About Your Total Pelvic Exenteration Surgery

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

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

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

Your Care Team

Doctor: ________________________________________________

Phone number: ________________________________________

Fax number: _________________________________________

Nurse: ________________________________________________

Your Caregiver

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

Caregiver: ____________________________________________
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About Your Surgery

Total pelvic exenteration surgery is a surgery that removes organs from your urinary, gastrointestinal, and gynecologic systems. You may be having this surgery because you have cancer in your cervix or another organ in those systems.

About Your Urinary System

Your urinary system is made up of organs that make urine (pee) and get it out of your body. Your kidneys clean the toxins out of your blood and make urine. The urine then travels through tubes connected to your kidneys called ureters and goes into your bladder.

Your bladder stores your urine until you feel like you have to urinate. Then when you’re ready to urinate, the urine is released through your urethra (see Figure 1). Your urethra is a small tube that allows urine to pass out of the body. In women, the urethra is located above the vagina.

During a total pelvic exenteration, your bladder and urethra will be removed. This means you will need a new place for urine to leave your body. Your kidneys and ureters will be reconnected to a new urinary collection system called a urinary diversion. These are also known as urostomies.

Urinary Diversion

There are 2 types of urinary diversions, an ileal conduit and a urinary pouch. Each opens onto your abdomen (belly). The opening is called a stoma.

- With an ileal conduit your urine will drain into a bag that you place around your stoma. You’ll need to drain the bag as needed.
- With a urinary pouch, you’ll place a drainage catheter (thin, flexible tube) in the stoma several times a day to drain your urine.

Your doctor will discuss with you which urinary diversion you’ll have. Your nurse will give you a resource that describes the type of diversion you’ll have, and they will teach you how to care for it.
About Your Gastrointestinal System

Your gastrointestinal system includes your mouth, esophagus, stomach, small and large intestines, rectum, and anus (see Figure 2).

During the surgery, part of your large intestine (colon) will be removed. Your rectum (bottom section of your colon) and anus will also be taken out. This means you will need a new place for stool (poop) to leave your body.

The end of your remaining large intestine will be brought to the outside of your abdomen (belly). This creates a colostomy, which is a new place for stool to leave your body. The opening itself is called a stoma. A pouch will cover the stoma to collect your stool. Your healthcare team will teach you how to care for the stoma as you recover. Read the resource *Caring for Your Ileostomy or Colostomy* for more information about living with a colostomy.

About Your Gynecologic System

Your gynecologic system includes your ovaries, fallopian tubes, uterus, and vagina (see Figure 3).

During your surgery, your ovaries, fallopian tubes, and uterus will be removed. This means that you won’t be able to have children. If you want more information about fertility (ability to get pregnant) options and your cancer treatment, read the resource *Fertility Preservation: Options for Women Who Are Starting Cancer Treatment*. All or part of your vagina may also be removed. Your doctor will discuss this with you if it’s necessary.

For some people, the vagina can be reconstructed. Ask your doctor if this is an option for you. If this is an option, you will meet with a plastic surgeon to discuss this surgery. The reconstruction would be done at the end of your surgery. Your plastic surgeon will create a new vaginal canal from the muscles and skin of other areas of your body. Your nurse will tell you about the care of your new vagina. If you don’t want your vagina reconstructed, the area can be closed or covered with a flap of skin.

If your vagina isn’t removed, you should be able to have vaginal intercourse (sex). If you have reconstruction, you should be able to have intercourse again when the area heals. If you don’t have vaginal reconstruction, remember that sex can include other forms of intimacy. Ask your doctor if your clitoris will be removed and how much feeling you will still have in your vaginal area.
Your doctor and nurse will tell you what to expect after surgery. For example, sensations in your vaginal area may not be the same as they were before your surgery. Your doctor can refer you to our Female Sexual Medicine & Women’s Health Program so that you can meet with a therapist and discuss your concerns.

**Meeting with Your Healthcare Team**

You will see many doctors and nurses before your surgery. Each one will describe their role in your care and answer your questions. You may see team members such as:

- Surgeons from other departments who will work with your surgeon to complete the surgery
- A psychologist who works with women having this surgery.
- The wound, ostomy, and continence nurse, also known as a CWOCN. Your CWOCN will talk to you about the stoma you’ll have.

It may be helpful for you to write down questions as you think of them. Take your list with you when you have appointments. You may also be able to speak with someone who has had the surgery. Your social worker can help plan this for you.
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The information in this section will help you get ready for your surgery. Read through this section when your surgery is scheduled and refer to it as your surgery date gets closer. It has important information about what you need to do before your surgery.

Write down your questions and be sure to ask your doctor or nurse.

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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 am allergic to certain medication(s) or materials, including latex.

- I am not willing to receive a blood transfusion.

- I drink alcohol.

- I smoke.

- I use recreational drugs.
About 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 nurse 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 machine (such as a CPAP machine) 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 will have an appointment for presurgical testing (PST). The date, time, and location of your PST appointment will be printed on the appointment reminder from your surgeon’s office.

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

During your appointment, you will meet with a nurse practitioner (NP) who works closely with anesthesiology staff (doctors and specialized nurses who will give you anesthesia during your surgery). Your NP will review your medical and surgical history with you. You will have tests, including an electrocardiogram (EKG) to check your heart rhythm, a chest x-ray, blood tests, and any other tests 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).

Identify Your Caregiver
Your caregiver plays an important role in your care. You and your caregiver will learn about your surgery from your doctor and nurse. After your surgery, your caregiver should be with you when you’re given your discharge instructions so they’re able to help you care for yourself at home. Your caregiver will also need to take you home after you’re discharged from (leave) the hospital.
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 can’t communicate for yourself. The person you identify is called your health care agent. For more information about health care proxies and other advance directives, read the resource *Advance Care Planning*. You can find it online at www.mskcc.org/pe/advance_care_planning, or you can ask your nurse.

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

Do Breathing and Coughing Exercises

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

Exercise

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

Follow a Healthy Diet

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

10 Days Before Your Surgery

Stop Taking Vitamin E

If you take vitamin E, stop taking it 10 days before your surgery. Vitamin E can cause bleeding. For more information, read *Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs)*, located in the “Educational Resources” section of this guide.

Buy Hibiclens® Skin Cleanser

Hibiclens® is a skin cleanser that kills germs for 24 hours after using it (see figure). Showering with Hibiclens before surgery will help lower your risk of infection after surgery. You can buy Hibiclens at your local pharmacy without a prescription.
Buy Supplies for Your Bowel Preparation, If Needed

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

- 1 (238-gram) bottle of polyethylene glycol (MiraLAX®)
- 1 (64-ounce) bottle of a clear liquid (see the clear liquid diet menu in the section below)

Buy Clear Liquids

If you need to follow a clear liquid diet before your surgery, now is also a good time to buy your supplies. For a list of clear liquids you can drink, read the section “Follow a Clear Liquid Diet.”

7 Days Before Your Surgery

Stop Taking Certain Medications

If you take aspirin, ask your doctor if you should keep taking it. Aspirin and medications that contain aspirin can cause bleeding. For more information, read Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), located in the “Educational Resources” section of this guide.

Stop Taking Herbal Remedies and Other Dietary Supplements

Stop taking herbal remedies and other dietary supplements 7 days before your surgery. If you take a multivitamin, ask your doctor or nurse if you should keep taking it. 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

2 Days Before Your Surgery

Stop Taking Certain Medications

Stop taking nonsteroidal anti-inflammatory drugs (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 and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), located in the “Educational Resources” section of this guide.
Day Before Your Surgery

Follow a Clear Liquid Diet, If Needed

You will need to follow a clear liquid diet the day before your surgery. A clear liquid diet includes only liquids you can see through. Examples are listed in the “Clear Liquid Diet” table.

While you’re following this diet:

• Don’t eat any solid foods.
• Try to drink at least 1 (8-ounce) glass of clear liquid every hour while you’re awake.
• Drink different types of clear liquids. Don’t just drink water, coffee, and tea.
• Don’t drink sugar-free liquids unless you have diabetes and a member of your healthcare team tells you to do so.

For People With Diabetes

If you have diabetes, ask the healthcare provider who manages your diabetes what you should do while you’re following a clear liquid diet.

• If you take insulin or another medication for diabetes, ask if you need to change the dose.
• Ask if you should drink sugar-free clear liquids.

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

Clear Liquid Diet

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

**Before 5:00 PM on the day before your surgery**, mix all 238 grams of MiraLAX with the 64 ounces of clear liquid until the MiraLAX powder dissolves. Once the MiraLAX is dissolved, you can put the mixture in the refrigerator, if you’d like, until it’s time to drink it.

**At 5:00 PM on the day before your surgery**, start drinking the MiraLAX bowel preparation. Drink 1 (8-ounce) glass of the mixture every 15 minutes until the container is empty. After drinking all the MiraLAX, drink 4 to 6 glasses of clear liquids. You can keep drinking clear liquids until midnight, but it’s not required.

The MiraLAX will cause you to have frequent bowel movements (poop), so be sure to be near a bathroom after taking it.

Apply zinc oxide ointment or Desitin® to the skin around your anus after every bowel movement. This helps prevent irritation.

**At 7:00 PM the day before your surgery**, you will need to take the antibiotics your doctor prescribed for you. Take the amount your doctor told you to take.

You will also need to take them again at 11:00 PM the 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 will call you on the Friday before. If you don’t get a call by 7:00 PM, please call 212-639-5014.

The staff member will tell you what time to arrive at the hospital for your surgery. Use the area to the right to write down your surgery date and scheduled arrival time.

The staff member will also tell you where to go. This will be the following location:

- Presurgical Center (PSC) on the 6th floor
- 1275 York Avenue (between East 67th and East 68th Streets)
- New York, NY 10065
- B elevator to 6th floor

**Shower With Hibiclens**

The night before your surgery, shower using Hibiclens.

1. Use your normal shampoo to wash your hair. Rinse your head well.
2. Use your normal soap to wash your face and genital area. Rinse your body well with warm water.
3. Open the Hibiclens bottle. Pour some solution into your hand or a washcloth.
4. Move away from the shower stream to avoid rinsing off the Hibiclens too soon.
5. Rub the Hibiclens gently over your body from your neck to your feet. Don’t put the Hibiclens on your face or genital area.
6. Move back into the shower stream to rinse off the Hibiclens. Use warm water.
7. Dry yourself off with a clean towel after your shower.

8. Don’t put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne after your shower.

**Sleep**

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

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Do not eat or drink after midnight.

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**The Morning of Your Surgery**

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**Two hours before your scheduled arrival time, drink the ClearFast PreOp® drink your nurse gave you.**

**After you finish the ClearFast, do not eat or drink anything else. This includes water, hard candy, and gum.**

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**Take Your Medications**

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

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**Shower With Hibiclens**

Shower using Hibiclens just before you leave for the hospital. Use the Hibiclens the same way you did the night before.

Don’t put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne after your shower.

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**Things to Remember**

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

What to Bring

- Your breathing machine for sleep apnea (such as your CPAP machine), if you have one.
- Your portable music player, if you choose. However, someone will need to hold it for you when you go into surgery.
- Your incentive spirometer, if you have one.
- Your Health Care Proxy form and other advance directives, if you have 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 aid(s), dentures, prosthetic device(s), wig, and religious articles), if you have one.
- This guide. Your healthcare team will use this guide to teach you how to care for yourself after your surgery.

Where to Park

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

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

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

When you get to the hospital, take the B elevator to the 6th floor and check in at the desk in the PSC waiting room.

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

Get Dressed for Surgery

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

Meet With Your Nurse

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

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

Meet With Your Anesthesiologist

Your anesthesiologist will:

- Review your medical history with you.
- 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 will have.
- Answer your questions about your anesthesia.

Your doctor or anesthesiologist may also talk with you about placing an epidural catheter (thin, flexible tube) in your spine (back). An epidural catheter is another way to give you pain medication after your surgery.

Get Ready for Your Surgery

Once your nurse has seen you, 1 or 2 visitors can keep you company as you wait for your surgery to start. When it’s time for your surgery, your visitor(s) will be taken 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 either walk into the operating room or be taken in on a stretcher. A member of the operating room team will help you onto the operating bed. Compression boots will be placed on your lower legs. These gently inflate and deflate to help blood flow in your legs.

Once you’re comfortable, your anesthesiologist will give you anesthesia through your IV line and you will fall asleep. You will also get fluids through your IV line during and after your surgery.
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 will also have a urinary (Foley®) catheter placed to drain urine from your bladder. Your breathing tube is usually taken out while you’re still in the operating room.

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

Write down your questions and be sure to ask your doctor or nurse.
In the Post-Anesthesia Care Unit (PACU)

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

A nurse will be monitoring your body temperature, pulse, blood pressure, and oxygen levels. You may be getting oxygen through a thin tube that rests below your nose or a mask that covers your nose and mouth. You will also have compression boots on your lower legs.

Pain Medication

If you have an epidural catheter, you will get pain medication into your epidural space (the space in your spine just outside your spinal cord). You will be able to control your pain medication using a button called a patient-controlled analgesia (PCA) device. For more information, read the resource *Patient-Controlled Analgesia (PCA)*.

If you don’t have an epidural catheter, you will get pain medication through your IV line.

Tubes and Drains

You will have tubes, drains, pouches, and bandages on your abdomen (see Figure 4). They may include:

- A Jackson-Pratt drain to drain the fluid from around your incisions (surgical cuts). The drain is taken out when your incisions stop draining.
- A catheter or drainage tube to drain urine from your urinary diversion.
- A second drainage tube at the site of the incision. This serves as a safety catheter. It’s placed in case the urinary diversion catheter gets blocked or comes out. It will be clamped shut.

Figure 4. Drains, pouches, and bandages after your surgery
If you have an ileal conduit, you will have pouch around your stoma to collect the urine. Your CWOCN and nursing staff will teach you how to care for your stoma as you recover.

A colostomy pouch on your stoma to collect stool.

You will also have:

- Bandages and drains on your upper inside thighs if you had your vagina reconstructed.
- An IV line to give you fluids.
- Compression boots on your calves to help blood circulate. These will stay on whenever you’re in bed until you’re discharged from the hospital.

Your abdomen and colostomy stoma will become more swollen over the next few days, and then the swelling will go down.

Most of the drains and tubes will be removed over the next days to weeks. In about 3 to 6 weeks, most women will have either 1 stoma for a urinary pouch or a pouch for the ileal conduit. Your colostomy stoma will also be covered with a pouch to collect the stool (see Figure 5). Your CWOCN and other nursing staff will teach you how to care for your stomas and pouches as you recover.

Visitors

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.

Moving to Your Hospital Room

Most people stay in the PACU overnight for observation. After your stay in the PACU, you will be taken 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 7 to 10 days after surgery.

When you’re taken to your hospital room, you will meet one of the nurses who will care for you while you’re in the hospital. Soon after you arrive in your room, your nurse will help you out of bed and into your chair.

While you’re in the hospital, your nurses will teach you how to care for yourself while you’re recovering from your surgery.
If you had vaginal reconstruction, you won’t be able to sit for 6 to 8 weeks. You can lie on your back or side or you can stand. Your nurse will help you with this.

Your doctor will tell you when you can shower.

**Managing Your Pain**

You may have pain at your incision sites and your abdomen.

- If you have an epidural catheter, you will get pain medication into your epidural space. You will be able to control your medication using a PCA device.
- If you don’t have an epidural catheter, you will get pain medication in your IV line.
- Once you’re able to eat normal food, you will get oral pain medication (medication you swallow).

Your doctor and nurse will ask you about your pain often and give you medication as needed. If your pain isn’t relieved, tell your doctor or nurse. It’s important to control your pain so you can use your incentive spirometer and move around. Controlling your pain will help you recover better.

You will be given a prescription for pain medication before you leave the hospital. Talk with your doctor or nurse about possible side effects and when you should 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. It will also help stimulate your bowels so you start passing gas and having bowel movements (pooping) again. Your nurse, physical therapist, or occupational therapist will help you move around, if needed.

Read the resource *Call! Don’t Fall!* to learn about what you can do to stay safe and keep from falling while you’re in the hospital.

**Exercising Your Lungs**

It’s important to exercise your lungs so they expand fully. This helps prevent pneumonia.

- Use your incentive spirometer 10 times every hour you’re awake. For more information, read *How to Use Your Incentive Spirometer*, located in the “Educational Resources” section of this guide.
- Do coughing and deep breathing exercises. A member of your care team will teach you how to do these exercises.

**Eating and Drinking**

You won’t be able to eat for 1 to 2 days after your surgery. You will get fluids through an IV line during this time. Then, you will be on a clear liquid diet. After that, you can start eating normal foods again, as tolerated.

When you're able to eat normal foods again, it’s important to eat a balanced diet high in protein to help you heal after surgery. Your diet should include a healthy protein source at each meal, as well as fruits,
vegetables, and whole grains. For more tips on increasing the amount of calories and protein in your diet, read the resource *Eating Well During and After Your Cancer Treatment*.

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

**Caring for Your Drains and Incisions**

You will likely have some bleeding from most of your incisions or around your drains. You may also have some discharge and tenderness around your incisions and drains for a few days. Your nurses will show you and tell you what’s normal and expected as they care for you. You will also begin to learn how to care for the stoma(s) and incisions.

Some of the tubes and drains may be removed before you’re discharged from the hospital. If you have an incision that was closed with staples, the staples are usually taken out before you leave the hospital. Some people will have them removed at their first follow-up visit. If you go home with the drains, your nurses will teach you how to care for them.

**Showering**

You can shower while you’re in the hospital. Your doctor will let you know when it’s okay to start showering. You should wash your incisions with Hibiclens until the staples are removed.

**Planning for Your Discharge**

Before you go home, your nurse will give you the supplies you need to care for yourself for the first month. Then you can order your supplies from an outside source.

Your discharge nurse case manager will arrange to have a visiting nurse see you at home. The visiting nurse will help you care for your drains and stoma.

You may still have drains in when you go home. Ask your nurse or doctor when they will be removed. Your visiting nurse will help you while you’re learning to care for your incisions and urinary diversion.

You will get a prescription for pain medication. Take your medication as instructed by your doctor and as you need it. Don’t drive or drink alcohol while you’re taking prescription pain medication.

**At Home**

Read the resource *What You Can Do to Avoid Falling* to learn about what you can do to stay safe and keep from falling at home and during your appointments at MSK.

**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 incision for 6 months or longer. This doesn’t mean that something is wrong.

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

- Take your medications as directed and as needed.
- Call your doctor if the medication prescribed for you doesn’t ease your pain.
• Don’t drive or drink alcohol while you’re taking prescription pain medication.

• As your incision heals, you will have less pain and need less pain medication. An over-the-counter pain reliever such as acetaminophen (Tylenol®) or ibuprofen (Advil®) will ease aches and discomfort.
  
  – Follow your doctor or nurse’s instructions for stopping your prescription pain medication.
  
  – Don’t take more acetaminophen than the amount directed on the bottle or as instructed by your doctor or nurse. Taking too much acetaminophen can harm your liver.

• Pain medication should help you resume your normal activities. Take enough medication to do your exercises comfortably. However, 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 your pain first begins is better than waiting for the pain to get worse.

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

Caring for Your Incision

Take a shower every day to clean your incision. Follow the instructions in the “Showering” section below.

It’s normal for the skin below your incision to feel numb. This happens because some of your nerves were cut during your surgery. The numbness will go away over time.

Call your doctor’s office if:

• The skin around your incision is very red.

• The skin around your incision is getting more red.

• You see drainage that looks like pus (thick and milky).

If you go home with staples in your incision, your doctor will take them out during your first appointment after surgery. It’s okay to get the staples wet.

Caring for Your Urinary Diversion and Colostomy

Read the following resources for more information about caring for your urinary diversion and colostomy:

• About Your Urostomy

• Caring for Your Illeostomy or Colostomy.

Showering

Take a shower every day to clean your incision. If you have staples in your incision, it’s okay to get them wet.

Take your bandage(s) off before you shower. Use soap during your shower, but don’t put it directly on your incision. Don’t rub the area around your incision.
After you shower, pat the area dry with a clean towel. Leave your incision uncovered or cover it with a small bandage if your clothing may rub it (such as the waistline of your pants).

Don’t take a bath for the first 4 weeks after your surgery.

**Eating and Drinking**

You can eat all the foods you did before your surgery unless your doctor gives you other instructions. Eating a balanced diet with lots of calories and protein will help you heal after surgery. Try to eat a good protein source (such as meat, fish, or eggs) at each meal. You should also try to eat fruits, vegetables, and whole grains.

It’s also important to drink plenty of liquids. Choose liquids without alcohol or caffeine. Try to drink 8 to 10 (8-ounce) glasses of liquids every day.

For more tips on eating and drinking after your surgery, read the resource *Eating Well During and After Your Cancer Treatment*.

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

**Physical Activity and Exercise**

When you leave the hospital, your incision will look like it’s healed on the outside, but it won’t be healed on the inside. For the first 6 to 8 weeks after your surgery:

- Don’t lift anything heavier than 10 pounds (about 4.5 kilograms).
- Don’t do any strenuous activities (such as jogging and tennis).
- Don’t play any contact sports (such as football).

Talk with your doctor before you start doing strenuous exercise or lifting heavy objects.

Doing aerobic exercise, such as walking and stair climbing, will help you gain strength and feel better. Walk at least 2 to 3 times a day for 20 to 30 minutes. You can walk outside or indoors at your local mall or shopping center.

It’s normal to have less energy than usual after your surgery. Recovery time is different for each person. Increase your activities each day as much as you can. Always balance activity periods with rest periods. Rest is an important part of your recovery.

**Sexual Activity**

If you have a vagina or a reconstructed vagina, don’t put anything inside your vagina or have vaginal intercourse until your first appointment after surgery. At this appointment, your doctor will tell you when you can start having vaginal intercourse again.

If you’ve been told it’s okay to have vaginal intercourse and then have continuing pain with intercourse, call your nurse or doctor. They can refer you to physical therapy for an evaluation.
**Other Activities**

Before starting any activities such as driving, traveling, or going back to work, talk with your doctor. They will help you figure out when you can start doing these again.

**Managing Your Feelings**

This surgery will change your body, and it will probably take time for you to get used to these changes. You may feel scared, angry, or worried. You may have questions or fears about how this surgery will impact your sexuality. These feelings are normal, and many people feel the same way.

Each person gets used to these changes in their own way. For some people, it can take a few months to get used to their changed body image. For other people, it can take longer. As time goes on, you will get stronger. You will be more confident in caring for your incisions and pouch. Your appetite and energy will get better. And eventually you will be able to resume most of your normal activities.

We have many resources to help you. Your doctors and nurses will answer your questions. We also have social workers, psychologists, psychiatrists, and CWOCNs who have helped many people through this change. You can have one-on-one counseling, or you can join one of our online or in-person support groups. We also have clergy available for spiritual support. You may be able to meet with other people who have had this surgery, and who can talk with you and answer your questions. Talk with your nurse if you’re interested in this.

To address issues with sexual health and intimacy, you can see someone from our Female Sexual Medicine & Women’s Health Program. For more information or to set up an appointment, call 646-888-5076.

**Using MyMSK**

MyMSK (my.mskcc.org) is your MSK patient portal account. You can use MyMSK to send and receive messages from your healthcare team, view your test results, see your appointment dates and times, and more.

If you don’t already have a MyMSK account, you can sign up by going to my.mskcc.org. For more information about signing up for a MyMSK account, watch our video *How to Enroll in the Patient Portal: MyMSK* at www.mskcc.org/pe/enroll_mymsk. You can also contact the MyMSK Help Desk by emailing mymsk@mskcc.org or calling 800-248-0593.
Contact your doctor or nurse if:

- You have a fever of 100.4 °F (38 °C) or higher.
- You have chills.
- You’re having trouble breathing.
- The skin around your incision is warmer than normal.
- The skin around your incision is getting more red.
- The area around your incision is starting to swell.
- You have discharge coming from your incisions.
- You have a bad odor coming from your incisions.
- The swelling around your incision is getting worse.
- You have pain that doesn’t get better with pain medication.
- You have vaginal bleeding or bad-smelling vaginal discharge.
- You have burning when passing stool or urine.
- You can’t pass stool or urine into your stoma or pouch.
- You have any problems you didn’t expect.
- You have any questions or concerns.

Monday through Friday from 9:00 AM to 5:00 PM, contact your doctor’s office.

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

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MSK Support Services

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

**Chaplaincy Service**
212-639-5982
At MSK, our chaplains are available to listen, help support family members, pray, contact community clergy or faith groups, or simply be a comforting companion and a spiritual presence. Anyone can request spiritual support, regardless of formal religious affiliation. The interfaith chapel is located near Memorial Hospital's main lobby 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 patients many services to complement traditional medical care, including music therapy, mind/body therapies, dance and movement therapy, yoga, and touch therapy.

**Look Good Feel Better Program**
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.

**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 Support Program
212-639-5007
You may find it comforting to speak with a cancer survivor or caregiver who has been through a similar treatment. Through our Patient and Caregiver Support Program, you’re able to speak with former patients and caregivers. These conversations may take place in person, over the phone, or through email.

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.

Sillerman Center for Rehabilitation
646-888-1900
515 Madison Avenue, 4th Floor
(Entrance on 53rd Street, between Park and Madison Avenues)
Our rehabilitation specialists help people regain their strength, mobility, and functional independence.
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

General Support Services

Access-A-Ride
web.mta.info/nyct/paratran/guide.htm
877-337-2017
In New York City, the MTA offers a shared ride, door-to-door service for people with disabilities who 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
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
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
Provides support and advocacy for the LGBT community, including online support groups and a database of LGBT-friendly clinical trials.
LIVESTRONG Fertility  
www.livestrong.org/we-can-help/fertility-services  
855-744-7777  
Provides reproductive information and support to cancer patients and survivors whose medical treatments have risks associated with infertility.

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

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

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

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

NYRx  
www.nyrxplan.com  
Provides prescription benefits to eligible employees and retirees of public sector employers in New York State.

Partnership for Prescription Assistance  
www.pparx.org  
888-477-2669  
Helps qualifying patients without prescription drug coverage get free or low-cost medications.

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

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

RxHope  
www.rxhope.com  
877-267-0517  
Provides assistance to help people get medications that they have trouble affording.
Gynecologic Surgery Support Services

United Ostomy Associations of America, Inc (UOAA)
800-826-0826
www.ostomy.org
Volunteer group who supports people who have or will have an ostomy and provides educational resources.

Women's Cancer Network: Gynecological Cancer Foundation (GCF)
312-578-1439
www.foundationforwomenscancer.org
Nonprofit organization that provides education and supports research on gynecologic cancers.

Wound, Ostomy, Continence Nurses Society
888-224-WOCN (9626)
www.wocn.org
Provides patient resource from nursing members who have special training in the care of people with wounds, ostomies, and continence problems.
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 doctor or nurse.

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About Your Urostomy

A urostomy is an opening in your abdomen (belly) where urine leaves your body. After your bladder surgery with a urostomy (ileal conduit), your urine (pee) will flow from your kidneys, through your ureters and ileal conduit, and out of a small opening in your abdomen called a stoma (see Figure 1).

Your stoma should be a deep pink or red color all the time. If your stoma looks grey, brown, or black, contact your doctor right away.

You won’t be able to control the flow of urine from your stoma. You will wear a urostomy pouching system (appliance) over your stoma to catch and hold the urine.

There are a few different types of urostomy stomas. Your wound, ostomy, and continence (WOC) nurse will tell you which type you have and answer your questions.

About Your Urostomy Pouching System

A urostomy pouching system has 2 parts: a wafer (the part that sticks to your skin) and a pouch (the bag that holds your urine). With a 2-piece pouching system, the wafer and the pouch are separate pieces that can be taken apart. With a 1-piece system, the wafer and pouch are connected.

You will use different types of pouching systems in the hospital and at home. This is because your stoma will get smaller as it heals. It usually takes about 6 to 8 weeks for your stoma to get to its permanent size.

Figure 1. Your urinary system after your bladder surgery with a urostomy (ileal conduit)
In the hospital

While you’re in the hospital, you will learn how to care for your urostomy stoma and pouching system. Most people use a 2-piece pouching system and an extender called a low-pressure adaptor while they’re in the hospital. The low-pressure adaptor goes between the wafer and pouch to create extra space. This makes it easier for your doctor and nurses to take the pouch off the wafer and put it back on without pushing hard on your abdomen. It will help you be more comfortable when your doctor checks your stoma.

At home

After you’re discharged from the hospital, you will use either a 2-piece or a 1-piece pouching system. A home care nurse will visit you to help you keep learning how to care for your stoma and pouching system.

You may use different pouching systems as your body heals and your stoma gets smaller. You will have appointments with an outpatient WOC nurse. They will look at your stoma with you, keep track of how your stoma is healing, and help you choose the pouching system and ostomy accessory products (products that you can use along with your pouching system) that are best for your body.

Follow-up appointments

Your first appointment with your outpatient WOC nurse will be 2 weeks after you’re discharged from the hospital. It’s also helpful to schedule follow-up appointments with your outpatient WOC nurse 2 to 3 months and 6 months after your surgery. You should also contact your WOC nurse if you have skin issues or questions about your pouching system.

You may lose some weight when you’re first recovering after surgery. Over the 3 to 6 months after surgery, you will probably gain back some of this weight. During this time, you may notice some small changes in the shape of your abdomen. These changes can cause your pouching system to fit differently and be uncomfortable. If this happens, contact your WOC nurse. They can recommend a pouching system that’s more flexible and moves with your body.

You may also want to choose a more flexible pouching system if your pouching system is uncomfortable when you bend, twist, or work out. Your WOC nurse will help you find a system that works best with your body and activities.

Always contact your doctor’s office to tell them about your questions or concerns and to make an appointment with your WOC nurse.

Positioning your pouching system

Position your pouch so it points down and can be tucked into your pants or underwear. You can also fold it, if you prefer. You can also try special underwear or concealment bands such as those from www.ostomysecrets.com or www.stealthbelt.com.
Wearing a belt or suspenders
You can wear a belt or suspenders on your pants when you're wearing your pouching system. If you choose to wear a belt, wear it above or below your stoma. If the belt is directly on your stoma, it may cause irritation, bleeding, or an overgrowth of tissue.

Preparing an emergency kit
Prepare a small emergency kit with a pre-cut wafer, a pouch, and several gauze pads. Keep the emergency kit with you at all times so you can change your pouch if it leaks.

Keep your emergency kit out of direct sunlight or heat.

Ordering supplies

Ostomy supply companies
There are 2 main types of ostomy supply companies.

- **Ostomy supply distributors** are companies that sell ostomy products. They sell supplies made by many different manufacturers. You will order your urostomy supplies from an ostomy supply distributor.

- **Ostomy supply manufacturers** are companies that make ostomy products. You can call an ostomy supply manufacturer for information about their products or to ask for a sample of their products. You can’t buy products right from the manufacturer.

When to order supplies
Order more supplies when you have only 1 box of pouches or wafers left. You can order from one of the following ostomy supply distributors:

- 180 Medical
  877-688-2729
- Edgepark Medical Supplies
  800-321-0591
- Byram Healthcare
  877-902-9726
- McKesson
  800-451-6510

Choose an ostomy supply distributor that accepts your health insurance. You can find out by calling the distributor.

Ostomy accessory products
There are many different ostomy accessory products. Examples of ostomy accessory products include:

- **Barrier ring**: This goes around the base of your stoma and helps the wafer fit better. It can help keep urine from leaking underneath the wafer.

- **Elastic barrier strips**: These go over the wafer and help keep it from coming off your skin. They also help to waterproof the wafer.

- **Ostomy belt**: This attaches to the wafer and wraps around your waist. It helps to secure the pouching system.

- **Stoma guard**: This goes over your stoma and pouching system to provide extra protection. It can be helpful if you play contact sports.
You probably won’t need to use all of these accessory products. Your WOC nurse will give you more information about the accessory products that may be most useful for you.

**Night drainage system**

A night drainage system is a pouch or bottle that connects to the bottom of your pouch. It holds more urine than your normal pouch.

It’s important to use a night drainage system when you sleep to keep your pouch from getting too full. If your pouch gets too full, it may leak, or urine may flow back into your stoma and cause an infection. Using a night drainage system can also help you avoid needing to get up at night to empty your pouch.

You will need to use an adaptor to connect the night drainage system to your pouch. The adaptor will be included in your box of pouches.

**Caring for your night drainage system**

Each morning, empty the urine from the night drainage bag or bottle into the toilet. After you empty the bag or bottle, wash the night drainage system. You can use warm water or a mixture of ¼ cup white vinegar and 1 cup water. You can also buy cleansers such as M9™ Crystallizer cleansing system. After you wash the night drainage system, let it air dry.

Replace your night drainage system every 2 to 4 weeks.

If you’re having problems with your night drainage system tubing coming loose, you can tape the connections between the night drainage system and your pouch. If you move around a lot while you sleep, use a leg stabilizer or Foley® catheter holder. You can order these accessories when you order your supplies.

**Leg drainage bag**

A leg drainage bag is a pouch that holds more urine than your normal pouch. You may want to use a leg drainage bag if you’re traveling or if you may not be able to get to a toilet to empty your pouch (such as when you’re golfing or in a traffic jam).

Leg drainage bags may not be covered by your insurance plan. You can call the ostomy supply distributor to find out if leg drainage bags are covered by your insurance.

**Caring for your leg drainage bag**

When the pouch is getting full, empty the urine from the leg drainage bag into the toilet. After you empty the bag, wash it. You can use warm water or a mixture of ¼ cup white vinegar and 1 cup water. You can also buy cleansers such as M9™ Crystallizer cleansing system. After you wash the drainage bag, let it air dry.

Replace your leg drainage bag every week, no matter how many times you use it.

**Finding out about new products**

You can find out about new products by asking your WOC nurse, calling ostomy supply manufacturers and asking for samples of their latest products, or searching for urostomy products online. If you contact an ostomy supply manufacturer or search online, make sure you’re looking at urostomy products, not fecal pouches.
You can also find out about new products by joining an online chat room or local support group for people with urostomies. Often, other people dealing with the same issues know of products that might meet your needs. Read the “Resources” section of this resource for a list of online support groups and websites to help you find local support groups. Make sure you talk with your WOC nurse before trying any new urostomy products.

Changing Your Urostomy Pouching System

You should change your pouching system about every 3 to 4 days. If urine is leaking from your pouching system, change it right away. It’s best to change your pouching system in the morning before you drink any liquids. There’s usually less urine coming out of your stoma in the morning.

The first few times you change your pouching system, you will be in your hospital bed. As you heal, you can start changing your pouching system wherever you’re most comfortable. Many people like to stand in the bathroom in front of the mirror. You can also remove your pouching system and clean around your stoma as part of your normal shower routine.

For more information about changing your pouching system, read the resource Changing Your Two-Piece Disposable Urostomy Appliance (www.mskcc.org/pe/2-piece_urostomy_appliance).

What to do if you see blood on your stoma

Your stoma has many blood vessels and may bleed easily. It’s normal to see a small amount of blood on the gauze or tissue when you’re cleaning the stoma. The bleeding should stop on its own within a few minutes. If you take a blood thinner or aspirin, you may bleed more easily and for a longer time. Apply pressure to your stoma to help stop the bleeding.

Call your doctor if the bleeding doesn’t stop after 10 to 15 minutes. You may need to go to MSK’s Urgent Care Center or your local emergency room. Your doctor will tell you what to do.

Call your doctor right away if there’s blood in your urine or coming from the inside of your stoma.

About wearing gloves

You can decide if you want to wear gloves when you change your pouching system. Just as you didn’t wear gloves when urinating (peeing) before your urostomy, you don’t need to wear them now. However, you may prefer to wear gloves when you change your pouch because some urine could get on your fingers.
Showering with Your Urostomy

It’s very important that you shower every day. This will help keep your skin clean.

Your pouching system is waterproof. Keep your pouching system on while you shower, except on the days you're changing your pouching system. On the days you're changing your pouching system, you can take your pouching system off and shower without it, if you choose. Urine will keep flowing from your stoma while you shower.

Shower the same way you did before your surgery. Don’t use perfumed or oil-based soaps around your stoma.

Problems Related to Your Urostomy

Contact your doctor’s office if you have any of the problems below. They will share your message with your WOC nurse, and your WOC nurse will reach out to you.

**Skin problems**

Tell your WOC nurse if you have any problems with the skin around your stoma (peristomal skin). The most common skin problems happen if urine gets under the wafer or if you have allergies to your ostomy products.

- If urine is leaking under your wafer, change the wafer right away. Don’t use tape to stop the leakage.
- If the leakage doesn’t stop after you change your wafer, contact your WOC nurse. You may need a different system that fits better to avoid leakage.

**Tissue build-up**

One common skin problem is a build-up of tissue on the skin around your stoma. The tissue may look greyish, purplish, wart-like, or have white spots (see Figure 2). It can cause pain around your stoma. The build-up is caused when your skin is exposed to urine all the time. If you have tissue build-up, call your doctor’s office to make an appointment with your WOC nurse.

Figure 2. Tissue build-up around your stoma
If you're having problems with tissue build-up around your stoma, you may need to:

- Cut or mold your wafer or get a different pre-cut wafer.
- Use a different type of wafer.
- Apply a barrier to your wafer (such as a Colly-Seel™ disc, Coloplast Brava® Protective Seal, or Coloplast Brava moldable ring).

You may also need to treat the skin right around your stoma each time you change your pouching system. To do this:

1. Mix ¼ cup of white vinegar with ¾ cup of water.
2. Soak a gauze pad in the mixture. Place the gauze pad on your skin for 20 minutes.
3. Rinse your skin with water.
4. Dry your skin well and apply a new wafer.

### Allergic reaction

Another common skin problem is an allergic reaction. If you're allergic to one of the ostomy products you're using, you may have redness or welts on the skin around your stoma (see Figure 3). You may also have itching, burning, or discomfort. If you think you're having an allergic reaction, call your doctor's office. You may need to see a dermatologist (skin doctor).

![Figure 2. Tissue build-up around your stoma](image)

If you're having an allergic reaction, you will need to try a different brand of wafer and pouch.

### Rash

If you develop a rash, tell your doctor or WOC nurse. They will give you suggestions for how to treat it.
Urinary tract infections (UTIs)

The signs and symptoms of a UTI are:

- Urine that smells worse than usual
- Cloudy urine
- Back pain
- Nausea (feeling like you’re going to throw up) and vomiting (throwing up)
- Loss of appetite
- Temperature of 100.4 °F (38 °C) or higher (fever)

If you think you have a UTI, call your doctor’s office.

To keep from getting a UTI:

- Drink 6 to 8 (8-ounce) glasses of liquids every day. It’s best to drink water.
- Limit the amount of alcohol and caffeine you drink.
- Use a pouch that has an antireflux valve, and use a night drainage system. This keeps urine from sitting on your stoma and causing an infection.
- Empty your pouch when it’s ⅓ to ½ full.

You can also ask your doctor if you can take vitamin C (about 500 to 1,000 milligrams) and a sugar-free cranberry pill daily. These will make your urine more acidic and may help prevent UTIs, decrease your urine’s odor (smell), and keep your skin from being damaged.

Hernias

A hernia is when a loop of bowel (intestine) pokes through a weak area of muscle. This causes a bulge to form. Hernias often don’t cause any symptoms. If you see a bulge around your stoma, contact your doctor or WOC nurse.

Tips to avoid getting a hernia

Often, the abdominal muscle around your stoma is weak. To minimize the risk of developing a hernia, avoid constipation (straining to pass bowel movements), coughing a lot or very strongly, heavy lifting, or straining.

It takes up to a year for the inside of your body to heal after surgery, so pay attention to how your body feels. If you feel pain during any activities, stop doing them. Call your doctor’s office if the pain doesn’t go away.

Treating a hernia

If you have a hernia, your WOC nurse can suggest a hernia support belt. These belts are made to fit your body. You can also use a girdle or biking shorts to support the hernia. If you use these, you will need to cut out a hole for your urostomy pouch.
Using a hernia support belt, girdle, or biking shorts won’t cure the hernia or keep it from getting worse. But, they can make you feel more comfortable and pull in the bulge to help your clothes fit better.

Hernias usually aren’t treated unless they become blocked, twisted, or cause pain or other problems. Call your doctor right away if you have:

- Nausea
- Vomiting
- Pain in your abdomen
- Swelling in your abdomen

Traveling with Your Urostomy

Your travel decisions shouldn’t be based on the fact that you have a urostomy. Here are some tips to help you manage traveling with your pouching system:

- Bring extra supplies, just in case you have trouble getting them while you’re away.
- If you’re taking an airplane, train, or bus, carry your supplies with you. Don’t put them in your checked luggage. This will help you be prepared if you’re separated from your luggage.
- Avoid driving a car for 4 to 6 weeks after your surgery, unless your doctor tells you otherwise. You may wear a seat belt loosely or place a small pillow over your stoma and under your seat belt. You can also use an ostomy seat belt protector. Check with your distributor or ask your WOC nurse for more information.
- Discuss travel options with your WOC nurse. You may want to use a leg bag if you think you may have trouble getting to a toilet to empty your bag.
- If you’re traveling by airplane, you may want to get a travel card from the United Ostomy Associations of America (UOAA) by visiting www.ostomy.org/uploaded/files/travel_card/Travel_Communication_Card.pdf.

For more information, visit the UOAA webpage at www.ostomy.org or call 800-826-0826.

Preparing for Medical Tests

Always bring extra urostomy supplies with you. Many pharmacies and medical centers don’t have urostomy supplies, and you may need an extra set.

**Imaging scan with contrast**

If you’re having a scan with contrast, bring an extra set of urostomy supplies, as well as a leg bag or night drainage system. For the scan, you will need to drink more liquids than usual. This will help the contrast leave your body, but it will also increase the amount of urine your body makes. You may need to change your pouching system if you have a leak because you’re making more urine than usual.
If you live an hour or more away from the hospital, empty your bag before leaving. You may also need to empty it on the trip home or use a leg bag. You may also want to keep a portable urinal or other container in your car in case of an emergency.

**Chemotherapy**

If you’re having chemotherapy, bring an extra set of urostomy supplies. Chemotherapy may cause your body to make more urine. It may also make your skin more sensitive or change the way the wafer sticks to your skin. You may need to change your wafer more often during chemotherapy to protect your skin and prevent leakage.

**Other procedures**

If you’re having a procedure where the doctor or nurse needs to access your stoma, you may need to switch to a different type of pouching system. For example, you may need to switch from a 1-piece system to a 2-piece system. Your doctor or nurse will talk with you before the procedure.

If you have any problems, contact your WOC nurse.

**Resources**

**MSK Support Groups**

**Bladder Cancer Support Group**
646-422-4628 or 646-888-8106

This is a live, in-person support and education group for people who have bladder cancer or who have been treated for bladder cancer. People share their personal experiences and provide practical and emotional support for one another. Discussions are led by a social worker, nurse, and WOC nurse.

This group meets the 2nd Thursday of each month from 12:00 to 1:30 PM. For more information, or to register, call the numbers above or email RLAC@mskcc.org.

**Online Bladder Cancer Support Group**

This is a live, online support and education group for people undergoing treatment for bladder cancer. People share their personal experiences and provide practical and emotional support for one another. Discussions are led by a social worker and a WOC nurse.

This group meets the 4th Thursday of each month from 4:00 to 5:00 PM. For more information, or to register, email virtualprograms@mskcc.org.

**Resources for Finding WOC Nurses**

**Wound Ostomy and Continence Nurses Society**
www.wocn.org/patients
Visit this website to find a WOC nurse in your area.

You can also call your ostomy supply manufacturer or distributor to ask for information about WOC nurses in your area.

Please note that many WOC nurses can only see you if there’s an outpatient clinic at their hospital or if you have a doctor at their hospital.
Resources for Finding Urostomy Support Groups

United Ostomy Associations of America (UOAA)
www.ostomy.org
Visit this website to find an ostomy support group, including both online support groups and groups in your area. You can also find tips for traveling with an ostomy and download the UOAA’s Travel Communication Card.

Bladder Cancer Advocacy Network (BCAN)
www.bacn.org
Visit this website for information about bladder cancer. To join an online support group sponsored by the BCAN, go to www.inspire.com/groups/bladder-cancer-advocacy-network.

Inspire
www.inspire.com
Visit this website to find online ostomy support groups.

Resources for Managing Skin Irritation Around Your Stoma

Peristomal Skin Assessment Guide
http://psag-consumer.wocn.org
Visit this website if the skin around your stoma is irritated. On the website, you will answer a series of questions to find out more about the type of skin irritation you have and what you can do to manage it. Remember to always contact your WOC nurse if you think the skin around your stoma is irritated.

Resources for Ostomy Supplies

Contact the ostomy supply manufacturer that makes the pouching system you're using. Every ostomy supply manufacturer has an assistance program for their supplies. Some manufacturers also have WOC nurses that can help you.

Some ostomy supply distributors also have a WOC nurse who can help you. Call your distributor for more information.

Resources for Ostomy Concealment Garments

Ostomy concealment garments are clothes to make your pouching system less noticeable.

Ostomysecrets
www.ostomysecrets.com
Visit this website to buy ostomy garments.

Stealth Belt
www.stealthbelt.com
Visit this website to buy ostomy garments.

C&M Ostomy Supplies
www.cmmostomysupply.com
Visit this website to buy ostomy garments, including pouch covers and stoma guards.

Safe n’ Simple
www.sns-medical.com/products/support-belts
Visit this website to buy a hernia support belt.
Advance Care Planning

This information describes how you can protect your right to make your own decisions about your healthcare. It contains information about:

- How to talk with your loved ones about the care you would want if you’re not able to speak for yourself.
- How to choose someone to make healthcare decisions for you if you can’t.
- How to document your choices in a way that is recognized by the law.

This process is called advance care planning. Advance care planning allows you to think about important health issues when you’re healthy and don’t need to make these decisions right away. Planning your care when you aren’t under too much emotional stress will help you get the care you would want if you’re not able to make decisions on your own. Planning in advance helps put your loved ones at ease because they don’t have to guess what you would want and worry whether they’ve made the right decision.

It can be hard to think about what kind of care you would want if you become very sick or as you near the end of your life. We’ve designed this information to help you think about what you would want and talk to your loved ones about it. As you follow along with this guide, you may want to use the spaces provided to write in notes and questions.

Choose Your Health Care Agent

Your health care agent (also called a proxy or representative) is someone you choose to make healthcare decisions for you if you can’t make them for yourself. If you can communicate and are able to understand your treatment options, you will work with your healthcare team to make your own decisions about your treatment. Your health care agent is involved in medical decisions only and does not have legal authority to make decisions about your finances or anything else.

Choose someone who can legally serve as your health care agent. A friend, family member, or anyone you trust can be your health care agent, as long as the person is at least age 18 and isn’t a member of your healthcare team. Also, it’s important you choose someone who:

- Is willing to talk with you about your wishes regarding medical care.
- You trust to follow through with your choices.
- Understands your religious and ethical beliefs.
- Will be available in the future.
- Understands the role of a health care agent and is willing to serve as one.
- Is able to communicate well with others.
- Can make difficult decisions.
Many people choose their spouse, partner, or other family member. However, not everyone will feel comfortable being a health care agent. No matter who you choose, it’s important to talk openly and honestly with the person before making a decision. *How to Be a Health Care Agent* is a resource that can help your health care agent understand their role and what to expect. They can search for it on our website at www.mskcc.org/pe.

You can choose more than 1 health care agent. For example, you might have a primary health care agent and a secondary health care agent. That way, if your primary health care agent is not available in an emergency, your doctor will call the second person.

When you have someone in mind, review the information in the next section with them. It’s important to review this from time to time because your thoughts may change.

**Talk About Your Beliefs and Goals**

Talk with your health care agent about what you would want, and discuss why you feel that way. This will help them understand your wishes. You don’t have to spell out specific medical treatments that you want or don’t want. It’s also helpful to talk with your healthcare providers, other friends and family, and other people you trust, such as a spiritual advisor or lawyer.

Talking about your beliefs and goals can be hard. To help you start, we’ve given examples of some questions to ask yourself. Remember, advance care planning is a process, not something that gets done all at once.

**Are there certain situations in which you would not want a lot of medical treatment?**

**How much are you willing to go through to extend your life?**

Palliative care focuses on the relief of pain and other symptoms, both physical and emotional. It can be provided at any point during an illness, even at the same time as other treatments. Palliative care is not the same as hospice care, which is explained below.

**What are your feelings about palliative care?**

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**Understanding Advance Directives**

Advance directives are written instructions on how you want medical decisions to be made if you are unable to communicate or make the decisions yourself. The 2 most common types of advance directives are a health care proxy and a living will.

A **Health Care Proxy** form is a legal document that identifies the person you want to make medical decisions on your behalf if you’re unable to make them for yourself.

A **living will** is a document that states your wishes about your medical care. Your healthcare providers will look at your living will for guidance if you are unable to communicate for yourself. In the document, you specify which treatments you do or don’t want to receive if you are in this situation.
Palliative care and hospice are not the same. Hospice care starts when a person has 6 months or less to live. The goal of hospice care is to provide comfort and support while stopping any treatments that try to cure a disease. Hospice care can take place at home or in a healthcare facility. Would you be interested in hospice care at the end of your life?

What are some things that would make the end of your life most peaceful?

What are your biggest concerns or fears about the end of your life?

How important is it for you to be able to take care of yourself at the end of your life?

It may be helpful to talk with your health care agent about specific treatments that you may or may not want to receive and the circumstances when you would or would not want to receive them. Here are some examples:

Cardiopulmonary resuscitation (CPR) can be done if your heart stops beating. To try to restart your heart, you may get forceful pressure on your chest (compressions) and electric shocks (defibrillation). To give you air, you may get mouth to mouth breathing, have a breathing tube put in your airway (intubation), have a machine breathe for you (mechanical ventilation), or all 3. Write your questions and thoughts about whether you would want CPR and in what situations.

If you stop breathing while your heart is still beating, you may get mouth to mouth breathing, have a breathing tube put in your airway (intubation), have a machine breathe for you (mechanical ventilation), or all 3. Write your questions and thoughts about whether you would want to be placed on a breathing machine and in what situations.

Artificial hydration and nutrition adds to or replaces normal eating and drinking. A feeding tube to give you food and liquids can be placed either directly into your stomach or intestine, or through your nose and into your stomach. You can also receive nutrition through a vein. Artificial hydration and nutrition can be used if you’re unable to eat or drink enough while you’re getting treatment that might help you recover. It can also be used to keep your body alive if you are unconscious and there is very little chance you will become conscious again. Write your questions and thoughts about whether you would want to receive artificial hydration or nutrition, and in what situations.
Document Your Choices

Once you have someone who has agreed to be your health care agent, you’ll need to put it in writing. You can do this by completing a Health Care Proxy form. Forms are available from your healthcare provider at MSK, a Patient Representative, or on the websites listed at the end of this resource.

In New York, a Health Care Proxy form becomes valid once you sign and date it in front of 2 witnesses. Anyone who is 18 years of age or older can be your witness, but your health care agent cannot be your witness. Your witness will also need to sign the form. You do not need a lawyer or a notary to complete this form.

Give a copy of your completed Health Care Proxy form to all of your healthcare providers, your health care agent, and your lawyer, if you have one. You should also keep a copy for yourself. Tell your other loved ones who your health care agent is and ask them to be supportive of that person.

With advance care planning, your loved ones will be better able to carry out your wishes if you’re not able to speak for yourself. Choosing and documenting your health care agent is just the beginning. Once you’ve started, it will be easier to talk about changes or other things that come up in the future. Your wishes may change over time, so it’s a good idea to talk about your plan every time your treatment goals change.

Additional Resources

If you have any questions about advance care planning, speak with your healthcare team. You can also speak with a staff member from our Patient Representatives office by calling 212-639-7202.

CaringInfo
www.caringinfo.org
Provides many resources for advance care planning, including Health Care Proxy forms from any state.

State of New Jersey Department of Health Website. What is Advance Directive?
www.state.nj.us/health/advancedirective/ad/what-is/
Information about advance care planning in general and specific to New Jersey.

New York State Department of Health
www.health.ny.gov/professionals/patients/health_care_proxy/
Information about advance care planning and NY Health Care Proxy forms in many languages.
Call! Don’t Fall!

This information describes what you can do to keep from falling and stay safe while you’re in the hospital. Being in the hospital can make you weak. Follow these guidelines to avoid falling.

- Call for help every time you need to get out of bed or up from a chair.
- Don’t go to the bathroom alone.
- Don’t bend over. If you drop something, call for help.
- Don’t lean on furniture that has wheels, such as your bedside table, over-bed table, or IV pole.
- Wear safe, supportive shoes. Examples include shoes with laces and slippers with nonskid soles. Don’t wear shoes or slippers with an open back.
- Call for help right away if you see any spills on the floor.
- Use the grab bars in the bathroom and railings in the hallways.
- If you have glasses or hearing aid(s), wear them when you’re awake.
- Let us know what you will need near you. Help us make sure we have:
  - Placed your call button where you can reach it
  - Placed items you may need (such as your phone, books, or glasses) where you can reach them
  - Turned on a night light before it gets dark
  - Raised the top bedrail to keep you safe
  - Removed any clutter from around your bedside and chairside
Caring for Your Ileostomy or Colostomy

This information will help you care for your ileostomy or colostomy.

An ostomy is an opening created during surgery. A piece of your intestine is brought to the outside of your abdomen (belly) so that bowel movements (stool) and gas can exit your body. The part of your intestine that’s on the outside of your body is called a stoma. Your stoma will look red and moist, similar to the inside of your mouth. Your stoma will be swollen right after surgery, but the size will decrease in 6 to 8 weeks. You won’t feel any pain or pressure within your stoma. You also won’t feel any sensations of heat or cold.

Some ostomies are permanent, while others are temporary. Your surgeon will tell you if your ostomy is permanent or temporary.

Having an ostomy is a big change for most people. We have written this resource with the help of people who have an ostomy. We hope it will help prevent problems and give you tips that can make your daily life easier. Your wound, ostomy, continence (WOC) nurse will go over this information with you.

Types of Ostomies

An ostomy can be made out of the small intestine or colon (large intestine). When a piece of the small intestine is used to create an ostomy, it’s called an ileostomy. When a piece of the colon is used to create an ostomy, it’s called a colostomy.

The consistency of your bowel movements from your ostomy will depend on the part of your intestine that’s used to create the ostomy. Your bowel movements may be liquid, soft, or solid.

The most common types of ostomies are:
Ileostomy

- Created from the part of the small intestine called the ileum.
- Bowel movements are loose or watery.
- Stoma is usually located on the right lower side of the abdomen.

Ascending colostomy

- Created out of the ascending colon.
- Bowel movements are loose or watery.
- Stoma is usually located on the right side of the abdomen.

Descending colostomy

- Created out of the descending colon.
- Bowel movements are usually soft.
- Stoma is usually located on the left side of the abdomen.

Sigmoid colostomy

- Created out of the last part of the colon.
- Bowel movements can be soft or firm.
- Stoma is usually located on the left side of the abdomen.

Loop ostomy

- Can be made out of any part of the small intestine or colon.
- There are 2 openings in the stoma instead of 1. Many times, only 1 opening can be seen. This type of ostomy is often temporary.

In some surgeries, a second opening is created on the abdomen called a mucous fistula. It secretes left over bowel movements or a mucus-like fluid and leads to the rectum. If you have a mucous fistula, your WOC nurse will teach you how to care for it while you’re in the hospital. Usually, a small pouch or dressing is placed over the mucous fistula. It will need to be cleaned with water and emptied. Once there is no drainage, the mucus fistula can be covered with a pad.
Learning to Care for Your Ostomy

Your WOC nurse and nursing staff will teach you how to care for your stoma and ostomy while you’re in the hospital. When you’re discharged from the hospital, you’ll be given the basic supplies you need to care for your ostomy. During your post-operative appointment, a WOC nurse will re-evaluate your ostomy supplies and will show you how to order them. There’s a list of medical suppliers at the end of this resource.

Your WOC nurse and nursing staff will also arrange for a visiting nurse to come to your home after you’re discharged from the hospital. They will teach you how to care for your stoma and adjust to being home. If you have any questions or problems once you’re home, call your WOC nurse or social worker.

Pouching systems

After your surgery, you will wear an odor-proof pouching system over your ostomy. The pouching system is made up of a skin barrier (wafer) and a collection pouch. There are many different sizes and styles of pouching systems. Most pouching systems are either a 1-piece system in which the pouch is attached to the skin barrier, or a 2-piece system in which the pouch can be taken off of the skin barrier. With both types, the pouch attaches to your abdomen by the skin barrier and is fitted over and around your stoma to collect your bowel movements and gas. The skin barrier protects the skin around your stoma from getting irritated by bowel movement leakage.

Your WOC nurse will help you find the best pouching system for your stoma. As the size of your stoma changes, you may need to change your pouching system.

Some people find it helpful to buy a fitted waterproof mattress cover, bed pads, or cloth under-pads to place over the mattress and bed sheets. This protects the bed in case the pouch accidentally leaks during the night.

Emptying your pouch

Empty your pouch when it’s almost halfway full. The pouch shouldn’t become overly full. Your WOC nurse will teach you how to empty your pouch.
If you squeeze every bit of air out your pouch, the sides are likely to stick together and make it more difficult to collect bowel movements. There are lubricants to help keep this from happening. This is more of an issue if your bowel movements are thicker. If your bowel movements are thinner, you can use a thickening product in the pouch to help thicken them. Your WOC nurse will help you determine which product you should use.

**Changing your pouching system**

Your WOC nurse will teach you how to change your pouching system. Generally, you should change your pouching system every 3 to 5 days. If you have leakage, change it immediately. This is to protect the skin around your stoma from getting irritated from bowel movement leakage. If you have any leakage or irritation that has lasted for a few days, call your WOC nurse.

**Lifestyle Issues**

**Body image and depression**

After people learn that they have cancer, they often view their bodies in a different way. Surgery, chemotherapy, and radiation therapy can change the way a body looks and works. This may be especially true when someone has a new ostomy. Some people feel disgust. This is normal given the shame in many cultures of talking about bowel movements. Other people feel sadness at the loss or change in their bodies. They view their ostomy with negative thoughts and feelings. However, others view their ostomy more positively and see it as an answer to difficult symptoms, such as bowel incontinence (trouble controlling your bowel movements), or as the path to survival. You may have both positive and negative feelings. As you adjust to living with an ostomy and get used to how it looks and works, you’ll feel better about your body. It may help you cope better if you:

- Look at your stoma to help you get comfortable with it.
- Remind yourself about the positive aspects of your ostomy.
- Talk with other people with ostomies. You may learn good coping techniques and this may help you regain a sense of normalcy.
- Get counseling to help you improve your body image, feelings, and quality of life. At Memorial Sloan Kettering (MSK), counseling is available from social
workers and at the Counseling Center. You can reach the Social Work Department at 212-639-7020 and the Counseling Center at 646-888-0200.

Nutrition

Your doctor will give you dietary guidelines to follow after your surgery. You’ll also meet with a dietitian while you’re in the hospital to review these guidelines.

Below are some recommended guidelines if you have an ileostomy:

- Stay hydrated
  - Drink 8 to 10 (8-ounce) glasses of liquids a day.
  - Limit your intake of caffeine and alcohol. They can dehydrate you.
  - Limit foods high in fiber and high in simple sugars (such as glucose, sucrose, fructose), as they can dehydrate you.

- Keep in mind that the foods that upset your stomach before your surgery will have the same effect after your surgery. If you feel bloating and pain after eating a certain food, remove it from your diet. Try eating it again in a few weeks. If you’re still having pain and bloating after eating this food, avoid it.

- Some people with ostomies choose to limit gas by regulating their diet. The following can increase gas:
  - Foods such as cabbage and broccoli
  - Carbonated beverages
  - Drinking through a straw
  - Chewing gum

- If you have tried limiting gas and still have a problem, talk with your WOC nurse. They may suggest using pouches with charcoal filters. The filter can help prevent the buildup of gas and avoid inflation of the pouch. Some people also find it useful to use pouches with filters for airplane travel.
  - Don’t prick your pouch to release built-up gas because this will destroy the pouch’s odor proof system.
  - Don’t scrub your pouch with water. This will deactivate the filter.

- If you’re constipated (having fewer bowel movements than what’s normal for
you):
- Drink more liquids.
- Eat foods that are high in fiber, such as fruits, vegetables, and bran.
- Walk around.

**If you have an ileostomy, don’t take any kind of laxative.** It can cause severe dehydration and other problems.

**Medication**

If you have an ileostomy, your body may not be able to completely absorb some medications. This happens because your bowel is shortened and some medications are absorbed slowly. This happens most often with:

- Pills with enteric coating (a special coating that prevents pills from being absorbed until they reach the small intestine)
- Sustained-release or extended release medications (designed to release a medication in the body slowly over an extended period of time)

Ask your doctor if you’re taking these types of medications. If you see a tablet in your pouch that isn’t absorbed, call your doctor.

Don’t crush pills unless your doctor or pharmacist says you can do so. Taking crushed pills can cause problems with digestion.

**Exercise**

Talk with your doctor about what exercise is right for you. For most people, walking and light stretching are good exercises to do while recovering from surgery. You should avoid lifting or pushing anything heavier than 10 pounds for 2 to 3 months after your surgery. This includes housework such as vacuuming or mowing the lawn. If this will be a problem for you, talk with your doctor.

Don’t do sit-ups, pushups, or any strenuous exercise for 2 to 3 months after your surgery. This will help prevent a hernia (bulging of an organ or tissue) or weakening of a muscle near your stoma. It will also help prevent a stomal hernia (bulging out of your stoma).
Odor control

Pouching systems are designed to be odor proof. Unless you’re leaking bowel movements underneath the wafer, there should be no odor while the pouching system is attached. However, if odor is a problem for you, there are deodorants that you can put into the pouch to help. Some examples are drops, charcoal tablets, or lubricating gel. You may need to experiment to find one that works best for you. There are also deodorants you can take orally (by mouth) to decrease your bowel movement’s odor. Check with your doctor or nurse before using any of these.

Many pouches have a built-in charcoal filter. This vents the gas and filters it at the same time to prevent odor. There are also filters that can be bought separately and attached to the pouch, or you can apply a small plastic vent on each pouch. This vent allows gas to be released without opening the pouch.

Some people find it useful to empty the pouch at bedtime. This is done because gas could continue to build overnight and fill the pouch.

Sexual activity

Talk with your doctor about when it’s safe to resume sexual activity. Generally, this is after your incision is healed, about 2 months after your surgery. As long as excessive pressure isn’t placed on your stoma, there should be no harm done to it. Do not use your stoma as a sexual orifice.

For many people, returning to a normal sex life will come naturally. This happens as your concerns decrease and your feelings about your body become more positive. Try to stay intimate with your partner as much as possible. Use kind words, meaningful touch, and hugs.

Check to see if your pouching system fits well and if there’s any odor. Some people prefer to cover their pouching system with a cloth band or wrap, shirt, or lingerie during sexual activity. You can buy ready-made covers from many ostomy supply companies. Some companies also make a pouch with a cotton cover attached to it.

You may also plan your sexual activity for times when you’re less likely to be actively draining or after irrigation. For more information about irrigation, see the section titled “Frequently Asked Questions About Ostomy Care”.

Caring for Your Ileostomy or Colostomy 7/19
Talk with your doctor or nurse if surgery or radiation therapy caused changes that make it hard to have sex. Examples are erectile dysfunction (difficulty getting or keeping an erection) in men or vaginal dryness, pain, or tightness in women. If these problems don’t get better, you can talk with a sexual health specialist. MSK has a Sexual Health Program to help people address the impact of their disease and treatment on sexuality.

The United Ostomy Associations of America, Inc. (www.ostomy.org or 800-826-0826) has information on sex for both men and women with ostomies.

Other good sources of information are the following resources published by the American Cancer Society. You can get these resources by calling 800-ACS-2345 (800-227-2345) or by going to the links below.


**Showering, bathing, and swimming**

You can shower with your pouching system on or off. However, if you have an ileostomy, you may want to keep the pouch on during the shower due to possible drainage of bowel movements while showering. You can also use waterproof tape around the edges of the wafer. Depending on your skin and the type of pouch, you can place a piece of plastic over the whole pouching system to keep it from getting wet, but this isn’t always necessary.

When you take a bath or swim, keep your pouching system on. Most people can wear the same swimsuit they wore before their surgery. However, it may not be possible to wear hip-high swimsuits for men or hip-high, two-piece swimsuits for women.

**Work**

You can go back to work as soon as you feel ready and your doctor approves. Unless you tell them, people won’t know that you have an ostomy. It’s highly
unlikely that the pouching system will be visible. You will probably be able to wear most of the same clothes you wore before your surgery.

**Travel**

Bring extra pouching systems with you wherever you go, even if it’s only a short trip or a doctor’s appointment. If you’re going to be away from home for several hours, think about where you’re going and mentally prepare yourself. Some people feel anxiety the first few times they travel. If you feel anxious, you may be able to lower your stress by thinking ahead. First, think about where the bathroom is located and what you may need. Second, get the supplies you plan to take with you. Place 2 of every item in a travel bag. This way, if you have an emergency or are away from home longer than you expect, you will be prepared. Remember to bring:

- Pouches
- Wafers
- Clamps (if you have a pouching system with a clamp closure)
- Paper towels

When you’re traveling by air:

- Pack your ostomy supplies in at least 2 places, such as in your carry-on and checked luggage.
- Take extra supplies in case you’re stranded where supplies may not be available.
- You may want to bring a letter from your doctor stating your need for ostomy supplies, as well as a private area be used in case of an extended search by TSA agents.
- If you’re traveling to a foreign country, it’s a good idea to have ostomy information written in that language. One of the 70 member associations of the International Ostomy Association may be able to help with this translation, as well as with locating supplies while visiting their country. For more information, visit www.ostomyinternational.org.
- You may want to carry photocopies of the catalogue pages displaying and explaining your equipment for TSA agents.
• The United Ostomy Association of America web site, (www.uoaa.org) has information and helpful ‘travel tips’ that can be printed and used.

Call Your Doctor or Nurse if You:

• Vomit
• Have a colostomy and haven’t had a bowel movement for 3 days
• Have an ileostomy and haven’t had a bowel movement for 3 to 6 hours
• Develop abdominal pain or symptoms of dehydration (this is more common for those with an ileostomy), including:
  o Increased thirst
  o Dry mouth
  o Loss of appetite
  o Weakness
  o Decreased urine output
  o Dark amber colored urine
  o Muscle, abdominal, or leg cramps
  o Feeling faint
  o More bowel movements than usual or changes in consistency
  o Increased frequency of emptying pouch

Frequently Asked Questions About Ostomy Care

What is irrigation and will I be able to do it?
Irrigation is a type of enema that eliminates the need for wearing a pouching system over the stoma. This means you wouldn’t have any bowel movements between the irrigations. Irrigation is done every day or every other day. People who have a sigmoid colostomy may be able to irrigate. Most people who have had an abdominal perineal resection have a sigmoid colostomy. People with an ileostomy should never irrigate because it can cause dehydration.
You also cannot irrigate:

- If you have a stomal hernia (bulge around the stoma).
- While you’re getting chemotherapy.
- While you’re getting radiation therapy.

Ask your doctor or WOC nurse for more information about irrigation.

**What color should my stoma be?**

Your stoma should be a deep pink or red color at all times. While it’s working to move bowel movements out of your body, you may notice a slight change in its color. This should only be for a few seconds to a minute. If your stoma looks dark red, grey, brown, or black, call your doctor immediately.

**Is it normal for my stoma to bleed when I touch it or change my pouching system?**

Your stoma has many blood vessels, so it may bleed easily with touch or irritation. It’s common to have a small amount of blood on the tissue when cleaning your stoma. The bleeding should stop on its own within a few minutes. If you’re on a blood thinner or aspirin, you may bleed more easily and for a longer period of time. If you bleed a lot or if the bleeding doesn’t stop after 5 to 10 minutes, apply pressure to the area and call your doctor. If you notice blood in your bowel movements or coming from the inside of your stoma, call your doctor immediately.

**The area around my stoma seems to bulge. Is this normal?**

If you have a change in the curve around your stoma, tell your doctor or WOC nurse. You may have a stomal hernia. This happens because the abdominal wall muscle is weak and causes a bulge to form in the area around the stoma. Your doctor or WOC nurse will examine you to see if you have a stomal hernia.

People with a stomal hernia don’t usually have any symptoms. Surgery isn’t needed unless you have a complication, including a blockage or twisting of the herniated bowel.

If you have any of the following symptoms, call your doctor or nurse:
Nausea
Vomiting
Pain
Abdominal bloating, and lack of gas and bowel movements in your pouch

If you have a stomal hernia, your WOC nurse can measure you for a custom-made hernia support belt. These belts don’t cure the hernia, but they can prevent it from getting worse by giving it support. A girdle or biking shorts with a hole cut out for your pouch may also work well as an alternative to the custom-fitted hernia belt.

**How do I wear a belt over my stoma?**

Try to wear the belt above or below your stoma. If the belt is worn directly over your stoma, it can cause:

- Irritation
- Bleeding
- An overgrowth of tissue

While you’re wearing the belt, position your pouch downward or to the side. You can also fold it, depending on your preference.

**What do I do if I have leakage of bowel movements under my wafer?**

If you’re having leakage, tell your WOC nurse. You may need a different pouching system that fits better to avoid this problem.

**Is there anything I should do to prepare for tests, such as scans with contrast dye?**

Always take an extra set of supplies when going to the doctor for tests because you may have to remove your pouching system.

If you live 1 hour or longer away from the hospital, be ready to change or empty your bag during the trip home. The contrast dye may empty into your pouch in 1 or 2 hours, but it can take longer.
Do I need to wear gloves when I change my pouching system?

This is a personal choice. There is no risk of infection from changing your pouching system. However, some people prefer to wear gloves because some bowel movements could come in contact with your fingers.

If I have an ileostomy, is it normal to still pass bowel movements or mucous from my rectum?

Depending on the type of surgery you had, you may pass left over bowel movements or mucous from your rectum. This should decrease over time, but it may be useful to wear a pad and apply a zinc ointment (such as Desitin®) around your anus to prevent irritation.

What should I do if I am admitted to the hospital?

If you’re admitted to the hospital, you may want to bring 1 or 2 extra sets of supplies with you, just in case they stock a different product or they have run out of the product you use.

Video Resources

Please visit www.mskcc.org/pe/change_ostomy to watch this video.

This video will teach you how to change your ostomy appliance.

Please visit www.mskcc.org/pe/empty_pouch to watch this video.

This video will teach you how to empty your velcro end closure pouch.

Please visit www.mskcc.org/pe/skin_stoma to watch this video.

This video will teach you how to care for irritated skin around your stoma.
Support Groups

You may find it helpful to join our ostomy group for colorectal patients. This is a live, online support group in which people can share their experiences and provide practical and emotional support for one another. Discussions are guided by a social worker and nurse. The group is open to everyone, including non-MSK patients. The group is held every other month on the 3rd Thursday of the month from 4:00 PM to 5:00 PM. To learn more about the program or to register for the program contact virtualprograms@mskcc.org.

On the United Ostomy Associations of America (UOAA) website, you can search for UOAA-affiliated online and in-person support groups for people with ostomies. To find a group, go to www.ostomy.org/supportgroups.html.

Local hospitals may also offer ostomy support groups.

Ordering Supplies

Speak with your WOC nurse about ordering supplies. They are familiar with the latest products on the market. You can also call companies to ask for samples of their products.

Mail order medical supply companies

Listed below are some mail order medical supply companies. Some accept Medicare and other types of insurance. Call the company directly to ask if they take your insurance. If they don’t, call your insurance company to get a list of suppliers that do. These companies will mail the supplies to you every month. You don’t usually need a prescription to order the supplies. The company will work with your doctor’s office and your insurance company. These companies offer a wide variety of products. Call and ask for their catalogue or view it online.

Byram Healthcare
877-902-9726
www.byramhealthcare.com

CCS Medical
800-260-8193
www.ccsmed.com
You can also buy ostomy supplies at local pharmacies and medical supply stores. However, the prices may be higher due to a low volume of supplies or because they may not take your insurance.

**Ostomy product manufacturers**

Listed below are companies that make ostomy products such as skin barriers, pouches, and other ostomy accessories (such as pastes, powder, and rings). Many of these companies also have a WOC nurse on staff to answer questions. Feel free to call and ask for samples of products.

**Coloplast Corporation**
800-533-0464
www.coloplast.us

**ConvaTec Professional Services**
800-422-8811
www.convatec.com

**Cymed**
800-582-0707
www.cymed-ostomy.com

**Hollister, Inc.**
888-740-8999
www.hollister.com
MSK Support Services

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

Social Work Department
212-639-7020
Social workers help patients and their families 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 refer you to community agencies and programs, as well as financial resources if you’re eligible.

Sexual Health Program
For women: 646-888-5076
For men: 646-422-4359
MSK’s Sexual Health Program helps patients address the sexual impact of their disease and treatment. You can meet with a specialist before, during, or after your treatment.

Resources

Books
100 Questions & Answers about Colorectal Cancer
Authors: David Bub, Susannah L. Rose, and W. Douglas Wong
Boston, MA: Jones and Bartlett Publishers; 2003

*The Ostomy Book: Living Comfortably with Colostomies, Ileostomies, and Urostomies*
Authors: Barbara Dorr Mullen and Kerry Anne McGinn
Boulder, CO: Bull Publishing; 2008

*The Complete Financial, Legal, and Practical Guide for Living With Cancer, HIV, and Other Life-Challenging Conditions*
Author: David Landay

*Positive Options for Living with Your Ostomy: Self-Help and Treatment*
Authors: Craig A. White and Robert W. Beart Jr.
Alameda, CA: Hunter House; 2002

*The Human Side of Cancer: Living With Hope, Coping With Uncertainty*
Authors: Jimmie Holland and Sheldon Lewis

**Organizations**

**Cancercare**
800-813-HOPE (800-813-4673)
[www.cancercare.org](http://www.cancercare.org)
National nonprofit organization that provides free help to people with all cancers. Services include counseling, education, information, and financial assistance.

**Caregiver Action Network**
caregiveraction.org
Provides support to caregivers of those who are ill, elderly, or disabled. Works to provide caregivers with support, empowerment, education, and advocacy.

**Colon Cancer Alliance (CCA)**
877-422-2030 (toll-free helpline)
[www.ccalliance.org](http://www.ccalliance.org)
National nonprofit patient advocacy organization dedicated to screening, access, awareness, advocacy, and research related to colon cancer.
Crohn’s and Colitis Foundation of America
800-932-2423
www.ccfa.org
Works to find a cure for and prevent Crohn’s disease and ulcerative colitis. Aims to improve the quality of life for people living with these diseases through research, education, and support.

C3Life.com
www.c3life.com
Website dedicated to helping people with ostomies live their lives to the fullest. Online community includes a discussion forum, recipes, blogs, hints, and tips.

Gilda’s Club New York City
195 West Houston St.
New York, NY 10014
212-647-9700
www.gildasclubnyc.org
Provides meeting places for people living with cancer and their family and friends. Gives people a place where they can meet others to build support systems. Offers free support and networking groups, lectures, workshops, and social events.

International Ostomy Association (IOA)
www.ostomyinternational.org
Works to improve the quality of life for people who have ostomies or related surgeries.

National Ovarian Cancer Coalition (NOCC)
888-682-7426
www.ovarian.org
Works to increase awareness of ovarian cancer and to improve the survival rate and quality of life for women with ovarian cancer.

NCI’s Cancer Information Service
800-4 CANCER (800-422-6237)
www.cancer.gov/aboutnci/cis
A federally funded cancer education program that provide accurate, up-to-date, and reliable information on cancer that is easy to understand.
Ovarian Cancer National Alliance (OCNA)
866-399-6262 (toll free)
www.ovariancancer.org
Works to put ovarian cancer on the agenda of policy makers and women’s health leaders.

United Ostomy Associations of America, Inc. (UOAA)
800-826-0826
www.ostomy.org
A volunteer-based health organization that supports people who have had or will have intestinal or urinary diversions. This includes providing education, information, support, and advocacy.

Women’s Cancer Network
312-578-1439
www.wcn.org
Works to inform women around the world about gynecologic cancers. Provides a personalized risk assessment tool to assess risk for gynecologic and breast cancers.

Wound, Ostomy, Continence Nurses Society
888-224-WOCN (888-224-9626)
www.wocn.org
Members are experts in the care of people with wounds, ostomies, and continence disorders.
Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

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

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

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

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

Before Your Surgery

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

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

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

Examples of Medications

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

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

<table>
<thead>
<tr>
<th>Common Medications that Contain Aspirin</th>
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<tbody>
<tr>
<td>Aggrenox®</td>
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<tr>
<td>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>
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<tr>
<td>ASA Suppositories®</td>
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<tr>
<td>Ascriptin® and Ascriptin A/D®</td>
</tr>
<tr>
<td>Aspergum®</td>
</tr>
<tr>
<td>Common Medications that are NSAIDs that Don’t Contain Aspirin</td>
</tr>
<tr>
<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Aspirin (most formulations)</strong></td>
</tr>
<tr>
<td>Asprimox® Epromate® Lanorinal® Robaxisal® Tablets</td>
</tr>
<tr>
<td>Wesprin® Buffered</td>
</tr>
<tr>
<td><strong>Axotal®</strong></td>
</tr>
<tr>
<td>Equagesic Tablets Lortab® ASA Tablets</td>
</tr>
<tr>
<td>Roxiprin® Zee-Seltzer®</td>
</tr>
<tr>
<td><strong>Azdone®</strong></td>
</tr>
<tr>
<td>Equazine® Magnaprin® Saleto® ZORprin®</td>
</tr>
<tr>
<td><strong>Bayer® (most formulations)</strong></td>
</tr>
<tr>
<td>Excedrin® Extra-Strength Analgesic Tablets and Caplets</td>
</tr>
<tr>
<td>Marnal® Salocel®</td>
</tr>
<tr>
<td><strong>BC® Powder and Cold formulations</strong></td>
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<tr>
<td>Excedrin® Migraine Micrainin® Sodol®</td>
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<table>
<thead>
<tr>
<th>Common Medications Containing Aspirin and Other NSAIDs</th>
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<tbody>
<tr>
<td><strong>Advil®</strong> Clinirol® Indocin® Motrin® Ponstel®</td>
</tr>
<tr>
<td><strong>Advil Migraine®</strong> Daypro® Ketoprofen Nabumetone Relafen®</td>
</tr>
<tr>
<td><strong>Aleve®</strong> Diclofenac Ketorolac Nalfon® Saleto 200®</td>
</tr>
<tr>
<td><strong>Anaprox DS®</strong> Etodolac® Lodine® Naproxen Sulindac</td>
</tr>
<tr>
<td><strong>Ansaid®</strong> Feldene® Meclofenamate Naprosyn® Toradol®</td>
</tr>
<tr>
<td><strong>Arthrotec®</strong> Fenoprofen Mefenamic Acid Nuprin® Voltaren®</td>
</tr>
<tr>
<td><strong>Bayer® Select Pain Relief Formula Caplets</strong></td>
</tr>
<tr>
<td>Flurbiprofen Meloxicam Orudis®</td>
</tr>
<tr>
<td><strong>Celebrex®</strong> Genpril® Menadol® Oxaprozin</td>
</tr>
<tr>
<td><strong>Celecoxib</strong> Ibuprofen Midol® PediaCare Fever®</td>
</tr>
<tr>
<td><strong>Children’s Motrin®</strong> Indomethacin Mobic® Piroxicam</td>
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</table>
Most multivitamins contain vitamin E. If you take a multivitamin, be sure to check the label.

### About Acetaminophen

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

### Medications that Contain Acetaminophen

<table>
<thead>
<tr>
<th>Acetaphen®</th>
<th>Di-Gesic®</th>
<th>Norco®</th>
<th>Tylenol®</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aceta® with Codeine</td>
<td>Esgic®</td>
<td>Panadol®</td>
<td>Tylenol® with Codeine No. 3</td>
</tr>
<tr>
<td>Acetaminophen with Codeine</td>
<td>Excedrin P.M.®</td>
<td>Percocet®</td>
<td>Vanquish®</td>
</tr>
<tr>
<td>Aspirin-Free Anacin®</td>
<td>Fiorcet®</td>
<td>Repan</td>
<td>Vicodin®</td>
</tr>
<tr>
<td>Arthritis Pain Formula® Aspirin-Free</td>
<td>Lorcan®</td>
<td>Roxicet®</td>
<td>Wygesic®</td>
</tr>
<tr>
<td>Darvocet-N 100®</td>
<td>Lortab®</td>
<td>Talacen®</td>
<td>Zydone®</td>
</tr>
<tr>
<td>Datril®</td>
<td>Naldegesic®</td>
<td>Tempra®</td>
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</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 1 day. It’s possible to take too much acetaminophen without knowing because it’s in many different medications.
Make sure to always read and follow the label on the product you’re taking. Acetaminophen is a very common ingredient found in over-the-counter and prescription medications. It’s often an ingredient in pain relievers, fever reducers, sleep aids, and cough, cold, and allergy medications.

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

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

Don’t take more than 1 medication that contains acetaminophen at a time without talking with a member of your healthcare team.
Eating Well During and After Your Cancer Treatment

This information will help you maintain your nutrition during and after your cancer treatment.

Good nutrition is very important for people with cancer. There may be some nutritional changes you can make now that will help you during treatment. Start by eating a healthy diet. This can make you stronger, help you maintain your weight, and help you fight infection. It may even help with the side effects of treatment.

How Treatment Can Affect Your Eating

Surgery

If your weight is below normal, you may need to gain weight before your surgery. In this resource, you will find suggestions for how to eat more calories and protein. This can help you put on weight before surgery and help you heal afterward.

If you’re having mouth, throat, or stomach surgery, it can be hard for you to eat after your surgery. You may need to get nutrition in other ways, such as intravenously (through a vein), through a tube in your nose, or through a tube in your stomach or the upper part of your intestine.

Radiation

Radiation treatment to the head and neck can cause trouble swallowing, taste changes, dry mouth, or soreness in the mouth or throat. Treatment to the chest can cause you to have trouble swallowing. Treatment to the stomach, abdominal (belly) area, or pelvis can cause nausea and vomiting, diarrhea, cramps, and bloating.
Chemotherapy
Many chemotherapy medications can affect your digestive system. They can cause nausea and vomiting, decreased appetite, diarrhea, constipation, weight gain or loss, and changes in the way you taste or smell food.

Immunotherapy
Immunotherapy stimulates your body’s immune system to fight cancer cells. Side effects include:

- Nausea and vomiting
- Diarrhea
- Sore mouth
- Dry mouth
- Weight loss
- Changes in the taste of food
- Muscle aches
- Fatigue (feeling unusually tired)
- Fever

Hormonal therapy
Hormonal therapy uses medications that stop your body from making some hormones or change the way they work. Side effects include changes in appetite, water retention, weight gain, and nausea and vomiting.

General Nutritional Guidelines
Vitamin and mineral supplements
You can get all of your daily recommended nutrients from a well-balanced diet. If your diet is lacking, taking a low-dose multivitamin and mineral supplement can help.

Some people take large amounts of antioxidants, herbs, or extra vitamins and minerals because they think it will help cure their cancer. This hasn’t been shown to help in the fight against cancer. During some kinds of cancer
treatments, this can actually harm you. If you’re thinking about taking any vitamin, mineral or herbal supplements, talk with your doctor first. A dietitian or pharmacist can also answer your questions.

**Alternative and complementary therapies**

You may have read or heard about alternative therapies like following an alternative diet or taking supplements. Sometimes, these are used in place of conventional treatment from an oncologist (a doctor who specializes in cancer). The safety and effectiveness of many of these treatments have not been confirmed. We do know that some aren’t safe. Others can interfere with your chemotherapy or radiation therapy. **Talk with your doctor or nurse before you start any of these treatments.** They could make your treatment less effective and cause harm.

Complementary therapies can help people cope with some of the symptoms of cancer and the side effects of treatment, such as nausea, vomiting, and fatigue. They can also help reduce stress and promote a feeling of well-being. They don’t cause any harm. Complementary therapies include:

- Reflexology
- Meditation
- Massage
- Music therapy
- Yoga
- T’ai Chi
- Acupuncture
- Reiki

MSK’s Integrative Medicine Service offers many types of complementary therapies, including individual therapies and group classes and workshops. Visit [www.mskcc.org/integrativemedicine](http://www.mskcc.org/integrativemedicine) or ask your nurse for more information.
**Food safety**

During cancer treatment, your body has a hard time fighting off infection. It’s more important than ever to make sure that the foods you’re eating are safe. This will reduce your risk for foodborne illnesses and other infections. Below are 4 simple steps for food safety.

**Wash your hands and surfaces often**

- Keep an area of your kitchen clean for preparing and eating food.
- Use paper towels or clean cloths instead of sponges to clean kitchen surfaces.
- Use an antibacterial cleaning spray to clean surfaces. Look for products that have bleach or ammonia, such as Lysol® Food Surface Sanitizer or Clorox® Clean-Up Cleaner.
- Before and after preparing food, wash your hands well with soap and warm water for 15 to 20 seconds.
- Wash your cutting boards, dishes, and utensils with soap and hot water before preparing each food item and before moving on to the next food item.
- Wash all fruits and vegetables well before eating, even if you’re going to peel off the skin.

**Separate raw foods from other foods**

- Separate raw foods (such as raw meat, poultry, and fish) from other foods in your grocery shopping cart, grocery bags, and in your refrigerator.
- Use 1 cutting board for fresh produce and a separate one for raw meat, poultry, and fish.

**Cook foods to proper temperatures**

- Don’t eat foods that have raw or undercooked eggs, meat, poultry, or fish.
- Use a thermometer to measure the internal temperature of cooked foods. Measure the temperature at the center of the thickest part of the food. Make sure that meat, poultry, fish, egg dishes, and casseroles are cooked to the internal temperature shown in the chart below:
<table>
<thead>
<tr>
<th>Food Item</th>
<th>Internal Temperature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fish</td>
<td>145° F (62.8° C)</td>
</tr>
<tr>
<td>Beef, pork and lamb steaks, chops and roasts</td>
<td>145° F (62.8° C)</td>
</tr>
<tr>
<td>Egg dishes</td>
<td>160° F (71.1° C)</td>
</tr>
<tr>
<td>Ground beef</td>
<td>160° F (71.1° C)</td>
</tr>
<tr>
<td>Chicken breast</td>
<td>165° F (73.9° C)</td>
</tr>
<tr>
<td>Whole poultry (such as chicken and turkey)</td>
<td>165° F (73.9° C)</td>
</tr>
<tr>
<td>Ground poultry</td>
<td>165° F (73.9° C)</td>
</tr>
<tr>
<td>Leftovers and casseroles</td>
<td>165° F (73.9° C)</td>
</tr>
</tbody>
</table>

Source: US Department of Agriculture (USDA)

Refrigerate promptly

- Refrigerate or freeze meat, poultry, eggs and other perishables as soon as you get them home from the store.
- Keep a constant refrigerator temperature of 40° F (4.4° C) or below. The freezer temperature should be 0° F (-17.8° C) or below.
- Thaw foods in the refrigerator. Don’t leave them out to thaw at room temperature.
- After cooking, cool foods in the refrigerator. Don’t cool them at room temperature.

If your immune system gets weaker, your doctor may ask you to follow stricter guidelines than those above. You may need to stop eating most raw or uncooked fruits and vegetables, cold cuts and processed meats, raw honey, and unpasteurized products.

Calories and Protein

The suggestions in this resource may be different from the general nutrition guidelines you may already know. You may be told to add more of a certain food to increase your intake of calories and protein or to decrease your discomfort with eating. Your dietitian can help you find an eating plan that works best for you.
Tips for getting the most from your meals

Large meals can seem overwhelming or unappealing. This can happen when you have a decreased appetite or early satiety (feel full shortly after you start eating). The suggestions below can help you get enough calories:

- Eat small meals 6 to 8 times a day instead of 3 main meals.
- Serve smaller food portions on salad plates instead of dinner plates.
- Drink hot chocolate, fruit juices, and nectars that are high in calories.
- Avoid low-calorie drinks, such as water, coffee, tea, and diet drinks. Make Double Milk and milkshakes using the recipes in the “Recipes” section.
- Have your favorite snack foods available at home and at work.
- Eat your favorite foods at any time of the day. For example, eat breakfast foods such as pancakes or omelets for lunch or dinner.
- Include different colors and textures of foods in your meals to make them more appealing.
- Make dining a good experience by eating your meals in a pleasant, relaxing setting with family or friends.
- Smells, such as bread baking or bacon frying, may help boost your appetite.

Tips for adding more protein to your diet

Your body needs a balance of calories and protein to function at its best. Your doctor or dietitian may tell you to temporarily increase the amount of protein in your diet. If you recently had surgery or have wounds, eating more protein will help you heal. The suggestions below will help you increase the amount of protein in your diet:

- Eat foods rich in protein, such as chicken, fish, pork, beef, lamb, eggs, milk, cheese, beans, and tofu.
- Drink Double Milk (see the “Recipes” section) and use it in recipes that call for milk or water. You can use it in instant pudding, cocoa, omelets, and pancake mixes.
- Use Double Milk or Ensure®-type supplements in hot or cold cereals.
- Add cheese and diced, cooked meats to your omelets.
● Add powdered milk to creamy soups, mashed potatoes, milkshakes, and casseroles.

● Snack on cheese or nut butters (such as peanut butter, cashew butter, and almond butter) with crackers.

● Spread nut butters on apples, bananas, or celery.

● Try apple slices with cheese wedges and honey drizzled on top.

● Blend a nut butter into your chocolate or vanilla shakes.

● Snack on roasted nuts and sunflower, pumpkin, or chia seeds.

● Try hummus with pita bread.

● Add cooked meats to soups, casseroles, salads, and omelets.

● Add wheat germ or ground flax seeds to cereals, casseroles, yogurt, and meat spreads.

● Eat desserts that are made with eggs. These include angel food cake, puddings, custards, and cheesecakes.

● Add grated cheese to sauces, vegetables, and soups. You can also add it to baked or mashed potatoes, casseroles, and salads.

● Melt cheese on hamburgers and breaded cutlets.

● Add chickpeas, kidney beans, tofu, hard-boiled eggs, nuts, and cooked meats or fish to your salads.

### Tips for adding more calories to your diet

The suggestions below can help you to eat more calories. They may seem to go against what you read and hear about healthy eating. However, while you’re healing, it’s more important that you get enough calories than eat only healthy foods.

● Don’t eat foods that are fat-free or reduced in fat. Avoid food and drink labels that say “low-fat,” “non-fat,” or “diet.” For example, use whole milk instead of skim.

● Snack on dried fruits, nuts, or dried seeds. Add them to hot cereals, ice cream, or salads.

● Drink fruit nectars or fruit shakes.
• Add butter, margarine, or oils to potatoes, rice, and pasta. Also add them to cooked vegetables, sandwiches, toast, and hot cereals.

• Add cream cheese to toast or bagels or use it as a spread on vegetables.

• Spread cream cheese and jam or peanut butter and jelly on crackers.

• Add jelly or honey to breads and crackers.

• Mix jam with diced fruit and use it as a topping over ice cream or cake.

• Snack on tortilla chips with guacamole. Add avocado slices to your salads.

• Use high-calorie dressings on salads, baked potatoes, and on chilled cooked vegetables, such as green beans or asparagus.

• Add sour cream, half and half, or heavy cream to mashed potatoes and cake and cookie recipes. You can also add it to pancake batter, sauces, gravies, soups, and casseroles.

• Top cakes, waffles, French toast, fruits, puddings, and hot chocolate with whipped cream.

• Make vegetables or pasta with cream sauces.

• Use mayonnaise, creamy salad dressing, or aioli sauce in salads, sandwiches, and vegetable dips.

• Mix granola with yogurt or put it on top of ice cream or fruits.

• Top your ice cream or unfrosted cakes with sweetened condensed milk. Combine the condensed milk with peanut butter to add more calories and flavor.

• Add croutons to your salads or omelets.

• Include bread stuffing as a side dish with your meals.

• Drink homemade shakes. Try the shake recipes in the “Recipes” section. You can also drink high-calorie, high-protein drinks, such as Carnation® Breakfast Essentials or Ensure. See the next section for a list of nutritional supplements you can buy.
Nutritional Supplements

If you can’t make your own shakes, there are many nutritional supplements that you can buy. Some are high calorie, ready-prepared drinks that have vitamins and minerals added to them. Others are powders that you can mix into other foods or drinks. Most are also lactose-free, which means that you can have them even if you’re lactose intolerant (have difficulty digesting milk products).

Check your local market or drug store to see if they carry any of the brands below. You can also order them online for home delivery. The contact information is listed below.

<table>
<thead>
<tr>
<th>Nutritional Supplement (Manufacturer)</th>
<th>Description</th>
<th>Nutritional Content</th>
<th>Comments</th>
</tr>
</thead>
</table>
| • Osmolite® 1 Cal (Abbott)           | Bland, unflavored drink. Useful for people who like mild sweetness. Can be used as a base for mildly sweetened milkshakes. | Per 8-ounce serving: 255 calories and 9 grams of protein | • Lactose-free  
• Gluten-free  
• Kosher  
• Refrigerate after opening |
| • Isosource® HN (Nestlé)             | Lactose-free  
Gluten-free  
Kosher  
Refrigerate after opening |
| • Glytrol® unflavored (Nestlé)       | Bland, unflavored drink. Useful for people who like mild sweetness. Can be used as a base for mildly sweetened milkshakes. | Per 8-ounce serving: 255 calories and 9 grams of protein | • Lactose-free  
• Gluten-free  
• Kosher  
• Refrigerate after opening |
| • Ensure (Abbott)                    | Bland, unflavored drink. Useful for people who like mild sweetness. Can be used as a base for mildly sweetened milkshakes. | Per 8-ounce serving: 255 calories and 9 grams of protein | • Lactose-free  
• Gluten-free  
• Kosher  
• Refrigerate after opening |
| • Boost® and Boost High Protein (Nestlé) (Note: some brands are also available in “Plus” versions) | Bland, unflavored drink. Useful for people who like mild sweetness. Can be used as a base for mildly sweetened milkshakes. | Per 8-ounce serving: 255 calories and 9 grams of protein | • Lactose-free  
• Gluten-free  
• Kosher  
• Refrigerate after opening |
| • Ensure Compact (Abbott)            | Bland, unflavored drink. Useful for people who like mild sweetness. Can be used as a base for mildly sweetened milkshakes. | Per 8-ounce serving: 255 calories and 9 grams of protein | • Lactose-free  
• Gluten-free  
• Kosher  
• Refrigerate after opening |
| • Boost Compact (Nestlé)             | Bland, unflavored drink. Useful for people who like mild sweetness. Can be used as a base for mildly sweetened milkshakes. | Per 8-ounce serving: 255 calories and 9 grams of protein | • Lactose-free  
• Gluten-free  
• Kosher  
• Refrigerate after opening |
<table>
<thead>
<tr>
<th>Product</th>
<th>Description</th>
<th>Calories</th>
<th>Protein</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glucerna® Shake (Abbott) Boost Glucose Control (Nestlé) Glytrol Vanilla (Nestlé)</td>
<td>Low-sugar, liquid supplement for people with diabetes. Available in vanilla, chocolate, and other flavors, depending on the brand.</td>
<td>Per 8-ounce serving: 190 to 250 calories and 10 grams of protein</td>
<td>Lactose-free, Gluten-free, Kosher, Refrigerate after opening</td>
<td></td>
</tr>
<tr>
<td>Ensure Clear (Abbott) Boost Breeze (Nestlé) Resource® Diabetishield (Nestlé)</td>
<td>A fruity drink available in peach, orange, wild berry, iced tea, apple, blueberry pomegranate, and other flavors, depending on the brand. Resource Diabetishield is for people with diabetes.</td>
<td>Per 8- to 10-ounce serving: 180 to 250 calories and 9 grams of protein Per 8-ounce serving of Resource Diabetishield: 150 calories, 7 grams of protein, and 30 grams of carbohydrates</td>
<td>Fat-free, Lactose-free, Gluten-free, Kosher, Refrigerate after opening</td>
<td></td>
</tr>
<tr>
<td>Carnation Breakfast Essentials™ (Carnation) Scandishake® (Aptalis)</td>
<td>Milk-based, flavored, sweetened powders that can be mixed with milk or water, depending on the brand. Available in vanilla, chocolate, and strawberry. Carnation Breakfast Essentials is also available in premixed cans and some flavors are available in sugar-free versions. Scandishake is available in a lactose-free version.</td>
<td>Per 8-ounce serving of Carnation Breakfast Essentials with whole milk: 280 calories and 12 grams of protein Per 8-ounce serving of sugar-free (artificially sweetened) Carnation Breakfast Essentials with whole milk: 210 calories and 14 grams of protein Per 11-ounce serving of Scandishake with whole milk: 600 calories and 12 grams of protein</td>
<td>Most of these products contain lactose The amount of fat per serving depends on the brand and whether mixed with whole milk, lowfat milk, or water Refrigerate after opening the liquid formula or after mixing the powder</td>
<td></td>
</tr>
<tr>
<td>Scandical® (powder) (Aptalis) Benecalorie®</td>
<td>Unflavored supplement that can be mixed into drinks</td>
<td>Per tablespoon of powder: 23 to 35 calories</td>
<td>Not for use as a sole source of nutrition</td>
<td></td>
</tr>
<tr>
<td>Product</td>
<td>Uses</td>
<td>Nutritional Information</td>
<td>Additional Information</td>
<td></td>
</tr>
<tr>
<td>------------------------------</td>
<td>----------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
<td></td>
</tr>
</tbody>
</table>
| (liquid) Nestlé              | • Duocal® (powder) Nutricia                                            | Per 1.5 ounces of liquid: 330 calories and 7 grams of protein                           | • Use under medical supervision  
Specific to Unjury:  
• Kosher  
• Don’t use in beverages hotter than 140° F (60° C)  
• Contains milk & soy  
• Manufactured in a plant that processes nuts, eggs, fish & shellfish |
| Unjury® Medical Quality Protein™ (powder) Unjury | or moist foods (such as pancakes, muffins, and puddings) for added calories, protein, or both.  
Unjury is a protein powder that’s available in unflavored, vanilla, chocolate, strawberry and chicken soup. | Per 27 gram scoop of powder: 90 calories and 21 grams of protein |                                                     |
| Nepro® (Abbott)              | Nutritional supplement for people who need to limit their intake of potassium, phosphorus, or both. Available in vanilla, butter pecan, and berry. | Per 8-ounce serving: 425 calories and 11 to 19 grams of protein | • Lactose-free  
• Gluten-free  
• Kosher  
• Refrigerate after opening |
| Suplena® (Abbott)            | Boost Nutritional® pudding Nestlé                                      | Per 4-ounce serving: 250 calories and 9 grams of protein                                | • Lactose-free  
• Gluten-free  
• Kosher |
| Novasource® Renal Nestlé     | Ensure pudding Abbott                                                  |                                                                                         |                                                     |
| Renalcal® (Nestlé)           | Glucerna Snack Bar Abbott                                              | Per bar: 150 to 220 calories and 8 to 10 grams of protein                              | • Kosher |
|                             | Glucerna Meal Bar Abbott                                               |                                                                                         |                                                     |
|                             | Orgain™ Nutricia                                                        | Per 11-ounce serving: 255 calories and 16 grams of protein                             | • Gluten-free  
• Soy-free  
• 99.3% Lactose-free  
• Kosher |
Contact information for buying nutritional supplements

**Abbott Nutrition**
1-800-258-7677  
www.abbottstore.com

**Aptalis**
1-800-472-2634  
http://store.foundcare.com/aptalis

**Carnation**
1-800-289-7313  
www.carnationbreakfastessentials.com

**Nestlé**
1-800-422-ASK2 (2752)  
www.nestle-nutrition.com

**Nutricia**
1-800-365-7354  
www.Nutricia-NA.com

**Unjury**
1-800-517-5111  
www.unjury.com

### Managing Symptoms and Side Effects Through Nutrition

This section describes some tips you can use to help you with:

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Tip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constipation</td>
<td>Taste changes</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>Early satiety</td>
</tr>
<tr>
<td>Dry or sore mouth</td>
<td>Nausea</td>
</tr>
</tbody>
</table>

Please tell your doctor or nurse if you’re having any of the symptoms above before following these tips.
Constipation

Constipation is a decrease in your bowel movements. It can include:

- Trouble passing stools (feces)
- Hard stools
- Not being able to empty your bowel

Constipation can be caused by many things, including diet, activity, and lifestyle. Some chemotherapy and pain medications can also cause constipation. Dietary causes include irregular meals, not eating enough fiber, and not drinking enough liquids. Fiber is important because it increases the bulk in your stool. This helps move waste out of your body. Fruits, vegetables, and whole grains have fiber. Below are ways to manage constipation through your diet.

**Eat more high-fiber foods**

Add fiber to your diet one food at a time. Be sure to drink enough liquids to prevent gas and bloating. Examples of high-fiber foods are:

- Fruits
- Vegetables
- Whole grains (such as whole-grain cereals, pastas, muffins, breads, and brown rice)
- Nuts and seeds

**Drink plenty of liquids**

Try to drink at least 8 to 10 (8-ounce) glasses of liquids per day. Drink water, fruit and vegetable juices, milk, and other liquids. This will help keep your stool soft.

**Eat at consistent times**

Try to eat your meals at the same time each day. If you make changes to your diet, do it slowly.
Diarrhea

Diarrhea is frequent, loose, watery bowel movements. It causes food to pass quickly through your intestines. When this happens, water and nutrients aren’t absorbed well by your body. Diarrhea can be caused by:

- Chemotherapy
- Radiation therapy
- Surgery of the stomach or intestines
- Medications
- Difficulty digesting milk and milk products
- Excessive intake of sugar alcohols, such as sorbitol or mannitol found in sugar-free candy
- Other food sensitivities

Check with your doctor before you use the suggestions below to manage your diarrhea.

Drink plenty of liquids

Drink at least 8 to 10 (8-ounce glasses) of liquids daily. This will help replace the water and nutrients you lose when you have diarrhea. Try drinking:

- Water
- Fruit juices and nectars mixed with water
- Sports drinks like Gatorade®
- Clear broth
- Unflavored Pedialyte®
- Caffeine-free soda. Let the soda sit out uncovered for a few minutes before drinking to reduce the fizz

Avoid very hot or cold, high-sugar, high-fat, and spicy foods. These are hard on your digestive system and may make your diarrhea worse.
Follow the dietary guidelines below if you’re having diarrhea.

### Fruits and vegetables

<table>
<thead>
<tr>
<th>Foods to try</th>
<th>Foods to avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Well-cooked, peeled and puréed, or canned fruits and vegetables</td>
<td>• Raw fruits and vegetables, whole nuts, and seeds (except those allowed)</td>
</tr>
<tr>
<td>• Bananas</td>
<td>• Vegetables that can cause gas such as broccoli, cauliflower, cabbage, beans, and onions</td>
</tr>
<tr>
<td>• Peeled apples or applesauce</td>
<td></td>
</tr>
<tr>
<td>• Juices or nectars mixed with water</td>
<td></td>
</tr>
<tr>
<td>• Smooth peanut butter</td>
<td></td>
</tr>
</tbody>
</table>

Most of these items have potassium and liquid to help replace what your body loses from diarrhea. They also have soluble fiber, which may decrease diarrhea.

### Starches and carbohydrates

<table>
<thead>
<tr>
<th>Foods to try</th>
<th>Foods to avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Refined white breads, cereals, rice, pasta, and farina</td>
<td>• Whole-grain breads, pastas, cereals, and brown rice</td>
</tr>
<tr>
<td>• Boiled or mashed potatoes (without the skins)</td>
<td>• Bread products with nuts or seeds</td>
</tr>
<tr>
<td>• Crackers, pretzels, and graham crackers</td>
<td>• Fatty breads and pastries, such as croissants and doughnuts</td>
</tr>
<tr>
<td></td>
<td>• Fried potatoes</td>
</tr>
</tbody>
</table>

Some of these foods contain salt to help replace what your body loses from diarrhea.

### Meat and meat alternatives

<table>
<thead>
<tr>
<th>Foods to try</th>
<th>Foods to avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Lean meats, such as chicken or turkey breast without skin</td>
<td>• Fatty meats like salami, pepperoni, or sausages</td>
</tr>
<tr>
<td>• Hard-boiled eggs</td>
<td>• Fried meats and tofu</td>
</tr>
<tr>
<td>• Tofu</td>
<td>• Meats with skin</td>
</tr>
</tbody>
</table>

These are bland, low-fat, and low-fiber foods. They’re easier on your digestive system.

These foods are hard on your digestive system. They can cause discomfort and make your diarrhea worse.
### Dairy

<table>
<thead>
<tr>
<th>Foods to try</th>
<th>Foods to avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Low-fat milk or yogurt</td>
<td>• Whole milk</td>
</tr>
<tr>
<td>If you have problems digesting milk and milk products, try lactose-free milk such as Lactaid® milk, soy milk, or rice milk.</td>
<td>• Ice cream</td>
</tr>
<tr>
<td></td>
<td>• High-fat cheeses</td>
</tr>
<tr>
<td></td>
<td>• Sour cream</td>
</tr>
<tr>
<td></td>
<td>• Sour cream</td>
</tr>
<tr>
<td></td>
<td>• Sour cream</td>
</tr>
</tbody>
</table>

### Condiments

<table>
<thead>
<tr>
<th>Foods to try</th>
<th>Foods to avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Salt, unless you must avoid it for other reasons</td>
<td>• Large amounts of sugar and spices</td>
</tr>
<tr>
<td>• Fat-free gravies and salad dressings</td>
<td>• Rich gravies and salad dressings</td>
</tr>
<tr>
<td></td>
<td>• Foods or drinks with caffeine (such as chocolate, tea, or soda)</td>
</tr>
</tbody>
</table>

These foods are hard on your digestive system. This can cause discomfort and make your diarrhea worse.

### Dry or sore mouth

When your mouth is dry or sore, eating can be hard or painful. Some foods may be hard to chew and swallow. A dry or sore mouth can be caused by:

- Chemotherapy
- Radiation therapy
- Medications
- Surgery on the head and neck
- Infections
- Other health problems

A dry and sore mouth may also cause cavities. This is because you’re making less saliva, which protects your teeth against decay.

The types of foods you eat can make a difference. Choose foods that have a moist, soft texture and are easy to swallow. Avoid foods that are dry or rough. Below is a list of foods you can try.
When your mouth is dry

<table>
<thead>
<tr>
<th>Foods to try</th>
<th>Foods to avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soft and puréed foods</td>
<td>Rough or dry foods</td>
</tr>
<tr>
<td>- Casseroles, bean dishes, macaroni and cheese, and scrambled eggs</td>
<td>- Dry meats without sauce</td>
</tr>
<tr>
<td>- Tender cooked chicken and fish</td>
<td>- Dry, coarse breads, crackers, pretzels, and cereals</td>
</tr>
<tr>
<td>- Stews and creamed soups</td>
<td>- Coarse, raw fruits and vegetables</td>
</tr>
<tr>
<td>- Cooked cereal</td>
<td></td>
</tr>
<tr>
<td>- Baby food</td>
<td></td>
</tr>
<tr>
<td>- Sauces, gravies, juices, clear broths, margarine, and sour cream added to foods</td>
<td></td>
</tr>
<tr>
<td>- Breads, crackers, and other baked goods dipped in milk or tea</td>
<td></td>
</tr>
<tr>
<td>Cold foods</td>
<td></td>
</tr>
<tr>
<td>- Milkshakes, smoothies, yogurts, gelatin, cottage cheese, and nutritional supplements (see the section “Nutritional Supplements”)</td>
<td></td>
</tr>
<tr>
<td>- Puréed fruits and vegetables</td>
<td></td>
</tr>
</tbody>
</table>

When your mouth is sore

<table>
<thead>
<tr>
<th>Foods to try</th>
<th>Foods to avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bland, soft, puréed foods</td>
<td>Rough or dry foods</td>
</tr>
<tr>
<td>- Plain casseroles, mashed potatoes, macaroni and cheese, and scrambled eggs</td>
<td>- Dry meats</td>
</tr>
<tr>
<td>- Soft-cooked or puréed chicken and fish</td>
<td>- Dry breads, crackers, and pretzels</td>
</tr>
<tr>
<td>- Creamed soups</td>
<td>- Coarse, raw fruits and vegetables</td>
</tr>
<tr>
<td>- Cooked cereals</td>
<td>Spicy, salty, and acidic foods</td>
</tr>
<tr>
<td>- Baby food (tapioca and plain flavors)</td>
<td>- Foods made with large amounts of spices, such as pepper or chili powder</td>
</tr>
<tr>
<td>- Margarine, sour cream, and mild sauces (as tolerated) added to foods</td>
<td>- Foods high in salt or made with vinegar</td>
</tr>
<tr>
<td>- Breads, crackers, and other baked goods dipped in milk or tea</td>
<td>- Citrus fruit products (such as orange juice and lemonade)</td>
</tr>
<tr>
<td>Cold foods</td>
<td>- Tomato products (such as pasta sauce, tomato juice, or tomato soup)</td>
</tr>
<tr>
<td>- Milkshakes, smoothies, yogurts, gelatin, custards, cottage cheese, and nutritional supplements</td>
<td></td>
</tr>
</tbody>
</table>

The way you eat can make a difference. The following are some tips to avoid
irritating your mouth:

- Cook your foods until they’re soft and tender. Use a blender to purée foods. Ask for a copy of our resource, *Eating Guide for Puréed and Mechanical Soft Diets*.

- Cut your foods into small pieces that are easy for you to chew.

- Rinse your mouth out with water often.

- Drink liquids with your meals, sipping in between bites.

- Use a straw to drink liquid to prevent it from touching your sore mouth.

- If you have dry mouth, try sugar-free mints or gum to make more saliva.

- Brush your teeth (with the permission of your doctor or dentist) and tongue. Drink more liquids to help to keep your mouth clean.

**Taste changes**

Your sense of taste is made up of 5 main sensations. These are saltiness, sweetness, savoriness, bitterness, and sourness. Your sense of taste can be affected by chemotherapy, radiation therapy, and other medications. Changes in taste vary from person to person. The most common changes are having bitter and metallic tastes in your mouth. Sometimes, food may not taste like anything.

**When your food seems tasteless:**

- Change the texture of your foods. For example, you may prefer mashed potatoes to baked potatoes or vice versa. Some foods may taste better cold or at room temperature.

- Choose and prepare foods that look and smell good to you.

- Use more spices and flavorings as tolerated, for example:
  - Add sauces and condiments, such as soy sauce or ketchup, to your food.
  - Marinate your meats or meat substitutes in salad dressings, fruit juices, or other sauces.
  - Use onion or garlic to flavor your vegetables or meats.
  - Add herbs, such as rosemary, basil, oregano, and mint to your food.
Blend fruit into your milkshakes or yogurt. You can also try mint or coffee-flavored milkshakes.

- Try sour and tart foods. These may help stimulate your taste.
- Try alternating bites of different tasting foods within a meal, such as cottage cheese and pineapple, canned fruit and plain yogurt, or grilled cheese and tomato juice.

**If there is a bitter or metallic taste in your mouth:**

- Rinse your mouth out with water before meals.
- Maintain good oral hygiene by brushing your teeth (if your doctor allows it) and your tongue and drinking more liquids.
- If meats taste bitter, try marinating them in sauces or fruit juices or squeeze lemon juice on them, if your mouth is not sore.
- Include meat substitutes for protein, such as dairy products and beans.
- Use plastic utensils to reduce the metallic taste.
- Try sugar-free mints or gum.

**If foods taste overly sweet:**

Try adding some salt to the food or dilute it with water. If everything tastes sweet, try more acidic foods.

**If foods taste or smell different than usual:**

- Avoid foods with strong odors. Since beef and fish have the strongest odors, try eating poultry, eggs, and dairy products.
- Experiment with different seasonings and food combinations, such as:
  - Adding sauces to foods
  - Changing the temperature and texture of foods
- Try adding lemon juice or salt if the food tastes too sweet.
- If your mouth is not sore, try tart foods such as lemon wedges or citrus fruits to stimulate taste.
- Rinse your mouth out before and after you eat.
• Drink small sips of liquid throughout your meals to rinse out the taste of the food.

• Maintain good oral hygiene by brushing your teeth (if your doctor allows it) and tongue and drinking more liquids. Your doctor may also recommend using an alcohol free mouthwash such as Biotene or baking soda rinses (Mix ¼ teaspoon baking soda in 1 cup warm water). This may help you manage your taste changes.

Check with your doctor or dentist to find out the cause of your taste changes. You should do this before you make any long-term changes to your diet. If you have any questions or concerns about your dietary needs, contact a dietitian.

**Early satiety**

Early satiety is when you feel full more quickly than usual when you eat. For example, you may feel like you can’t eat any more when you’re only halfway through your meal. This can happen after surgery on your stomach, when you’re constipated, due to medication side effects, or for other reasons. If you feel full quickly, try to:

• Eat small, frequent meals

• Drink most of your liquids before or after meals

• Fortify meals with foods that are rich in calories and protein (for example, nonfat dry milk, wheat germ, nut butter, avocado)

• Engage in light physical activity to encourage food to move through your digestive system

**Nausea**

Nausea is a feeling of stomach upset or queasiness. If you have nausea, you may also have vomiting. Nausea can be caused by radiation therapy, chemotherapy, and surgery. It can also be caused by pain, medication, and infection. Below are suggestions for managing your nausea through nutrition. Check with your doctor or nurse before you try any of the tips below. Also, ask your doctor or nurse if you need an antiemetic. This is a medication to prevent or treat nausea and vomiting.
### Foods to Try

- Starchy, low-fat, bland foods
  - Dry toast, crackers, and bagels
  - Angel food cake and vanilla wafers
  - Sherbet, low-fat ice cream, or frozen yogurt
  - Gelatin
  - Canned, unsweetened fruit

- Cold foods
  - Cold proteins such as skinless chicken, cheeses, and yogurts
  - Light pasta salads
  - Popsicles
  - Chilled clear liquids, such as broth, nutritional supplements (such as Ensure or Ensure Clear) and juices diluted with water

### Foods to Avoid

- High-fat, overly spicy, or overly sweet foods
  - Fatty meats
  - Fried foods, such as eggs and French fries
  - Soups with heavy cream
  - Creamed vegetables
  - High-fat, high-sugar pastries, doughnuts, and cookies
  - Foods made with heavy spices, such as pepper or chili pepper, onion, hot sauce, or salad dressing

High-fat foods may stay in your stomach longer and are harder to digest. Many of these foods have strong odors or flavors that can cause nausea or make it worse.

### General tips

- Pay attention to the amount of food you eat.
- Try convenience foods, such as take-out foods or frozen dinners, to prevent nausea while you cook or prepare foods. If you need to, ask others to cook for you.
- If food odors make you nauseated, try cold foods such as a sandwich or salad. These foods don’t smell as strong as hot foods. For hot foods, leave the area while it’s cooking, if possible. You can also have someone else plate your food for you and try letting your food cool down for a few minutes before eating.
- Eat small, frequent meals. This can stop you from getting too full and allow you to take in more food throughout the day.
- Drink most liquids in between your meals to prevent feeling full too fast or bloated.
- Eat slowly and chew your foods well to help with digestion. Avoid activity right after meals.
- Eat your meals in a pleasant setting. Choose a relaxing place that has a comfortable temperature.
• Avoid places with strong odors. Eating with friends or family may also help distract you from your nausea. Wear loose-fitting clothing to stay comfortable.

• If you experience nausea in the morning, keep crackers or dry toast at your bedside. Eat these before getting out of bed.

• Avoid eating your favorite foods right before or after treatments. You may begin to dislike these foods.

If nausea is an ongoing problem for you, it may be useful to keep a food diary. This is a record of the foods you eat, the time you ate them, and the setting in which you ate them. Record any situations when you became nauseated. Discuss this with your doctor, nurse, or dietitian.

**Fatigue**

Fatigue is the most common side effect of cancer and cancer treatments. It may prevent you from doing your daily activities. It may also impact your quality of life and decrease your tolerance to treatment.

Fatigue can be caused by many symptoms, such as:

• Poor appetite
• Depression
• Nausea and vomiting
• Diarrhea or constipation

Relief of these symptoms can give you more energy. It can also increase your feeling of well-being.

Another option is to save your energy. You can do this by:

• Asking family and friends for help with shopping and preparing your meals.
• Buying already prepared or takeout foods when your energy is low.
• Keeping ingredients and utensils that you use often close at hand.
• Sitting instead of standing when cooking.
• Eating small, frequent, high-calorie meals or snacks so that your body may
not need as much energy to digest your food.

If you live alone and aren’t able to shop for food or prepare meals, you may be eligible for food programs, such as God’s Love We Deliver or Meals on Wheels. There may be age or income requirements for some programs. Your social worker can give you more information.

Engaging in physical activity may actually increase your energy levels. Talk with your doctor about doing light-to-moderate intensity activities like walking or gardening. Research shows that some physical activity can improve your daily functioning, boost your energy level, stimulate your appetite, and enhance your mood.

**Medication**

While diet changes can help, medication may be needed to manage your side effects. Medication can help with nausea, diarrhea, and constipation. Tell your doctor or nurse about any side effects you have during your treatment.

**After Your Cancer Treatment Ends**

When your cancer treatment is finished, it’s a good time to think about making good food choices. You will want to make choices that promote health and well-being. Choose foods low in fat and rich in vitamins, minerals, fiber, and phytochemicals. Phytochemicals, also known as phytonutrients, are plant substances that may protect against cancer. Examples of phytochemicals include lycopene in tomatoes, curcumin in turmeric, and resveratrol in grape skins.

Diet is linked to health. There isn’t any evidence that the foods you eat will prevent your cancer from coming back. However, eating the right foods will help you regain your strength, rebuild tissue, and feel your best. The following tips may help:

- Include many kinds of fruits and vegetables in your diet to make sure you get many different nutrients. You can eat fruits and vegetables cooked or raw at any time of the day. Be sure to eat more of the non-starchy vegetables. Read the table below for examples of starchy and non-starchy vegetables.
<table>
<thead>
<tr>
<th>Non-starchy vegetables</th>
<th>Starchy vegetables</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Artichokes</td>
<td>- Corn</td>
</tr>
<tr>
<td>- Artichoke hearts</td>
<td>- Green peas</td>
</tr>
<tr>
<td>- Asparagus</td>
<td>- Plantains</td>
</tr>
<tr>
<td>- Beans:</td>
<td>- Potatoes</td>
</tr>
<tr>
<td>- Green beans</td>
<td>- Winter squash:</td>
</tr>
<tr>
<td>- Wax beans</td>
<td>- Acorn squash</td>
</tr>
<tr>
<td>- Italian beans</td>
<td>- Butternut squash</td>
</tr>
<tr>
<td>- Bean sprouts</td>
<td>- Pumpkin</td>
</tr>
<tr>
<td>- Beets</td>
<td>- Yams</td>
</tr>
<tr>
<td>- Broccoli</td>
<td>- Winter squash</td>
</tr>
<tr>
<td>- Brussels sprouts</td>
<td>- Acorn squash</td>
</tr>
<tr>
<td>- Cabbage</td>
<td>- Butternut squash</td>
</tr>
<tr>
<td>- Carrots</td>
<td>- Pumpkin</td>
</tr>
<tr>
<td>- Cauliflower</td>
<td>- Yams</td>
</tr>
<tr>
<td>- Celery</td>
<td>- Winter squash</td>
</tr>
<tr>
<td>- Cucumber</td>
<td>- Winter squash</td>
</tr>
<tr>
<td>- Eggplant</td>
<td>- Winter squash</td>
</tr>
<tr>
<td>- Green onions (scallions)</td>
<td>- Winter squash</td>
</tr>
<tr>
<td>- Kohlrabi</td>
<td>- Winter squash</td>
</tr>
<tr>
<td>- Leeks</td>
<td>- Winter squash</td>
</tr>
<tr>
<td>- Mushrooms</td>
<td>- Winter squash</td>
</tr>
<tr>
<td>- Okra</td>
<td>- Winter squash</td>
</tr>
<tr>
<td>- Onions</td>
<td>- Winter squash</td>
</tr>
<tr>
<td>- Peppers</td>
<td>- Winter squash</td>
</tr>
<tr>
<td>- Radishes</td>
<td>- Winter squash</td>
</tr>
<tr>
<td>- Summer squash</td>
<td>- Winter squash</td>
</tr>
<tr>
<td>- Salad greens:</td>
<td>- Winter squash</td>
</tr>
<tr>
<td>- Endive</td>
<td>- Winter squash</td>
</tr>
<tr>
<td>- Escarole</td>
<td>- Winter squash</td>
</tr>
<tr>
<td>- Iceberg lettuce</td>
<td>- Winter squash</td>
</tr>
<tr>
<td>- Romaine lettuce</td>
<td>- Winter squash</td>
</tr>
<tr>
<td>- Green leaf lettuce</td>
<td>- Winter squash</td>
</tr>
<tr>
<td>- Red leaf spinach</td>
<td>- Winter squash</td>
</tr>
<tr>
<td>- Spinach</td>
<td>- Winter squash</td>
</tr>
<tr>
<td>- Tomatoes</td>
<td>- Winter squash</td>
</tr>
<tr>
<td>- Turnips</td>
<td>- Winter squash</td>
</tr>
<tr>
<td>- Water chestnuts</td>
<td>- Winter squash</td>
</tr>
<tr>
<td>- Watercress</td>
<td>- Winter squash</td>
</tr>
<tr>
<td>- Zucchini</td>
<td>- Winter squash</td>
</tr>
</tbody>
</table>

- Eat whole-grain breads and cereals. Select high-fiber foods, such as:
  - Bran and shredded wheat cereals
  - Brown rice
  - Multigrain, whole wheat, and oat breads

  Try different grains, such as barley, buckwheat, and bulgur.

- Legumes are also an excellent source of fiber and nutrients. They include:
  - Beans and peas (chickpeas, pinto beans, kidney beans, white beans, split peas, black-eyed peas, and lima beans)
  - Lentils
  - Miso (thick soy paste)

- Limit your intake of:
  - Fat
  - Salt
• Sugar
• Alcohol
• Smoked, cured, or pickled foods.

• Choose low-fat milk products, lean meats, poultry without skin, and baked fish.

• Prepare meals using lower-fat cooking methods such as broiling, steaming, and poaching.

The New American Plate

The New American Plate is a picture of a place setting that shows what a healthy meal should look like (see Figure 1). It focuses on healthy portion sizes and types of food. The New American Plate recommends eating meals made of 2/3 (or more) vegetables, fruits, whole grains, or beans, and 1/3 (or less) animal protein. For protein, you can also substitute a plant protein, such as beans. Foods that are high in fat and sugar should be limited or avoided. For more information about the New American Plate guidelines, go to: www.aicr.org/new-american-plate.
Recipes

Before you make these recipes, please be aware that raw eggs can cause food poisoning. Do not add raw eggs to your shakes.

If you have diabetes or high blood sugar, these recipes may not be appropriate for you. Talk with your dietitian.

<table>
<thead>
<tr>
<th>Double Milk</th>
<th>Per 8-ounce serving:</th>
</tr>
</thead>
</table>
| ● 1 quart of whole milk  
● 1 envelope of non-fat dry milk powder (to make 1 quart of product) | ● 230 calories  
● 16 grams of protein |

Mix in the blender and refrigerate.

<table>
<thead>
<tr>
<th>Standard Milkshake</th>
<th>Per 8-ounce serving:</th>
</tr>
</thead>
</table>
| ● 1 cup of Double Milk  
● 2 cups of super premium ice cream (any flavor)  
● 2 tablespoons of sugar or syrup | ● 470 calories  
● 11 grams of protein |

Mix in the blender and refrigerate.

<table>
<thead>
<tr>
<th>Standard Yogurt Milkshake</th>
<th>Per 8-ounce serving:</th>
</tr>
</thead>
</table>
| This shake is less sweet than the Standard Milkshake and may be good for people who prefer mild sweetness.  
● 8 ounces of plain yogurt (use low-fat yogurt if you can’t find regular yogurt)  
● 2 cups of super premium ice cream (any flavor)  
● 4 ounces of Double Milk | ● 380 calories  
● 10 grams of protein |

Mix in the blender and refrigerate.
### Standard Milkshake for People with Diabetes

- 8 ounces of Double Milk
- 2 cups of sugar-free ice cream (any flavor)
- 4 teaspoons of canola or olive oil
- 2 teaspoons of NutraSweet® or other calorie-free sugar substitute (optional)

Mix in the blender and refrigerate.

**Per 8-ounce serving:**
- 260 calories
- 10 grams of protein

### Standard Dairy-Free Shake

- 8 ounces of oat milk, soy milk, or almond milk
- 2 cups of soy ice cream (any flavor)
- 4 tablespoons of canola or olive oil
- 2 tablespoons of maple syrup or sugar (omit this ingredient if you’re using sweetened, non-dairy milk)
- For vanilla shakes only, add ½ teaspoon of vanilla extract

Mix in the blender and refrigerate.

**Per 8-ounce serving:**
- 285 calories
- 6 grams of protein

### Vanilla or Chocolate Almond Shake

Use vanilla ice cream in the Standard Milkshake recipe and add the following:

- ½ cup of ground blanched (skinless) almonds
- ½ teaspoon of vanilla extract (add more sweetener, if desired)

**For the Chocolate Almond Shake:**

- Substitute ½ cup of chocolate syrup for the other sweeteners in the Standard Milkshake recipe and add ½ cup of ground blanched almonds

Mix in the blender and refrigerate.

**Per 8-ounce serving of Vanilla Almond Shake:**
- 480 calories
- 15 grams of protein

**Per 8-ounce serving of Chocolate Almond Shake:**
- 500 calories
- 13 grams of protein
### Maple Walnut or Pecan Shake
- 1 cup of Double Milk
- 2 cups of super premium vanilla ice cream
- ¼ cup of maple syrup
- ½ cup of ground walnuts or pecans

Mix in the blender and refrigerate.

**Per 8-ounce serving:**
- 480 calories
- 12 grams of protein

### Peanut Butter Shake
- Add ½ cup of peanut butter to any standard shake recipe.
- Substitute ½ cup of sweetened condensed milk or chocolate syrup for the other sweeteners in the standard shake recipe.

Mix in the blender and refrigerate.

**Per 8-ounce serving with sweetened condensed milk:**
- 660 calories
- 19 grams of protein

**Per 8-ounce serving with chocolate syrup:**
- 640 calories
- 16 grams of protein

### Fruity Shake
Add the following to any standard shake recipe:
- 1 cup of frozen, fresh, or canned fruit such as strawberries, raspberries, blueberries, bananas, mangoes, or peaches
- You can add more sweetener, depending on how tart the fruit tastes.

Mix in the blender and refrigerate.

**Per 8-ounce serving:**
- 380 calories
- 8 grams of protein

### Cherry Vanilla or Chocolate Cherry Shake
Add the following to any standard shake recipe:
- 1 cup of pitted cherries
- ½ teaspoon of vanilla extract or substitute ½ cup of chocolate syrup for the sweeteners in the standard shake recipe

Mix in the blender and refrigerate.

**Per 8-ounce serving of Cherry Vanilla:**
- 380 calories
- 8 grams of protein

**Per 8-ounce serving of Chocolate Cherry:**
- 430 calories
- 7 grams of protein
**Other shake variations**

Experiment with other ingredients after you have tried the shake recipes in this resource. You can use any of the following ingredients to change the flavor of and increase the number of calories in your shakes:

- Peanut butter and bananas
- Bananas and walnuts
- Pineapple and coconut cream*
- Oreo® cookies*
- M&M’s®*
- Peanut butter cups*
- Flavored liqueurs,* with your doctor’s approval and for occasional use only

*If you have diabetes or high blood sugar, these ingredients may not be appropriate for you. Talk with your dietitian before trying them.

**Sample Menus**

Use these sample menus to spark your imagination. They can give you ideas for making your own high-calorie, high-protein meals at home. You may find it easier to divide a meal into 2 portions so that you have a small, ready-made meal to eat later in the day.

If it’s hard for you to make your meals, ask family or friends for help. Try making meals in batches on days when you have the energy and freeze them to eat later. You can also eat ready-made foods such as frozen dinners, whole cooked chickens, or take-out foods, as long as you’re not following a low-microbial diet.

**Key points**

- If you have diabetes or high blood sugar, use products that are unsweetened or are made with sugar substitutes. Limit the amount of fruit juice that you drink.
- The amount of liquid in the meal plans is small so you don’t feel full soon after you start eating. Try to drink most of your liquids between your meals.
Most adults need 8 to 10 (8-ounce) glasses of liquids per day. This includes juices, water, milkshakes, and soups. It also includes solids that become liquid at room temperature, such as Italian ices.

- If you’re lactose-intolerant, you should not drink regular cow’s milk. Instead, you should drink Lactaid® milk, rice milk, almond milk, or soy milk. **If you have or had breast cancer, ask your doctor if it’s okay for you to eat foods with soy.** Try the sweetened versions of these milks for extra calories. Take Lactaid tablets or drops with other dairy foods, such as ice cream or soft cheeses. People with mild to moderate lactose intolerance are usually able to eat hard aged cheeses and yogurt.

- Vegetarian and vegan menus are included. Both vegetarians and vegans should eat more nuts, seeds, and oils to increase their calories. Vegans should take special care to eat foods rich in vitamin B12, calcium, iron, and zinc. Speak with a dietitian if you follow a vegetarian or vegan diet.

- These sample menus contain fewer than the 5 to 9 recommended daily servings of fruits and vegetables combined. This is because fruits and vegetables are low in calories but are filling. It’s recommended that you focus on higher calorie and protein foods to prevent weight loss. If you find that you aren’t meeting the minimum daily recommended servings, speak with your doctor about whether you can take a multivitamin to make up for any nutrients you may be missing.

- See the “Recipes” section for recipes for Double Milk and the shakes listed in the sample menus.

### Sample menus for a regular diet

<table>
<thead>
<tr>
<th>Meal</th>
<th>Regular Diet</th>
</tr>
</thead>
</table>
| **Breakfast**      | • 1-egg omelette with 1 ounce of grated cheese  
                      • small croissant with butter and jelly  
                      • 4 ounces of orange juice  
                      • 2 small pancakes made with Double Milk or Half n’ Half with butter and syrup  
                      • 4 ounces of pineapple juice  
                      • 4 ounces of pear nectar  
                      • 1 slice of French toast with ¼ cup chopped nuts, butter, and syrup |
| **Mid-morning snack** | • 2 tablespoons of peanut butter and 1 tablespoon of jelly on  
                      • 4 graham crackers with  
                      • ¼ cup of cottage cheese  
                      • 8 ounces of peach  
                      • Fruity Shake |
<table>
<thead>
<tr>
<th>Lunch</th>
<th>Afternoon snack</th>
<th>Dinner</th>
<th>Evening snack</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 4 crackers</td>
<td>• 1/2 sandwich of grilled turkey and Swiss cheese on rye bread</td>
<td>• 1 (2-inch) slice of quiche</td>
<td>• 1/2 cup of super premium* vanilla ice cream topped with chopped pecans, maple syrup, and whipped cream</td>
</tr>
<tr>
<td>• 4 ounces of Double Milk</td>
<td>• 4 ounces of hot chocolate made with Double Milk and topped with whipped cream</td>
<td>• 1/2 cup of broccoli with cream or cheese sauce</td>
<td>• 1/2 cup of custard topped with whipped cream</td>
</tr>
<tr>
<td>• cheese and apricot jam</td>
<td>• 1/2 cheeseburger with mayonnaise and ketchup</td>
<td>• 4 ounces of peach nectar</td>
<td>• 1/2 cup of custard topped with whipped cream</td>
</tr>
<tr>
<td>• 4 ounces of Double Milk</td>
<td>• 15 French fries</td>
<td>• 1 slice of bread with 1 ounce of melted mozzarella cheese</td>
<td>• 1 (2-inch) slice of apple pie with 1 ounce of cheddar cheese</td>
</tr>
<tr>
<td></td>
<td>• 4 ounces of chocolate milk made with Double Milk</td>
<td>• 4 ounces of pear nectar</td>
<td>• 4 ounces of Double Milk</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 2 ounces of steak</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 1/2 cup of sautéed green lasagna</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• 1/2 cup of peas with onions and butter or cream sauce</td>
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<tr>
<td></td>
<td></td>
<td>• 4 ounces of regular soda</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 4 ounces of grape juice</td>
<td></td>
</tr>
</tbody>
</table>

*Super premium ice cream has about 100 more calories per serving than regular ice cream. It also has about 20 grams of fat per 1/2-cup serving.

**Sample menus for a regular diet**

<table>
<thead>
<tr>
<th>Meal</th>
<th>Regular Diet</th>
<th>Regular Diet</th>
<th>Regular Diet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>• 1 egg and cheese omelet with croutons sautéed in butter</td>
<td>• 3/4 cup of Frosted Flakes® cereal</td>
<td>• 1 blueberry pancake made with Double Milk or Half n’ Half with</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 4 ounces of Double</td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>Snack Options</td>
<td>Meal Description</td>
<td></td>
</tr>
<tr>
<td>--------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td></td>
</tr>
</tbody>
</table>
| Mid-morning snack  | • ¼ cup of sugar-coated roasted peanuts  
• 4 ounces of grape juice  
• 2 deviled egg halves  
• 4 ounces of pear nectar  
• ¼ cup of pistachios  
• 4 dried apricots  
• 4 ounces of apple juice | Milk  
1 slice of ham  
4 ounces of hot chocolate made with Double Milk |
| Lunch              | • ½ of a tuna fish sandwich made with mayonnaise  
• 4 ounces of peach nectar  
• ½ of a grilled ham and cheese sandwich  
• 4 ounces of chocolate milk made with Double Milk  
• 1 slice of whole-grain bread topped with peanut butter and honey  
• 4 ounces of Double Milk | ½ of a grilled ham and cheese sandwich  
4 ounces of chocolate milk made with Double Milk  
1 slice of whole-grain bread topped with peanut butter and honey  
4 ounces of Double Milk |
| Afternoon snack    | • 10 tortilla chips with nacho cheese dip or guacamole  
• 4 ounces of regular soda  
• 1 celery stalk filled with cream cheese or herb cheese spread  
• 4 ounces of apricot nectar  
• 2 baked stuffed clams  
• 4 ounces of grape juice | Milk  
4 ounces of grape juice |
| Dinner             | • Chicken pot pie  
• 4 ounces of raspberry Fruity Shake  
• 2 ounces of fried chicken  
• ½ cup of creamed corn  
• ½ cup of cheesy mashed potatoes made with butter and American cheese  
• 1 cup of baked ziti made with whole-milk ricotta cheese and mozzarella  
• ½ cup of broccoli with garlic and oil  
• 4 ounces of regular soda | 1 cup of baked ziti made with whole-milk ricotta cheese and mozzarella  
½ cup of broccoli with garlic and oil  
4 ounces of regular soda |
| Evening snack      | • ½ cup of rice pudding topped with whipped cream  
• 4 ounces of Double Milk  
• Graham cracker “sandwich” with 1 tablespoon of peanut butter and mini marshmallows  
• 4 ounces of chocolate Standard Milkshake  
• ½ cup of super premium ice cream topped with chocolate syrup, nuts, and whipped cream  
• 4 ounces of Double Milk | Milk  
1 slice of ham  
4 ounces of hot chocolate made with Double Milk |
## Sample menus for regular and vegetarian diets

<table>
<thead>
<tr>
<th>Meal</th>
<th>Regular Diet</th>
<th>Vegetarian</th>
<th>Vegetarian</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breakfast</strong></td>
<td>• ⅓ cup of granola</td>
<td>• ¾ cup of cooked oatmeal made with Double Milk, raisins, walnuts, brown sugar, and butter</td>
<td>• 1 slice of whole-grain bread</td>
</tr>
<tr>
<td></td>
<td>• ¾ cup of fruit yogurt</td>
<td>• 4 ounces of instant cocoa made with Double Milk</td>
<td>• 1 ounce of Muenster cheese</td>
</tr>
<tr>
<td></td>
<td>• 4 ounces of apricot nectar</td>
<td></td>
<td>• 4 ounces of orange juice</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mid-morning snack</td>
<td>• A small muffin with butter or cream cheese and jelly</td>
<td>• ½ bagel with vegetable cream cheese</td>
<td>• 1 cup of Peanut Butter Shake</td>
</tr>
<tr>
<td></td>
<td>• 4 ounces of Double Milk</td>
<td>• 4 ounces of strawberry Fruity Shake</td>
<td></td>
</tr>
<tr>
<td><strong>Lunch</strong></td>
<td>• 1 (3-inch) wedge of chicken and cheese quesadilla topped with sour cream</td>
<td>• ½ of a peanut butter and jelly sandwich on whole-grain bread</td>
<td>• ½ of a veggie burger with cheese on a bun with ranch dressing, pickle, and onion</td>
</tr>
<tr>
<td></td>
<td>• 4 ounces of apple juice</td>
<td>• 4 ounces of Double Milk</td>
<td>• 15 French fries</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• 4 ounces of regular soda</td>
</tr>
<tr>
<td>Afternoon snack</td>
<td>• ½ cup of roasted cashews</td>
<td>• ½ cup of fruit cocktail with ? cup of sour cream and sugar to taste</td>
<td>• 4 tablespoons of guacamole</td>
</tr>
<tr>
<td></td>
<td>• 4 ounces of banana</td>
<td>• 4 ounces of apple juice</td>
<td>• 8 tortilla chips</td>
</tr>
<tr>
<td></td>
<td>• Fruity Shake</td>
<td></td>
<td>• 4 ounces of peach nectar</td>
</tr>
<tr>
<td><strong>Dinner</strong></td>
<td>• 2 ounces of fish baked in a red onion vinaigrette</td>
<td>• 1 (2-inch) slice of broccoli and cheese quiche</td>
<td>• 1 cup of fettuccine Alfredo</td>
</tr>
<tr>
<td></td>
<td>• 1 small baked potato topped with sour cream and chives</td>
<td>• 1 small salad with feta cheese, olives, olive oil, and vinegar</td>
<td>• ½ cup of spinach sautéed in garlic and oil</td>
</tr>
<tr>
<td></td>
<td>• ½ cup of green beans and carrots with butter</td>
<td>• 4 ounces of Chocolate Almond Shake</td>
<td>• 4 ounces of grape juice</td>
</tr>
<tr>
<td></td>
<td>• 4 ounces of cranberry juice</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Evening</strong></td>
<td>• ½ cup of strawberries</td>
<td>• 4 tablespoons of</td>
<td>• 1 small banana dipped</td>
</tr>
<tr>
<td>Meal</td>
<td>Vegetarian</td>
<td>Vegan</td>
<td>Vegan</td>
</tr>
<tr>
<td>---------------</td>
<td>----------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Breakfast</td>
<td>• 1 fried egg</td>
<td>• ½ cup of muesli with slices of fresh peach</td>
<td>• 1 soy sausage link</td>
</tr>
<tr>
<td></td>
<td>• 1 slice of whole-grain bread with butter and raspberry jam</td>
<td>• 4 ounces of soy, rice, or almond milk</td>
<td>• 2 small pancakes made with soy milk, margarine, and maple syrup</td>
</tr>
<tr>
<td></td>
<td>• 4 ounces of apricot nectar</td>
<td></td>
<td>• 4 ounces of pineapple juice</td>
</tr>
<tr>
<td>Mid-morning</td>
<td>• 4 dried apricots</td>
<td>• 1 cup of dairy-free Maple Walnut Shake</td>
<td>• 4 ounces of dairy-free Chocolate Cherry Shake</td>
</tr>
<tr>
<td>snack</td>
<td>• ¼ cup of almonds</td>
<td>• ½ cup of roasted pistachios</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 4 ounces of vanilla Standard Yogurt Shake</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lunch</td>
<td>• ½ of a falafel sandwich with extra tahini</td>
<td>• ½ cup of linguini with garlic and oil</td>
<td>• ½ soy burger with soy cheese on a bun with soy mayonnaise, ketchup, pickle, and onion</td>
</tr>
<tr>
<td></td>
<td>• 4 ounces of regular soda</td>
<td>• 1 soy meatball</td>
<td>• 15 French fries</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 1 small slice of garlic bread</td>
<td>• 4 ounces of dairy-free Vanilla Almond Shake</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 4 ounces of vanilla rice milk</td>
<td></td>
</tr>
<tr>
<td>Afternoon</td>
<td>• 4 graham crackers with 2 tablespoons of peanut butter</td>
<td>• 4 whole-grain crackers with 2 tablespoons of almond butter</td>
<td>• ½ cup of fruit and nut granola</td>
</tr>
<tr>
<td>snack</td>
<td>• 4 ounces of Double Milk</td>
<td>• 4 ounces of apricot nectar</td>
<td>• 4 ounces of peach nectar</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Dinner</td>
<td>• 1 cup of macaroni and cheese</td>
<td>• ½ cup of tofu and white bean casserole</td>
<td>• 1 cup of bean chili topped with soy cheese</td>
</tr>
<tr>
<td></td>
<td>• ½ cup of chilled asparagus tips with blue cheese dressing</td>
<td>• ½ cup of brown rice</td>
<td>• 1 slice of dairy- and egg-free corn bread</td>
</tr>
<tr>
<td></td>
<td>• 4 ounces of grape</td>
<td>• ½ cup of sautéed spinach with roasted pine nuts</td>
<td>• 4 ounces of sparkling cider</td>
</tr>
<tr>
<td>Evening snack</td>
<td>• 1 baked apple with cinnamon sugar, butter, and walnuts</td>
<td>• 1 (2-inch) slice of silken tofu “cheese” cake</td>
<td>• ½ cup of blueberries topped with sugar and non-dairy whipped topping</td>
</tr>
<tr>
<td></td>
<td>• 4 ounces of vanilla soy milk</td>
<td>• 4 ounces of vanilla Dairy-free Milkshake</td>
<td>• 4 ounces of cranberry juice</td>
</tr>
</tbody>
</table>

Resources

Clinical trials are research studies. They’re done to test new:

- Therapies
- Drugs or drug combinations
- Methods of delivery
- Dosages and timing

Some trials test vitamins or supplements to see if they have an effect on a type of cancer. One trial is looking at the effects of high-dose vitamin D on metastatic colorectal cancer (colorectal cancer that has spread to other areas of the body).

To find out more about this or other clinical trials:

- Visit the clinical trials section of the National Cancer Institute (NCI) website at: www.cancer.gov/clinicaltrials
- Call the NCI Cancer Information Service at 800-4-CANCER (800-422-6237).

Academy of Nutrition and Dietetics (AND)

www.eatright.org/public

AND is a professional organization for registered dietitians. The website has information about the latest nutrition guidelines and research and can help you find a dietician in your area. The academy also publishes The Complete Food and Nutrition Guide, which has over 600 pages of food, nutrition, and health information.
American Institute for Cancer Research
www.aicr.org
800-843-8114
Has information on diet and cancer prevention research and education.

FDA Center for Food Safety and Applied Nutrition
www.fda.gov/AboutFDA/CentersOffices/OfficeofFoods/CFSAN/default.htm
Has helpful information on food safety.

MSK Integrative Medicine Service
800-525-2225
www.mskcc.org/integrative-medicine
Our Integrative Medicine Service offers patients many services to complement traditional medical care, including music therapy, mind/body therapies, dance and movement therapy, yoga, and touch therapy. They also provide counseling on nutrition and dietary supplements.

National Institutes of Health Office of Dietary Supplements
http://ods.od.nih.gov
301-435-2920
Has up-to-date information on dietary supplements.

Contact Information for Nutrition Services at MSK

Department of Food and Nutrition in New York, NY
212-639-7071

Radiation Oncology Outpatient Nutrition in New York, NY
212-639-7622

Outpatient Nutrition in Commack, NY
631-623-4000

Outpatient Nutrition in Rockville Centre, NY
516-256-3651

Outpatient Nutrition in Monmouth, NJ
848-225-6000

Outpatient Nutrition in Basking Ridge, NJ
Gynecology Service: What You Should Know About Going Home

This information will help you prepare to go home after your gynecologic surgery or procedure.

**When You Will Leave the Hospital**

You will be ready to leave the hospital when:

- Your stomach makes sounds showing that your bowels are working as they normally do. You don’t need to have a bowel movement before you’re discharged.
- You’re able to eat solid food. It may take several weeks for your appetite to be the same as it was before your surgery. However, you must be able to eat some solid foods before you leave the hospital.
- You’re not in too much pain. You may have some discomfort after surgery, but your doctor will prescribe you pain medication to help. The medication should make you comfortable enough to recover at home.
- You’re able to get up and walk. Some people may need to see a physical therapist (PT) to help with their recovery. Others may need to go to a rehabilitation facility or nursing home setting.

**Getting Ready to Leave the Hospital**

You will be told in advance what day you’re likely to be discharged from the hospital. Most patients are discharged by 11:00 AM.

Your incisions (surgical cuts) may be closed with staples. If you go home before the staples are removed, your doctor or nurse will tell you when to make an appointment to have them taken out.
Some people may go home with:

- A Foley® catheter (a thin, flexible tube) to drain urine from their bladder
- A drain in their abdomen (belly)
- An open wound
- An ostomy (opening made in the wall of their abdomen to drain urine or stool)

If you go home with any of these, your nurse will teach you and your caregiver how to care for them. If you need any supplies, your doctor will order them for you. A visiting nurse may come to your home, if needed.

Your doctor will tell you when the drain or catheter will be removed and an appointment will be scheduled for you.

You will get a prescription for medication, instructions on how to care for your incisions, and phone numbers where you can reach your doctor or nurse. Please keep this information in a safe place.
Hand Hygiene and Preventing Infection

This information explains how to clean your hands with soap and water or an alcohol-based hand sanitizer.

Why is hand hygiene so important?

When germs get into your body, they can cause an infection. Everyone is at risk for an infection while in the hospital. Hand hygiene is the best way to prevent the spread of germs and infections. It only takes 15 to 20 seconds of washing your hands or using an alcohol-based hand sanitizer, such as Purell®, to kill the germs that cause infections. You can take action by cleaning your hands and asking your visitors to clean their hands.

When should I clean my hands with soap and water?

- After using the toilet, urinal, or bedside commode.
- If your hands look dirty.
- Before you eat or prepare food.
- If you have an infection with the germ Clostridium difficile (C. Diff) or norovirus.
- After vomiting or coughing up phlegm.
What is the correct way to clean my hands with soap and water?

1. Wet your hands with warm water. Use liquid soap, if possible. Apply a nickel- or quarter-sized amount of soap to your hands.

2. Rub your hands together until a lather forms. Rub the lather over the top of your hands, in between your fingers, and in the area around and under your fingernails.

3. Continue rubbing your hands for 15 to 20 seconds.

4. Rinse your hands well under warm running water.

5. Dry your hands with a paper towel.

6. Use a paper towel to turn off the faucet and to open the bathroom door, if needed.

When should I clean my hands with an alcohol-based hand sanitizer?

- If soap and water aren’t available.
- When you leave your hospital room and when you come back.
- Before eating (if you can’t get out of bed, you can use an individually packaged hand wipe).

What is the correct way to clean my hands with an alcohol-based hand sanitizer?

1. Put a nickel- or quarter-size amount of sanitizer in the palm of your hand.

2. Rub your hands together, and then rub the sanitizer over the top of your hands, in between your fingers, and in the area around and under your fingernails.

3. Continue rubbing until your hands are dry. If enough sanitizer was used to kill germs, it should take at least 15 seconds of rubbing before your hands feel dry. Don’t rinse your hands with water or dry them with a towel.
Where can I get more information about hand hygiene?

If you have any questions, talk with your doctor or nurse. You can also visit the following website for more information:

**World Health Organization (WHO)**
www.who.int/gpsc/5may/Hand_Hygiene_When_and_How_Leaflet.pdf

**Call Your Doctor or Nurse if You Have:**

- A fever (a temperature of 100.4° F (38° C) or higher)
- A temperature of 96.8° F (36° C) or lower
- New or worsening chills or sweating
- New or worsening redness around a wound
- New or increased drainage from a wound
- New or worsening shortness of breath or difficulty breathing
- A heartbeat that is faster than usual
- New or worsening cough
- New or worsening pain
Herbal Remedies and Cancer Treatment

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

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

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

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

Common Herbal Supplements and Their Effects

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

**Echinacea**

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

**Garlic**

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

**Gingko (also known as *Gingko biloba*)**

• Can increase your risk of bleeding.

**Ginseng**

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

**Turmeric**

• Can make chemotherapy less effective.

**St. John’s Wort**

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

**Valerian**

• Can increase the effects of anesthesia or sedation.

**Herbal formulas**

• Herbal formulas contain different herbs. We don’t know their side effects. You must also stop taking these products 1 week before treatment. Do not start taking herbal formulas again until your doctor tells you it’s safe.

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

This information explains how to shower using Hibiclens.

Your healthcare team has recommended that you shower with Hibiclens. Hibiclens is a skin cleanser that kills germs for up to 24 hours after using it. It contains a strong antiseptic (liquid used to kill germs and bacteria) called chlorhexidine gluconate (CHG). Showering with Hibiclens will help reduce your risk of infection.

You may need to use Hibiclens:

- Daily while your central venous catheter (CVC) is in place.
- Before and after your surgery or procedure.
- If you’re in the Intensive Care Unit (ICU).
- If you’re getting a stem cell transplant.
- If you have cancer of the blood or lymphatic system including:
  - Leukemia
  - Lymphoma
  - Myeloma

How to Use Hibiclens

1. Use your normal shampoo to wash your hair. Rinse your head well.

2. Use your normal soap to wash your face and genital area. Rinse your body well with warm water.

3. Open the Hibiclens bottle. Pour some solution into your hand or a washcloth.

4. Move away from the shower stream to avoid rinsing off the Hibiclens too
soon.

5. Rub the Hibiclens gently over your body from your neck to your feet. Don’t put the Hibiclens on your face or genital area.

6. Move back into the shower stream to rinse off the Hibiclens with warm water.

7. Dry yourself off with a clean towel after your shower.

8. Don’t put on any lotion, cream, deodorant, makeup, powder, or perfume after your shower.

Important Points to Remember When Using Hibiclens

- Don’t use Hibiclens on children who are younger than 2 months old.
- Don’t use Hibiclens if you’re allergic to chlorhexidine.
- Don’t use Hibiclens on your head, face, eyes, ears, mouth, genital area, or on deep wounds. If you have a wound and aren’t sure if you should use Hibiclens on it, ask your doctor or nurse.
- Don’t use regular soap, lotion, cream, powder, or deodorant after washing with Hibiclens.
- If you have an irritation or allergic reaction when using Hibiclens, stop using it and call your doctor.

For more information, read the product label on the outside of the Hibiclens package or visit the Hibiclens website at www.hibiclens.com
How to Use Your Incentive Spirometer

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

About Your Incentive Spirometer

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

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

How To Use Your Incentive Spirometer

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

Please visit mskcc.org/pe/incentive_spirometer to watch this video.

Setting up your incentive spirometer

The first time you use your incentive spirometer, you will need to take the flexible tubing with the mouthpiece out of the bag. Stretch out the tubing and connect it to the outlet on the right side of the base (see Figure 1). The mouthpiece will be attached to the other end of the tubing.

Using your incentive spirometer

When you are using your incentive spirometer, make sure to breathe through your mouth. If you breathe through your nose the incentive spirometer will not work properly. You can plug your nose if you have trouble.

If you feel dizzy at any time, stop and rest. Try again at a later time.

To use your incentive spirometer, follow the steps below.

1. Sit upright in a chair or in bed. Hold the incentive spirometer at eye level.
   - If you had surgery on your chest or abdomen (belly), hug or hold a pillow to help splint or brace your incision (surgical cut) while you’re using the incentive spirometer. This will help decrease pain at your incision.

2. Put the mouthpiece in your mouth and close your lips tightly around it. Slowly breathe out (exhale) completely.

3. Breathe in (inhale) slowly through your mouth as deeply as you can. As you take the breath, you will see the piston rise inside the large column. While the piston rises, the indicator on the right should move upwards. It should stay in between the 2 arrows (see Figure 1).

4. Try to get the piston as high as you can, while keeping the indicator
between the arrows.

- If the indicator does not stay between the arrows, you are breathing either too fast or too slow.

5. When you get it as high as you can, hold your breath for 10 seconds, or as long as possible. While you’re holding your breath, the piston will slowly fall to the base of the spirometer.

6. Once the piston reaches the bottom of the spirometer, breathe out slowly through your mouth. Rest for a few seconds.

7. Repeat 10 times. Try to get the piston to the same level with each breath.

8. After each set of 10 breaths, try to cough, holding a pillow over your incision, as needed. Coughing will help loosen or clear any mucus in your lungs.

9. Put the marker at the level the piston reached on your incentive spirometer. This will be your goal next time.

Repeat these steps every hour that you are awake.

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

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

Before the Surgery

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

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

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

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

Please remember the following:

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

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

- If the patient brought any valuables, such as a cell phone, iPod, or iPad, please keep them safe for them during surgery.
- Sometimes, surgeries may be delayed. We make every effort to tell you when this happens.

**During the Surgery**

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

- Food and drinks are available in the cafeteria and gift shop. You can also bring your own food and eat it in the cafeteria.
- The coat-check room is located at the bottom of the escalator on the ground level. It’s open Monday through Friday from 11:00 am to 4:00 pm.
- Wireless Internet access is available in most areas of the hospital. The wifi network name is MSK_guest. You can also use the computers in the room off the main lobby.
- Please be courteous and mindful of others while using your cell phone. Use the designated area to accept and make calls on your cell phone. It may be useful to bring your phone charger to the hospital.
- The Mary French Rockefeller All Faith Chapel is an interfaith chapel located in room M106 near the main lobby on the 1st floor. It’s open at all times for meditation and prayer.
- The Patient Recreation Pavilion is open daily from 9:00 am to 8:00 pm for patients and their visitors. Children are allowed in the pavilion as long as they are supervised by an adult. The pavilion has arts and crafts, a library, an outdoor terrace, and scheduled entertainment events. To get to the pavilion, take the M elevators to the 15th floor.

**Surgery updates**

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

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

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

To contact the nurse liaison:

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


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

After the Surgery

Meeting with the surgeon

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

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

Visiting the patient in the PACU

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

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

Please follow these guidelines before your visit:

• Silence your cell phone.

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

• Do not bring food or flowers into the PACU.

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

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

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

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

We will give you a card with the PACU phone number. Please choose one person to call for updates.
Patient-Controlled Analgesia (PCA)

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

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

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

Using the PCA

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

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

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

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

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

**Side Effects**

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

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

Your doctor may be able to give you a different medication that has fewer side effects.
What You Can Do to Avoid Falling

This information describes what you can do to keep from falling when you come for your appointments at Memorial Sloan Kettering (MSK). It also describes how you can keep from falling while you’re at home.

Things That Can Make You Fall

Anyone can fall, but some things make you more likely to fall. You’re at higher risk for falling if you:

- Are 60 years old or older
- Have fallen before
- Are afraid of falling
- Feel weak, tired, or forgetful
- Have numbness or tingling in your legs or feet
- Have trouble walking or are unsteady
- Don’t see well
- Feel dizzy, lightheaded, or confused
- Use a walker or cane
- Have depression or anxiety
- Take certain medications, such as:
  - Laxatives (pills to cause a bowel movement)
  - Diuretics (water pills)
  - Sleeping pills
  - Medications to prevent seizures
• Some medications for depression
• Pain medications
• Intravenous (IV) fluids (fluids into your vein)
• Any medication that makes you feel sleepy

How to Avoid Falling During Your MSK Appointments

• Come to your appointment with someone who can help you get around.
• If you use an assistive device such as a wheelchair or cane, bring it to your appointment.
• Wear safe, supportive shoes. Examples include shoes that have a low heel height, a thin, firm midsole, a slip-resistant sole, and laces or Velcro® to close the shoe. Don’t wear shoes with an open back.
• Ask a member of our staff, such as a security guard or person at the front desk, for help while you’re at MSK. They can also bring you a wheelchair to use during your appointment.
• Have someone help you while you’re in the dressing room or bathroom. If you don’t have anyone with you, tell the person at the reception desk. They will find a nurse to help you.
• Use the grab bars while you’re in the bathroom.
• When getting up after you’re lying down, sit at the side of the bed or exam table before you stand up.
• If you feel dizzy or weak, tell someone. If you’re in a bathroom, look for a call bell that you can use to call for help.

How to Avoid Falling at Home

• Set up your furniture so that you can walk around without anything blocking your way.
• Use a nightlight or keep a flashlight close to you at night.
• Remove rugs and other loose items from your floor. If you have a rug
covering a slippery floor, make sure the rug doesn’t have any loose or fringed edges.

- If your bathroom isn’t close to your bedroom (or wherever you spend most of your time during the day), get a commode. Place it nearby so you don’t have to walk to the bathroom.

- Put grab bars and handrails next to your toilet and inside your shower. Never use towel racks to pull yourself up. They aren’t strong enough to hold your weight.

- Apply anti-slip stickers to the floor of your tub or shower.

- Buy a shower chair and a hand-held shower head so you can sit while taking a shower.

- When getting up after you’re lying down, sit for a few minutes before you stand up.

- Place items in your kitchen and bathroom cabinets at shoulder height so you don’t have to reach too high or bend too low.

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

Additional Resources

For more information about how to keep from falling at home, read the Centers for Disease Control and Prevention (CDC) booklet *Check for Safety: A Home Fall Prevention Checklist for Older Adults*. It’s available in English and Spanish on [www.cdc.gov](http://www.cdc.gov) or by calling 800-CDC-INFO (800-232-4636).

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