pain**

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

Your healthcare providers will ask you about your pain often and give you medication as needed. If your pain isn't relieved, tell one of your healthcare providers. It's important to control your pain so you can move around. Controlling your pain will help you recover better.

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

## **Moving around and walking**

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

## **Eating and drinking**

### **While you have an NG tube**

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

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

### **After your NG tube is removed**

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

### **About swallowing**

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

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

## **Caring for your laryngectomy stoma**

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

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

### **Using a heat and moisture exchanger (HME)**

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

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

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

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

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

### **Your laryngectomy tube**

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

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



Figure 2. Laryngectomy tube

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

## Showering

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

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

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

## Planning for your discharge

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

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

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

## At home

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

## Filling out your Recovery Tracker

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

Fill out your Recovery Tracker every day before midnight (12:00 AM). It only takes 2 to 3 minutes to complete. Your answers to these questions will help us understand how you're feeling and what you need.

Based on your answers, we may reach out to you for more information or ask you to call your surgeon's office. You can always contact your surgeon's office if you have any questions. For more information, read *About Your Recovery Tracker*. You can find it in the "Educational Resources" section of this guide.

## Managing your pain

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

Follow the guidelines below to help manage your pain at home.

- Take your medications as directed and as needed.
- Call your healthcare provider if the medication prescribed for you doesn't ease your pain.
- Don't drive or drink alcohol while you're taking prescription pain medication. Some prescription pain medications can make you drowsy. Alcohol can make the drowsiness worse.
- As your incisions heal, you'll have less pain and need less pain medication. An over-the-counter pain reliever such as acetaminophen (Tylenol®) or ibuprofen (Advil® or Motrin®) will ease aches and discomfort.
  - Follow your healthcare provider's instructions for stopping your prescription pain medication.
  - Don't take more of any medication than the amount directed on the label or as instructed by your healthcare provider.
  - Read the labels on all the medications you're taking, especially if you're taking acetaminophen. Acetaminophen is an ingredient in many over-the-counter and prescription medications. Taking too much can harm your liver. Don't take more than 1 medication that contains acetaminophen without talking with a member of your care team.
- Pain medication should help you resume your normal activities. Take enough medication to do your activities and exercises comfortably. It's normal for your pain to increase a little as you start to be more active.
- Keep track of when you take your pain medication. It works best 30 to 45 minutes after you take it. Taking it when you first have pain is better than waiting for the pain to get worse.

Some prescription pain medications (such as opioids) may cause constipation (having fewer bowel movements than usual).

## **Preventing and managing constipation**

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

- Go to the bathroom at the same time every day. Your body will get used to going at that time. If you feel like you need to go, though, don't put it off.
- Exercise, if you can. Walking is an excellent form of exercise.
- Drink 8 to 10 (8-ounce) glasses (2 liters) of liquids daily, if you can. Choose liquids such as water, juices (such as prune juice), soups, and ice cream shakes. Avoid liquids with caffeine (such as coffee and soda). Caffeine can pull fluid out of your body.

If you haven't had a bowel movement in 2 days, call your healthcare provider.

## **Physical activity and exercise**

You can go back to doing most activities right after your surgery. 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 healthcare provider before starting more strenuous exercises.

Don't lift anything heavier than 10 pounds (4.5 kilograms) for at least 2 weeks. Ask your healthcare provider how long to avoid heavy lifting.

Don't go swimming or use hot tubs or saunas. It's also best to avoid being on small boats because they have a higher chance of rolling over.

## **Managing your feelings**

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

The first step in coping is to talk about how you feel. Family and friends can help. Your healthcare providers can reassure, support, and guide you. It's always a good idea to let us know how you, your family, and your friends are feeling emotionally. Many resources are available to you and your family. Whether you're in the hospital or at home, we're here to help you and your family and friends handle the emotional aspects of your illness.

## When to call your healthcare provider



Call your healthcare provider right away if:

- You have a fever of 100.5 °F (38 °C) or higher
- There's drainage from your incision
- You have shortness of breath
- The skin around your incision is warmer than usual
- You have increased discomfort in the area around your incision
- The area around your incision is getting redder
- The area around your incision is starting to swell
- Swelling around your incision is getting worse
- Your stoma is blocked and affecting your breathing
- You have any questions or concerns

### Contact information

Monday through Friday from 9:00 AM to 5:00 PM, contact your healthcare provider's office.

After 5:00 PM, during the weekend, and on holidays, call 212-639-2000 and ask to speak to the person on call for your healthcare provider.

# Caring for and suctioning your laryngectomy stoma

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

## How to suction your laryngectomy stoma

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

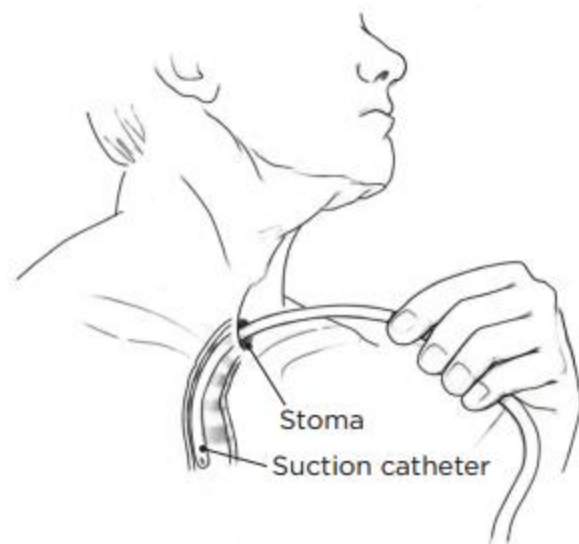


Figure 3. Suctioning your stoma



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

Once you're done:

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

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

## **How to remove, clean, and reinsert your laryngectomy tube**

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

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

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



Figure 4. Cleaning your laryngectomy tube

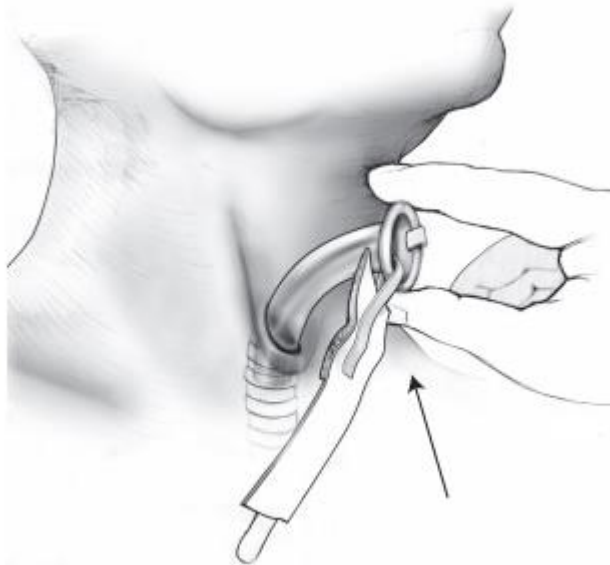


Figure 5. Inserting your laryngectomy tube

# Ways to communicate

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

- An electrolarynx
- Esophageal speech
- Tracheoesophageal speech

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

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

## Electrolarynx

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

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

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

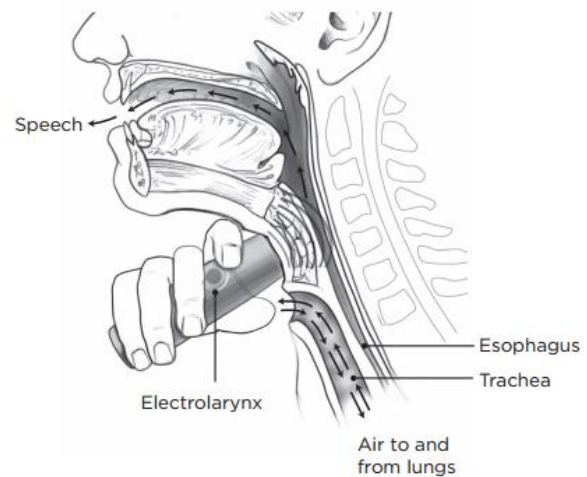


Figure 6. Using an electrolarynx

## Esophageal speech

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

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

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

## Tracheoesophageal speech

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

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

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

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

Tracheoesophageal speech sounds similar to your speech before your laryngectomy.



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

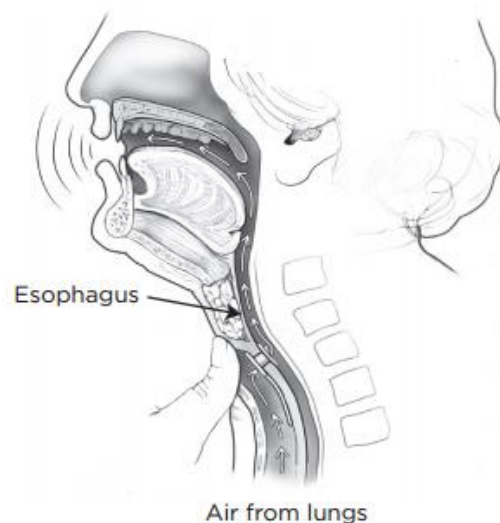


Figure 8. Blocking your stoma for TEP speech (side view)

### Emergency precautions for TEP

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

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

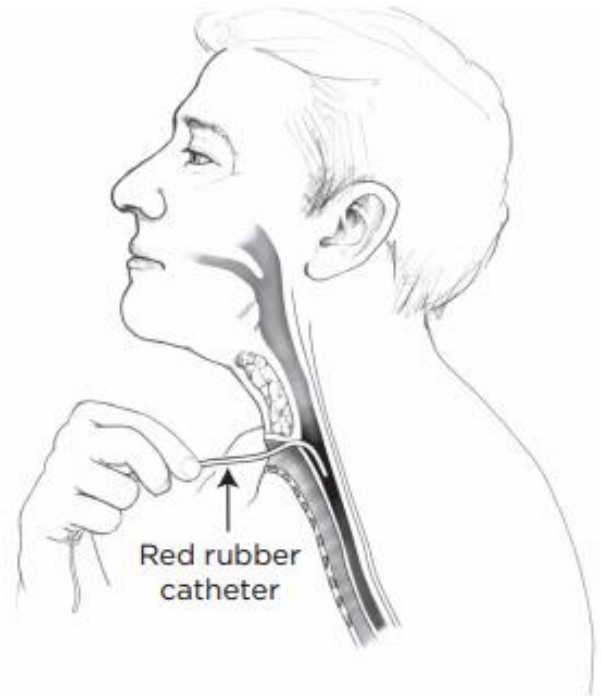


Figure 9. Inserting catheter into TEP tract

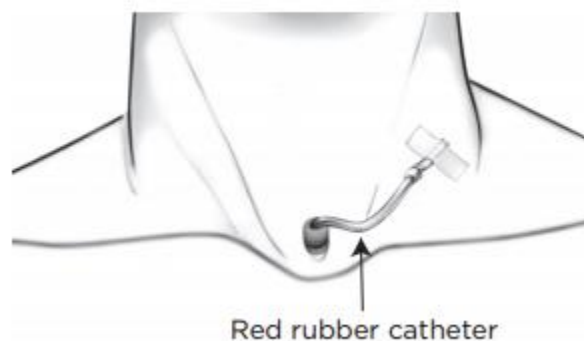


Figure 10. Taping catheter to neck

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

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

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

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

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## Support Services

This section has a list of support services that may help you get ready for your surgery and recover safely.

As you read through this section, you can use the space below to write down any questions you want to ask your healthcare provider.

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# MSK support services

## **Admitting Office**

212-639-7606

Call if you have questions about your hospital admission, including requesting a private room.

## **Anesthesia**

212-639-6840

Call if you have questions about anesthesia.

## **Blood Donor Room**

212-639-7643

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

## **Bobst International Center**

322-699-7968

MSK welcomes patients from around the world. If you're an international patient, call for help arranging your care.

## **Chaplaincy Service**

212-639-5982

At MSK, our chaplains are available to listen, help support family members, pray, contact community clergy or faith groups, or simply be a comforting companion and a spiritual presence. Anyone can request spiritual support, regardless of formal religious affiliation. The interfaith chapel is located near the main lobby of Memorial Hospital and is open 24 hours a day. If you have an emergency, please call the hospital operator and ask for the chaplain on call.

## **Counseling Center**

646-888-0200

Many people find that counseling helps them. We provide counseling for individuals, couples, families, and groups, as well as medications to help if you feel anxious or depressed. To make an appointment, ask your healthcare provider for a referral or call the number above.

## **Food Pantry Program**

646-888-8055

The food pantry program provides food to people in need during their cancer treatment. For more information, talk with your healthcare provider or call the number above.

## **Integrative Medicine Service**

646-888-0800

Integrative Medicine Service offers many services to complement (go along with) traditional medical care, including music therapy, mind/body therapies, dance and movement therapy, yoga, and touch therapy.



**MSK Library**

library.mskcc.org

212-639-7439

You can visit our library website or speak with the library reference staff to find more information about your specific cancer type. You can also visit LibGuides on MSK's library website at [libguides.mskcc.org](http://libguides.mskcc.org).

**Patient and Caregiver Education**

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

Visit the Patient and Caregiver Education website to search our virtual library. There, you can find written educational resources, videos, and online programs.

**Patient and Caregiver Peer Support Program**

212-639-5007

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

**Patient Billing**

646-227-3378

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

**Patient Representative Office**

212-639-7202

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

**Perioperative Nurse Liaison**

212-639-5935

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

**Private Duty Nursing Office**

212-639-6892

You may request private nurses or companions. Call for more information.

**Resources for Life After Cancer (RLAC) Program**

646-888-8106

At MSK, care doesn't end after active treatment. The RLAC Program is for patients and their families who have finished treatment. This program has many services, including seminars, workshops, support groups, counseling on life after treatment, and help with insurance and employment issues.

## **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 cancer patients. They provide individual counseling and support groups throughout the course of treatment and can help you communicate with children and other family members. Our social workers can also help refer you to community agencies and programs, as well as financial resources if you're eligible.

## **Tobacco Treatment Program**

212-610-0507

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

## **Virtual Programs**

[www.mskcc.org/vp](http://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](http://www.mskcc.org/vp) for more information.

For more online information, visit the Cancer Types section of [www.mskcc.org](http://www.mskcc.org)

## **External support services**

There are many other support services available to help you before, during, and after your cancer treatment. Some offer support groups and information, while others can help with transportation, lodging, and treatment costs.

For a list of these support services, visit [www.mskcc.org/pe/external\\_support\\_services](http://www.mskcc.org/pe/external_support_services). You can also talk with an MSK social worker by calling 212-639-7020.

# Laryngectomy, oral cancer, and head and neck cancer support services

## **Support for People with Oral and Head and Neck Cancer (SPOHNC)**

[www.spohnc.org](http://www.spohnc.org)

800-377-0928

Provides information and support for people with oral and head and neck cancer.

## **Web Whispers**

[www.webwhispers.org](http://www.webwhispers.org)

Provides information and support for people who had laryngectomies and survivors of laryngeal cancer.

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## Educational Resources

This section has the educational resources mentioned in this guide. These resources will help you get ready for your surgery and recover safely after surgery.

As you read through these resources, you can use space below to write down any questions you want to ask your healthcare provider.

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# About Your Recovery Tracker

This information explains your Recovery Tracker and how to use it.

## What is the Recovery Tracker?

After your surgery, you may have some pain or other symptoms. To help us care for you, we'll send a group of questions to your MyMSK account. These questions are known as your Recovery Tracker. Your responses to these questions will help us understand how you're feeling after your surgery.

## How do I use it?



Please visit [www.mskcc.org/pe/recovery\\_tracker\\_video](http://www.mskcc.org/pe/recovery_tracker_video) to watch this video.

- You must be signed up for MyMSK. You can access MyMSK at [my.mskcc.org](http://my.mskcc.org). If you're not sure if you signed up for MyMSK or if you don't remember how to use it, ask your healthcare provider or call 646-227-2593 for help.
  - If you don't have a MyMSK account, you can visit [my.mskcc.org](http://my.mskcc.org), call 646-227-2593, or call your doctor's office for an enrollment ID to sign up. You can also watch our video *How to Enroll in MyMSK: Memorial Sloan Kettering's Patient Portal* ([www.mskcc.org/pe/enroll\\_mymask](http://www.mskcc.org/pe/enroll_mymask)).
- After you leave the hospital, we'll send questions to your MyMSK account every day for 5 to 10 days.
- Make sure to answer the questions in your recovery tracker every day before midnight (12:00 AM). After midnight, the questions will be removed and you'll get new questions the next day.

- Answering the questions in your Recovery Tracker will only take you 2 to 3 minutes to complete. You can have your caregiver help you fill them out.

## What happens to the information I enter?

- Your responses will be sent to your MSK healthcare team. Based on your responses, someone may contact you or you may be told to call your surgeon's office to provide more information.
- Your information is secure. It will be stored at Memorial Sloan Kettering (MSK) and only your healthcare team will see it.



**If you need medical care right away, call 911 or go to your local emergency room.**

## Contact Information

If you have a question or concern, call your surgeon's office from 9:00 AM to 5:00 PM Monday through Friday. After 5:00 PM, during the weekend, or on holidays, call 212-639-2000 and ask for the doctor on call for your surgeon.

For more resources, visit [www.mskcc.org/pe](http://www.mskcc.org/pe) to search our virtual library.

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About Your Recovery Tracker - Last updated on November 23, 2020

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## PATIENT & CAREGIVER EDUCATION

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

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

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

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

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

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

# What is an active ingredient?

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

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

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

## How to find a medicine or supplement's active ingredients

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

### Over-the-counter medicines

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

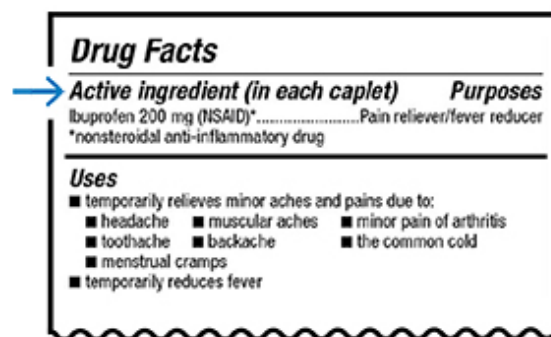


Figure 1. Active ingredients on an over-the-counter medicine label

## Prescription medicines

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

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

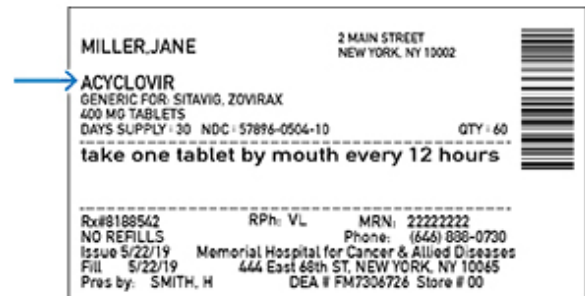


Figure 2. Active ingredients on a prescription medicine label

## Dietary supplements

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

<b>Supplement Facts</b>		
Serving Size 1 Tablet		
	Amount Per Serving	% Daily Value
Vitamin A (as retinyl acetate and 50% as beta-carotene)	5000 IU	100%
Vitamin C (as ascorbic acid)	60 mg	100%
Vitamin D (as cholecalciferol)	400 IU	100%
Vitamin E (as di-alpha tocopheryl acetate)	30 IU	100%
Thiamin (as thiamin mononitrate)	1.5 mg	100%
Riboflavin	1.7 mg	100%
Niacin (as niacinamide)	20 mg	100%
Vitamin B <sub>6</sub> (as pyridoxine hydrochloride)	2.0 mg	100%
Folate (as folic acid)	400 mcg	100%
Vitamin B <sub>12</sub> (as cyanocobalamin)	6 mcg	100%
Biotin	30 mcg	10%
Pantothenic Acid (as calcium pantothenate)	10 mg	100%
Other ingredients: Gelatin, lactose, magnesium stearate, microcrystalline cellulose, FD&C Yellow No. 6, propylene glycol, propylparaben, and sodium benzoate.		

Figure 3. Active ingredients on a supplement label

## Active ingredients to look for

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

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

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

Common abbreviations for acetaminophen		
<ul style="list-style-type: none"><li>• APAP</li><li>• Acetamin</li></ul>	<ul style="list-style-type: none"><li>• AC</li><li>• Acetam</li></ul>	<ul style="list-style-type: none"><li>• Acetaminop</li><li>• Acetaminoph</li></ul>

## About acetaminophen (Tylenol)

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

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

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

## Instructions before your cancer treatment

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

### Before your surgery

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

- If you take aspirin or a medicine that has aspirin, you may need to change your dose or stop taking it 7 days before your surgery. Follow your healthcare provider's instructions. **Do not stop taking aspirin unless your healthcare provider tells you to.**
- If you take vitamin E, fish oil, or a supplement that has vitamin E or fish oil, stop taking it 7 days before your surgery or as directed by your healthcare provider.
- If you take an NSAID or a medicine that has an NSAID, stop taking it 48 hours (2 days) before your surgery or as directed by your healthcare provider.

## Before your radiology procedure

Follow these instructions if you're having a radiology procedure (including Interventional Radiology, Interventional Mammography, Breast Imaging, and General Radiology). **If your healthcare provider gives you other instructions, follow those instead.**

- If you take aspirin or a medicine that has aspirin, you may need to stop taking it 5 days before your procedure. Follow your healthcare provider's instructions. **Do not stop taking aspirin unless your healthcare provider tells you to.**
- If you take an NSAID or a medicine that has an NSAID, you may need to stop taking it 24 hours (1 day) before your procedure. Follow your healthcare provider's instructions.

## Before and during your chemotherapy

Chemotherapy can lower your platelet count, which can increase your risk of bleeding. No matter if you're just starting chemotherapy or have been getting it, talk with your healthcare provider before taking aspirin, other NSAIDs, vitamin E, or fish oil.

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

For more resources, visit [www.mskcc.org/pe](http://www.mskcc.org/pe) to search our virtual library.

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

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PATIENT & CAREGIVER EDUCATION

# Herbal Remedies and Cancer Treatment

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

## About Herbal Remedies

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

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

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

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

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

Talk with your healthcare provider about any herbal remedies or other

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

For more information about herbs and supplements, visit [www.abouterbs.com](http://www.abouterbs.com) or call MSK's Integrative Medicine Service at 646-608-8550.

## **Stop taking herbal remedies before your treatment**

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

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

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

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

## **Common Herbal Remedies and Their Effects**

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

### **Echinacea (EH-kih-NAY-shuh)**

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



## **Garlic**

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

## **Ginkgo (also known as Ginkgo biloba)**

- Can increase your risk of bleeding.

## **Ginseng (JIN-seng)**

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

## **Turmeric (TER-mayr-ik)**

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

## **St. John's Wort**

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

## **Valerian (vuh-LEER-ee-un)**

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

## **Herbal formulas**

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

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

## Contact Information

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

For more information, visit [www.mskcc.org/IntegrativeMedicine](http://www.mskcc.org/IntegrativeMedicine) or read *Integrative Medicine Therapies and Your Cancer Treatment* ([www.mskcc.org/pe/integrative\\_therapies](http://www.mskcc.org/pe/integrative_therapies)).

For more resources, visit [www.mskcc.org/pe](http://www.mskcc.org/pe) to search our virtual library.

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

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