

About Your Robotic-Assisted or Laparoscopic Hysterectomy

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About Your Surgery

This guide will help you prepare for your robotic-assisted or laparoscopic hysterectomy at Memorial Sloan Kettering (MSK) and 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.

A hysterectomy is a surgery that removes the uterus. You may be having a hysterectomy because you have uterine, cervical, or ovarian cancer, uterine fibroids, endometriosis, heavy vaginal bleeding, or pelvic pain. Your doctor will explain why you are having the surgery.

About the Uterus

The uterus is located in the lower abdomen between the bladder and rectum. The lower narrow end of the uterus is called the cervix (see Figure 1). The ovaries and fallopian tubes are attached to the uterus.

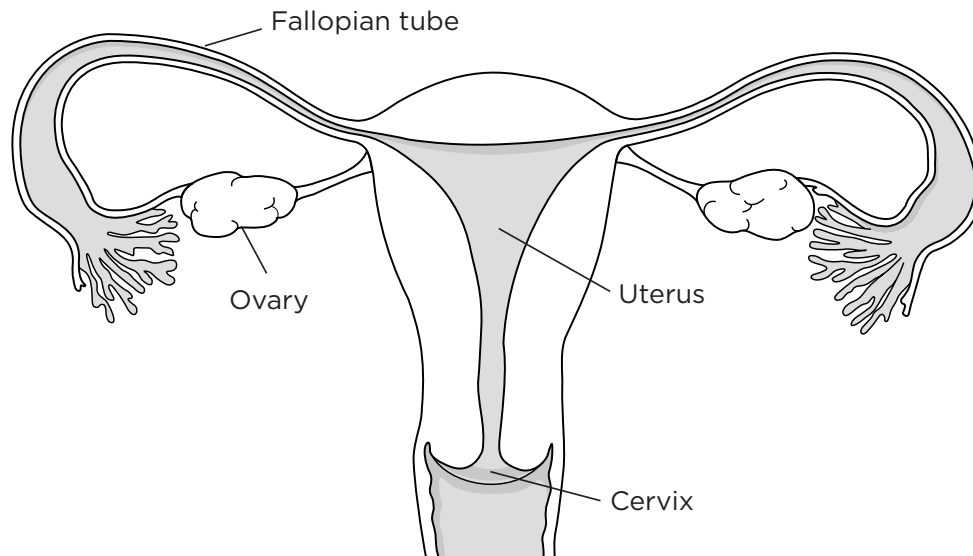


Figure 1. Your uterus

After your hysterectomy, you will not be able to have children naturally. Menstruation will also stop. A hysterectomy does not cause menopause unless your ovaries are removed. If you have questions about preserving your fertility, ask your doctor for a referral to a fertility specialist.

Robotic-Assisted and Laparoscopic Hysterectomy

You will have either a robotic-assisted or a laparoscopic hysterectomy. Both types will allow your surgeon to perform a precise and less invasive procedure than open surgery.

In both types of hysterectomies, your surgeon will make several small incisions (surgical cuts) on your abdomen (belly). A laparoscope, (a tube-like instrument with a camera) will be placed into your abdomen. The tool is connected to a video camera and television that allows your surgeon to see the inside of your abdomen. Gas (carbon dioxide) will be pumped into your abdomen to create space, which gives your surgeon more room to perform the surgery. Tiny tools will also be inserted into the incisions on your abdomen.

In a laparoscopic hysterectomy, your surgeon sees the image on a monitor and can remove tissue with the instruments. In a robotic-assisted hysterectomy, your surgeon uses a robot as a tool to do the surgery. Your surgeon sits at a console with a 3-dimensional view of the surgical site; he or she does the surgery from there, using a robot that he or she controls.

In both approaches, your surgeon will remove your uterus and cervix through your vagina, if possible. If your uterus or cervix cannot be removed through your vagina, your surgeon will make one of your incisions larger, and remove the organs from there. Your incisions will be closed with sutures (stitches).

Your surgeon may also perform one or both of the procedures listed below. If so, this is done at the same time as your hysterectomy.

Salpingo-Oophorectomy

Depending on your surgery, one or both of your ovaries and fallopian tubes may be removed. This is called a salpingo-oophorectomy. If both ovaries are removed, you will go into menopause, if you have not already. If you have already gone through menopause, you should not notice any changes. If you have not started menopause, you may experience common symptoms, including night sweats, hot flashes, and vaginal dryness. Speak with your doctor about ways to manage these symptoms.

Sentinel Lymph Node Mapping and Lymph Node Dissection

Your surgeon may do sentinel lymph node mapping and may remove some of your lymph nodes, which is called a lymph node dissection. Lymph nodes are small, bean-like structures that are found throughout your body. They make and store the cells that help fight infections. If cancer cells spread to the lymph nodes, they need to be removed.

Sentinel lymph nodes are the lymph nodes that are the ones most likely to be affected if your cancer has spread.

For sentinel lymph node mapping, your surgeon will inject a small amount of dye while you are under anesthesia. Your surgeon will discuss with you the type of dye that he or she will use. This dye travels to the sentinel nodes and turns them blue or green. Once the sentinel node(s) are located, your surgeon will make a small incision. He or she will remove the sentinel node(s) (the nodes that have turned blue or green) and they will be examined to see if they contain cancer cells.

The information in this section will help you prepare for your surgery. Read through this section when your surgery is scheduled and refer to it as your surgery date gets closer. It contains important information about what you need to do before your surgery. Write down any questions you have and be sure to ask your doctor or nurse.

Preparing for Your Surgery

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

About Drinking Alcohol

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

- Stopping alcohol suddenly can cause seizures, delirium, and death. If we know you are at risk for these complications, we can prescribe medications to help prevent them.
- If you drink alcohol regularly, you may be at risk for other complications during and after your surgery. These include bleeding, infections, heart problems, greater dependence on nursing care, and longer hospital stay.

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

- Be honest with your healthcare provider about how much alcohol you drink.
- Try to stop drinking alcohol once your surgery is planned. If you develop a headache, nausea, increased anxiety, or cannot sleep after you stop drinking, tell your doctor right away. These are early signs of alcohol withdrawal and can be treated.
- Tell your healthcare provider if you cannot stop drinking.
- Ask us any questions you have about drinking and surgery. As always, all of your treatment information will be kept confidential.

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

- I take a blood thinner. Some examples are heparin, warfarin (Coumadin®), clopidogrel (Plavix®), and tinzaparin (Innohep®). There are others, so be sure your doctor knows all the medications you're taking.
- I take prescription medications.
- I take any over-the-counter medications, herbs, vitamins, minerals, or natural or home remedies.
- I have a pacemaker, automatic implantable cardioverter-defibrillator (AICD), or other heart device.
- I have sleep apnea.
- I have had a problem with anesthesia in the past.
- I have allergies, including to latex.
- I am not willing to receive a blood transfusion.
- I drink alcohol.
- I smoke.
- I use recreational drugs.

About Smoking

People who smoke can have breathing problems when they have surgery. Stopping even for a few days before surgery can help. If you want to quit, call our Tobacco Treatment Program at 212-610-0507. You can also ask your nurse about the program.

About Sleep Apnea

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

Within **30** Days of Your Surgery

Presurgical Testing

Before your surgery, you will have an appointment for presurgical testing (PST). The date, time, and location of your PST appointment will be printed on the appointment reminder from your surgeon's office.

You can eat and take your usual medications the day of your PST appointment. During your appointment, you will meet with a nurse practitioner who works closely with anesthesiology staff (doctors and specialized nurses who will be giving you medication to put you to sleep during your surgery). He or she will review your medical and surgical history with you. You will have tests, including an electrocardiogram (EKG) to check your heart rhythm, a chest x-ray, blood tests, and any other tests necessary to plan your care. Your nurse practitioner may also recommend you see other healthcare providers.

Your nurse practitioner will talk with you about which medications you should take the morning of your surgery. To help you remember, we've left space for you to write these medications down on page 11 of this guide.

It is very helpful if you bring the following with you to your PST appointment:

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

Complete a Health Care Proxy Form

If you haven't already completed a Health Care Proxy form, we recommend you complete one now. A health care proxy is a legal document that identifies the person who will speak for you if you are unable to communicate for yourself. The person you identify is called your health care agent. If you are interested in completing a Health Care Proxy form, talk with your nurse. If you have completed one already, or if you have any other advanced directive, bring it with you to your next appointment.

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, please read *How to Use Your Incentive Spirometer*, located in the "After Your Surgery" section of this guide. If you have any questions, ask your nurse or respiratory therapist.

Exercise

Try to do aerobic exercise every day, such as walking or other forms of exercise. If it is cold outside, use stairs in your home or go to a mall or shopping market. Walking will help your body get into its best condition for your surgery and make your recovery faster and easier.

Eat a Healthy Diet

You should eat a well-balanced, healthy diet before your surgery. If you need help with your diet talk to your doctor or nurse about meeting with a dietitian.

10 Days Before Your Surgery

Stop Taking Certain Medications

If you take vitamin E, stop taking it 10 days before your surgery. If you take aspirin, ask your surgeon whether you should continue. Medications such as aspirin, medications that contain aspirin and vitamin E can cause bleeding. For more information, please read *Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs)*, located in this section.

Purchase Hibiclens® Skin Cleanser, if Needed

If you need to wash with Hibiclens before your surgery, your nurse will tell you. Hibiclens is a skin cleanser that kills germs for 6 hours after using it. Showering with Hibiclens before surgery will help reduce your risk of infection after surgery. Hibiclens is available at your local pharmacy without a prescription.

Arrange for Someone to Take You Home

If you are going home the day of your surgery, you must have someone who is 18 years or older take you home. Please call one of the agencies below if you do not have someone who can do this; they will help you find someone.

In New York:

Partners in Care: 888-735-8913

Prime Care: 212-944-0244

In New York or New Jersey:

Caring People: 877-227-4649

7 Days Before Your Surgery

Herbal Remedies

If you take a multivitamin, talk with your doctor or nurse about whether you should continue. Stop taking herbal remedies or supplements 7 days before your surgery. For more information, please read *Herbal Remedies and Cancer Treatment*, located in this section.

2 Days Before Your Surgery

Stop Taking Certain Medications

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

1 Day Before Your Surgery

Note the Time of Your Surgery

A clerk from the Admitting Office will call you after 2:00 PM the day before your surgery. He or she will tell you what time you should arrive at the hospital for your surgery. If you are scheduled for surgery on a Monday, you will be called on the Friday before. If you do not receive a call by 7:00 PM, please call 212-639-5014.



Use this area to write in information when the clerk calls:

Date: _____ Time: _____

MSK Presurgical Center (PSC)
1275 York Avenue (between East 67th and East 68th Streets) New York, NY
B elevator to 6th floor
212-639-3642

Follow a Clear Liquid Diet, if Needed

You may 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 table below. You cannot eat any solid foods while on a clear liquid diet. Your nurse will tell you if you need to follow a clear liquid diet.

Food/Beverage	Drink	Do Not Drink
Soups	<ul style="list-style-type: none">• Clear broth, bouillon• Clear consommé• Packaged vegetable, chicken, or beef broth	Any products with any particles of dried food or seasoning
Sweets and Desserts	<ul style="list-style-type: none">• Gelatin, such as Jell-O®• Flavored ices• Hard candies such as Lifesavers®	All others
Beverages	<ul style="list-style-type: none">• Clear fruit juices, such as cranberry, grape, apple• Soda, such as 7-Up®, Sprite®, ginger ale, coke, Coke®, Diet Coke®, seltzer, Gatorade®• Black coffee• Tea	<ul style="list-style-type: none">• Juices with pulp• Nectars• Milk (or cream)• Alcoholic beverages

Begin Bowel Preparation, if Needed

You may also need to do a bowel preparation in order to empty your bowels before surgery. If you need to do this, your nurse will give you instructions.

Shower With Hibiclens, if Needed

If your doctor or nurse told you to shower with the Hibiclens solution, do it the night before your surgery. To use Hibiclens, open the bottle and pour some solution into your hand or a washcloth. Rub it gently over your body from your neck to your waist and rinse. Do not let the solution get into your eyes, ears, mouth, or genital area, or on wounds. Do not use any other soap. Dry yourself off with a clean towel after your shower.

Sleep

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



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

Morning of Your Surgery

Shower With Hibiclens, if Needed

If your doctor or nurse told you to shower with Hibiclens, shower with it just before you leave for the hospital. Use the Hibiclens the same way you did the night before. Do not use any other soap. Do not put on any lotion, cream, powder, deodorant, makeup, or perfume after your shower.

Take Your Medications

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

Medication	Dose	Doctor/Nurse
Medication	Dose	Doctor/Nurse
Medication	Dose	Doctor/Nurse
Medication	Dose	Doctor/Nurse



Do not eat or drink anything the morning of your surgery. This includes water, hard candy, and gum. Take any medication as instructed with a small sip of water.

Things to Remember

- Do not put on any lotions, creams, deodorants, makeup, powders, or perfumes.
- Do not wear any metal objects. Remove all jewelry, including body piercings. The equipment used during your surgery can cause burns if it touches metal.
- Leave valuables, such as credit cards, jewelry, or your checkbook at home.
- Before you are taken into the operating room, you will need to remove your eyeglasses, hearing aids, dentures, prosthetic device(s), wig, and religious articles, such as a rosary.
- Wear something comfortable and loose-fitting.
- If you wear contact lenses, wear your glasses instead.
- _____
- _____



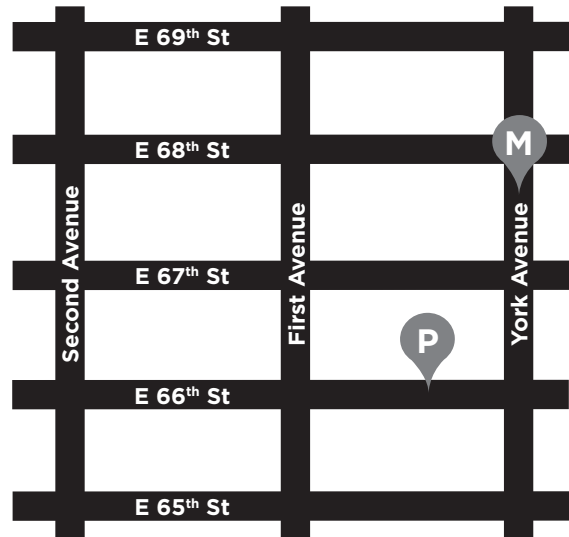
What to Bring

- Only the money you may need for a newspaper, bus, taxi, or parking.
- CD player and CDs or an iPod, if you choose. However, someone will need to hold these items for you when you go into surgery.
- Your incentive spirometer, if you have one.
- Your breathing machine for sleep apnea (such as your CPAP), if you have one.
- If you have a case for your personal items, such as eyeglasses, hearing aid(s), dentures, prosthetic device(s), wig, and religious articles such as a rosary, bring it with you.
- Your Health Care Proxy form, if you have completed one.
- This guide. Your healthcare team will use this guide to teach you how to care for yourself after your surgery.
- _____
- _____
- _____

Parking When You Arrive

Parking at MSK is available in the garage on East 66th Street between York and First Avenues. To reach the garage, turn onto East 66th Street from York Avenue. The garage is located about a quarter of a block in from York Avenue, on the right-hand (north) side of the street. There is a pedestrian tunnel that you can walk through that connects the garage to the hospital. If you have questions about prices, call 212-639-2338.

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



P = Parking
M = Memorial Sloan Kettering

Once You're in the Hospital

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

Get Dressed for Surgery

You will be given a hospital gown, robe, and nonskid socks.

Meet With Your Nurse

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

Meet With Your Anesthesiologist

He or she will:

- Review your medical history with you.
- Talk with you about your comfort and safety during your surgery.
- Talk with you about the kind of anesthesia you will receive.
- Answer any questions you may have about your anesthesia.

Prepare for Surgery

Once your nurse has seen you, 1 or 2 visitors can keep you company as you wait for your surgery to begin. When it is time for your surgery, your visitor(s) will be shown to the waiting area. Your visitors should read *Information for Family and Friends for the Day of Surgery* located in this section.

You will walk into the operating room or you can be taken in on a stretcher. A member of the operating room team will help you onto the operating bed. Compression boots will be placed on your lower legs. These gently inflate and deflate to help circulation in your legs. You may also have a blood pressure cuff and EKG pads to monitor you during surgery.

Your anesthesiologist will place an intravenous (IV) line into a vein, usually in your arm or hand. The IV line will be used to give you fluids and anesthesia (medication to make you sleep) during your surgery.

Once you are fully asleep, a breathing tube will be placed through your mouth and into your windpipe to help you breathe. You may also have a urinary catheter placed to drain urine from your bladder.

Once your surgery is finished, your incisions will be closed Steri-Strips™ (thin pieces of tape) or Dermabond® (surgical glue) and covered with a dry dressing. Your breathing tube is usually taken out while you are still in the operating room.

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.

Medications such as aspirin and other NSAIDs, vitamin E, and COX-2 inhibitors can increase your risk of bleeding during cancer treatment. These medications affect your platelets, which are blood cells that clot to prevent bleeding. If you take aspirin or other NSAIDs, vitamin E, or a COX-2 inhibitor such as celecoxib (Celebrex[®]), tell your doctor or nurse. He or she 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.

If you're having surgery:

- Stop taking medications that contain aspirin or vitamin E 10 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.
- Ask your doctor if you should continue taking a COX-2 inhibitor.

If you're having a procedure in Radiology (including Interventional Radiology, Interventional Mammography, and General Radiology):

- 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. If your doctor instructs you to stop taking aspirin, you should stop 5 days before your procedure or as directed by your doctor.
- Stop taking NSAIDs 24 hours before your procedure.
- Stop taking medications that contain vitamin E 10 days before your procedure, or as directed by your doctor.

Chemotherapy can decrease your platelet count, which can increase your risk of bleeding. Whether you're just starting chemotherapy or you've been receiving it, talk with your doctor or nurse before taking aspirin or NSAIDs.

Medications are often called by their brand name, which can make it difficult to know their ingredients. To help you identify medications that contain aspirin, other NSAIDs, and vitamin E, please review the list of common medications in this leaflet. While this list includes the most common products, there are others. Please check with your healthcare provider if you aren't sure. Always be sure your doctor knows all the medications you're taking, both prescription and over-the-counter.

The following common medications contain aspirin:

Alka Seltzer®	Cama® Arthritis Pain Reliever	Genprin®	Roxiprin®
Anacin®	COPE®	Gensan®	Saletto®
Arthritis Pain Formula	Dasin®	Heartline®	Salocol®
Arthritis Foundation Pain Reliever®	Easprin®	Headrin®	Sodol®
ASA Enseals®	Ecotrin (most formulations)	Isollyl®	Soma® Compound Tablets
ASA Suppositories®	Empirin® Aspirin (most formulations)	Lanorinal®	Soma Compound with Codeine Tablets
Ascriptin® and Ascriptin A/D	Epromate®	Lortab® ASA Tablets	St. Joseph® Adult Chewable Aspirin
Aspergum®	Equagesic Tablets	Magnaprin®	Supac®
Asprimox®	Equazine®	Marnal®	Synalgos® DC Capsules
Axotal®	Excedrin® Extra- Strength Analgesic Tablets and Caplets	Micrainin®	Tenol-Plus®
Azdone®	Excedrin Migraine	Momentum®	Trigesic®
Bayer® (most formulations)	Fiorgen®	Norgesic Forte® (most formulations)	Talwin® Compound
BC® Powder and Cold Formulations	Fiorinal®	Norwich® Aspirin	Vanquish® Analgesic Caplets
Bufferin®	Fiortal®	PAC® Analgesic Tablets	Wesprin® Buffered
(most formulations)	Gelpirin®	Orphengesic®	Zee-Seltzer®
Buffets II®		Painaid®	ZORprin®
Buffex®		Panasal®	
		Percodan® Tablets	
		Persistin®	
		Robaxisal® Tablets	

The following common medications are NSAIDs that do not contain aspirin:

Advil®	Children's Motrin®	Indomethacin	Mobic®	Piroxicam
Advil Migraine	Clinoril®	Indocin®	Motrin	Ponstel®
Aleve®	Daypro®	Ketoprofen	Nabumetone	Relafen®
Anaprox DS®	Diclofenac	Ketorolac	Nalfon®	Saletto 200
Ansaid®	Etodolac®	Lodine®	Naproxen	Sulindac
Arthrotec®	Feldene®	Meclofenamate	Naprosyn®	Toradol®
Bayer Select Pain Relief Formula Caplets	Fenoprofen	Mefenamic Acid	Nuprin®	Voltaren®
Celebrex	Flurbiprofen	Meloxicam	Orudis®	
	Genprin®	Menadol®	Oxaprozin	
	Ibuprofen	Midol®	PediaCare Fever®	

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

Amino-Opt-E	Aquavit	E-400 IU	E complex-600
Aquasol E	D'alpha E	E-1000 IU Softgels	Vita-Plus E

Acetaminophen (Tylenol®) is generally safe to take during your cancer treatment. It doesn't affect platelets, so it will not increase your chance of bleeding. The following common medications contain acetaminophen; those in bold require a prescription:

Acephen®	Datril®	Norco®	Tylenol with Codeine No. 3
Aceta® with Codeine	Di-Gesic®	Panadol®	Vanquish
Acetaminophen	Esgic®	Percocet®	Vicodin®
with Codeine	Excedrin P.M.	Repan	Wygesic®
Aspirin-Free Anacin	Fiorcet®	Roxicet®	Zydone®
Arthritis Pain Formula	Lorcet®	Talacen®	
Aspirin-Free	Lortab	Tempra®	
Darvocet-N 100®	Naldegesic®	Tylenol	

 **Read the labels on all your medications.**

Acetaminophen (Tylenol) 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 is not always written out, so look for these common abbreviations, especially on prescription pain relievers: APAP, AC, Acetaminoph, Acetaminop, Acetamin, and Acetam.

Acetaminophen is safe when used as directed, but there is a limit to how much you can take in 1 day. It's possible to take too much acetaminophen without knowing because it's in many different medications, so always read and follow the label on the product you are taking. Do not take more than 1 medication at a time that contains acetaminophen without talking with a member of your healthcare team.

If you have any questions or concerns, talk with a member of your healthcare team. You can reach them Monday through Friday from 9:00 am to 5:00 pm at _____. After 5:00 pm, during the weekend, and on holidays, please call _____. If there's no number listed, or you're not sure, call (212) 639-2000.

Herbal Remedies and 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 because they can:

- Interact with other drugs
- Increase or lower blood pressure
- Thin the blood and increase the risk of bleeding
- Make radiation therapy less effective
- Lower the effects of medications that suppress the immune system
- Increase the effects of sedation or anesthesia

■ Common Herbs and Their Effects

Echinacea

- Can cause an allergic reaction such as a rash or difficulty breathing
- Can lower the effect of drugs used to suppress the immune system

Garlic

- Can lower blood pressure, fat, and cholesterol levels
- Can prevent platelets (the blood cells that help stop bleeding) from sticking together, which increases the risk of bleeding

Ginkgo (also known as ginkgo biloba)

- Can change how platelets function, which can increase the risk of bleeding

Ginseng

- Can act as a stimulant, which can decrease the effects of anesthesia or sedation
- Can interfere with platelet function, which can increase the risk of bleeding
- Can lower blood glucose (sugar) level

Turmeric

- Can reduce the antitumor action of chemotherapy drugs

St. John's Wort

- Can interact with medications given during surgery
- Can make the skin more sensitive to laser treatment

Valerian

- Can have a sedative effect, which can increase the effects of anesthesia or sedation

Herbal formulas

- Many herbal formulas contain different herbs. We don't know their side effects. You must also stop taking these products 1 week before and during treatment

For more information about herbs and botanicals, visit the About Herbs, Botanicals & Other Products website at mskcc.org/aboutherbs.

You can also download the Memorial Sloan Kettering About Herbs app from the Apple App Store at itunes.apple.com/us/app/about-herbs/id554267162?mt=8.

This information does not cover all possible side effects. Please share any questions or concerns with your doctor or nurse.

If you have any questions or concerns, talk with a member of your healthcare team. You can reach them Monday through Friday from 9:00 am to 5:00 pm at _____. After 5:00 pm, during the weekend, and on holidays, please call _____. If there's no number listed, or you're not sure, call (212) 639-2000.

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 (MSK).

■ 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, he or she will also be asked to provide contact information for the person who will be taking them home.

Once the patient is checked in, he or she will go to the Presurgical Center (PSC) to be examined before surgery. One person can come along, but other visitors should wait in the waiting area. If the patient wishes, other visitors may join him or her when the nurse has finished the exam.

When the operating room (OR) is ready, the surgical team will take the patient there. 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 into the waiting area or the PSC. Patients are not allowed to eat 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, iPad, etc., please keep them safe for him or her during surgery.
- Sometimes, surgeries are 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. While you are waiting, here are some things you can do:

- Food and drinks are available on the 1st floor in the cafeteria and in the 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 is open Monday through Friday from 11:00 AM to 4:00 PM.
- Wireless Internet access is available in most areas of the hospital. You can also use the computers in

the rooms 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 is 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. Arts and crafts, a library, an outdoor terrace, and scheduled entertainment events are available in this area. 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. He or she will:

- Give you information about the patient.
- Prepare you for your meeting with the surgeon.
- Prepare you for visiting 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; this can take up to 2 minutes.
- From outside of the hospital, call 212-639-2000. Ask for beeper 9000.
- You can also 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. Please remember that only a limited number of visitors can go into the PACU. This is to keep the area quiet and avoid overcrowding. The patients in the PACU need time for rest and nursing care after surgery.

While visiting in the PACU

- Silence your cell phone.

- Apply an alcohol-based hand sanitizer (such as Purell®) before entering. There are hand sanitizer stations located throughout the hospital.
- Speak quietly.
- Respect other patients' privacy by staying at the bedside of your friend or family member.
- Do not bring food or flowers into the PACU.
- If any PACU patient needs special nursing attention, we may ask you to leave or to delay your visit.

After your visit, the nurse will escort you back from the PACU. He or she will update you on the patient's condition. He or she will also explain the plan of care for the patient, such as whether the patient is staying overnight and when he or she will be moved to an inpatient room. If the patient is going home the same day, a responsible adult must take him or her home.

We will give you a card with the PACU phone number. Please appoint one person to call for updates.

If you have any questions or concerns, talk with a member of your healthcare team. You can reach them Monday through Friday from 9:00 am to 5:00 pm at _____. After 5:00 pm, during the weekend, and on holidays, please call _____. If there's no number listed, or you're not sure, call (212) 639-2000.

Notes

The information in this section will tell you what to expect after your surgery, both during your hospital stay and after you leave the hospital. You will learn how to safely recover from your surgery. Write down any questions you have and be sure to ask your doctor or nurse.

What to Expect

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

A nurse will be monitoring your body temperature, blood pressure, pulse, and oxygen levels.

You may have a urinary catheter (Foley®) in your bladder to help monitor the amount of urine you are making. The Foley catheter should come out before you leave the hospital or PACU. You will also have compression boots on your lower legs to help your circulation.

Your pain medication will be given through an IV line or in tablet form. If you are having pain, tell your nurse.

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.

After your stay in the PACU, you may be discharged or you may be taken to your hospital room in the inpatient unit. There, your nurse will tell you how to recover from your surgery. Below are examples of ways you can help yourself recover safely.

- It is important to walk around after surgery. Walking every 2 hours is a good goal. This will help prevent blood clots in your legs.
- Use your incentive spirometer. This will help your lungs expand, which prevents pneumonia. For more information, please read *How to Use Your Incentive Spirometer* located in this section.

Commonly Asked Questions: While in the Hospital

Will I have pain after surgery?

Yes, you will have some pain after your surgery, especially in the first few days. Your doctor and nurse will ask you about your pain often. You will be given medication to manage your pain as needed. If your pain is not relieved, please tell your doctor or nurse. It is important to control your pain so you can cough, breathe deeply, use your incentive spirometer, and get out of bed and walk.

Will I be able to eat?

Yes, you will be able to eat a regular diet or eat as tolerated. You should start with foods that are soft and easy to digest such as apple sauce and chicken noodle soup. Eat small meals frequently, and then advance to regular foods.

If you experience bloating, gas, or cramps, limit high-fiber foods, including whole grain breads and cereal, nuts, seeds, salads, fresh fruit, broccoli, cabbage, and cauliflower.

How long will I be in the hospital?

Depending on the type of surgery you have, you may go home the same day of surgery or stay in the hospital 1 night. Before you go home, you should:

- Have your pain under control with medication.
- Be able to get up and walk around.
- Be able to urinate.
- Be able to eat some food and liquids.

Commonly Asked Questions: After You Leave the Hospital

Will I have pain when I am at home?

The amount of pain or discomfort varies for each person. Some people do not need any pain medication at home. You will be given a prescription for pain medication and possibly an anti-inflammatory before you are discharged or at your consent appointment. Follow the guidelines below to manage your pain:

- Call your doctor if the medication prescribed does not relieve your pain.
- Take your medication as directed and as needed.
- Do not drive or drink alcohol while you are taking prescription pain medication.
- Keep track of when you take your pain medication. Taking it when your pain first begins is more effective than waiting for the pain to get worse. Pain medication is most effective 30 to 45 minutes after taking it.
- You should start to take less pain medication as you are recover from your surgery.

How can I prevent constipation?

Your bowel patterns will change after surgery. It is normal to have some constipation right after surgery. To avoid constipation, take the stool softener docusate sodium (Colace®) 3 times a day and 2 tablets of senna (brand names include Senokot®) at bedtime until you are able to move your bowels without any difficulty. Drink plenty of liquids and make sure to do plenty of walking after surgery, as this can help with constipation.

Can I shower?

Yes, you should shower 24 hours after your surgery.

How do I care for my incisions?

You will have several small incisions on your abdomen. The incisions are closed with Steri-Strips or Dermabond. You may also have square white dressings on your incisions (Primapore®). You can remove these in the shower 24 hours after your surgery. You should clean your incisions with soap and water.

If you go home with Steri-Strips on your incision, they will loosen and may fall off by themselves. If they haven't fallen off within 10 days, you can remove them.

If you go home with Dermabond over your sutures (stitches), it will also loosen and peel off.

What are the most common symptoms after a hysterectomy?

It is common for you to have some vaginal spotting or light bleeding. You should monitor this with a pad or a panty liner. If you have having heavy bleeding (bleeding through a pad or liner every 1 to 2 hours), call your doctor right away.

It is also common to have some discomfort after surgery from the air that was pumped into your abdomen during surgery. To help with this, walk, drink plenty of liquids and make sure to take the stool softeners you received.

When is it safe for me to drive?

You may resume driving 2 weeks after surgery, as long as you are not taking pain medication that may make you drowsy.

What are my limitations after surgery?

You should not place anything in vagina for 8 weeks after surgery. Do not have vaginal intercourse for 8 weeks after your surgery. Some patients will need to wait longer than 8 weeks, so speak with your doctor before resuming sexual intercourse.

If you are traveling by plane within a few weeks after your surgery, make sure you get up and walk every hour. Be sure to stretch your legs, drink plenty of liquids, and keep your feet elevated when possible.

Will I need any supplies?

Most people do not need any supplies after the surgery. In the rare case that you do need supplies, such as tubes or drains, your nurse will order them for you.

When can I return to work?

The time it takes to return to work depends on the type of work you do, the type of surgery you had, and how fast your body heals. Most people can return to work about 2 to 4 weeks after the surgery.

What exercises can I do?

Exercise will help you gain strength and feel better. Walking and stair climbing are excellent forms of exercise. Gradually increase the distance you walk. Climb stairs slowly, resting or stopping as needed. Ask your doctor or nurse before starting more strenuous exercises.

When can I lift heavy objects?

Most people should not lift anything heavier than 10 pounds (4.5 kilograms) for at least 4 weeks after surgery. Speak with your doctor about when you can do heavy lifting.

How can I cope with my feelings?

After a hysterectomy, you may have new and upsetting feelings. Many patients say they felt weepy, sad, worried, nervous, irritable, and angry at one time or another. You may find that you cannot control some of these feelings. If this happens, it's a good idea to seek emotional support.

The first step in coping is to talk about how you feel. Family and friends can help. Your nurse, doctor, and social worker can reassure, support, and guide you. It is always a good idea to let these professionals know how you, your family, and your friends are feeling emotionally. Many resources are available to patients and their families. Whether you are in the hospital or at home, the nurses, doctors, and social workers are here to help you and your family and friends handle the emotional aspects of your illness.

When is my first appointment after surgery?

Your first appointment after surgery will be 2 to 4 weeks after surgery. You can set this appointment up before your surgery or you will be given the phone number to call in your discharge paperwork. At this appointment, your doctor will discuss your test results with you in detail.



Call your doctor or nurse if you:

- Have a temperature of 101° F (38.3° C) or higher
- Have pain that does not get better with pain medication
- Have redness, drainage, or swelling from your incisions
- Have swelling or tenderness in your calves or thighs
- Cough up blood
- Have any shortness of breath or difficulty breathing
- Do not have any bowel movement for 3 days or longer
- Have nausea, vomiting, or diarrhea
- Have any questions or concerns

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

How to Use Your Incentive Spirometer

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

An incentive spirometer will help you expand your lungs by encouraging you to breathe more deeply and fully. Using your incentive spirometer after your surgery, along with deep breathing and coughing exercises, will help keep your lungs active throughout the recovery process and prevent complications such as pneumonia.

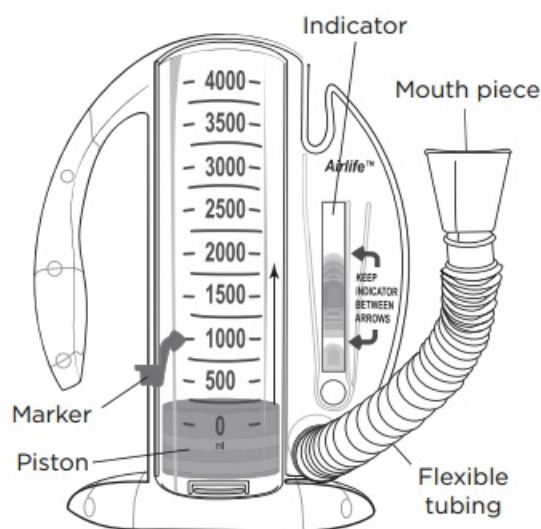
A video demonstrating how to use your incentive spirometer can be found on the Memorial Sloan Kettering (MSK) website at:

▶ www.mskcc.org/videos/how-use-your-incentive-spirometer

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

To use your incentive spirometer:

1. Sit upright in a chair or in bed. Hold the incentive spirometer upright at eye level.
2. Exhale (breathe out) once slowly. Put the mouthpiece in your mouth and close your lips tightly around it.
3. Take a slow, deep breath in through your mouth. As you take a slow, deep 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). If the indicator does not stay between the arrows, you are breathing either too fast or too slowly.
4. Try to get the piston as high as you can, while keeping the indicator between the arrows.
5. When you get it as high as you can, try to keep it at that level for 2 to 5 seconds or longer, if possible.
6. Exhale slowly, allowing the piston to fall all the way back to the bottom. Rest for a few seconds.
7. Take 10 breaths with your incentive spirometer every hour while you are awake, or as instructed by your clinician. Try to get the piston to the same level with each breath.
8. After each set of breaths, cough 3 times. This will help loosen or clear any secretions in your lungs.



■ Special Points

- If you feel dizzy at any time, stop and rest. Try again at a later time.
- If you had surgery on your chest or abdomen, hug or hold a pillow to help splint your incision. This will help decrease pain at your incision.
- 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.
- Keep the incentive spirometer clean by covering the mouthpiece when it is not in use.

If you have any questions or concerns, talk with a member of your healthcare team. You can reach them Monday through Friday from 9:00 am to 5:00 pm at _____. After 5:00 pm, during the weekend, and on holidays, please call _____. If there's no number listed, or you're not sure, call (212) 639-2000.

Notes

This section contains a list of MSK support services, as well as the resources that were referred to throughout this guide. These resources will help you prepare for your surgery and recover safely. Write down any questions you have and be sure to ask your doctor or nurse.

MSK Resources

Admitting Office

212-639-5014

Call to discuss private room or luxury suite options. If you want to change your room choice after your presurgical testing visit, call 212-639-7873 or 212-639-7874.

Anesthesia

212-639-6840

Call with any questions about anesthesia.

Blood Donor Room

212-639-7643

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

Bobst International Center

888-675-7722

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

Chaplaincy Service

212-639-5982

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

Counseling Center

646-888-0200

Many people find that counseling helps them. We provide counseling for individuals, couples, families, and groups, as well as medications to help if you feel anxious or depressed.

Integrative Medicine Service

646-888-0800

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

800-227-2345

Learn techniques to help you feel better about your appearance by taking a workshop or visiting the program online at www.lookgoodfeelbetter.org.

Patient Financial Services

212-639-8242

Call with any questions about preauthorization from your insurance company. This is also called preapproval. Patient Financial Services can also help you with billing and other insurance questions.

Patient Representative Office

212-639-7202

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

Perioperative Clinical Nurse Specialist

212-639-5935

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

Private Duty Nursing Office

212-639-6892

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

Resources for Life After Cancer (RLAC) Program

646-888-8106

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

Social Work

646-888-5271 or 646-888-5203

Social workers help patients, family, and friends deal with issues that are common for cancer patients. They provide individual counseling and support groups throughout the course of treatment, and can help you communicate with children and other family members. Our social workers can also help referring you to community agencies and programs, as well as financial resources if you're eligible.

You may also find it comforting to speak with a cancer survivor who has been through a similar treatment. Our social workers can help arrange this if you are interested.

Tobacco Treatment Program

212-610-0507

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

External Resources

Access-A-Ride

<http://www.mta.info/nyct/paratran/guide.htm>

877-337-2017

In New York City, the MTA offers a shared ride, door-to-door service for people with disabilities who are unable to take the public bus or subway.

Air Charity Network

www.aircharitynetwork.org

877-621-7177

Provides travel to treatment centers.

American Cancer Society (ACS)

www.cancer.org

800-227-2345

Offers a variety of information and services, including Hope Lodge, a free place for patients and caregivers to stay during cancer treatment.

Cancer and Careers

www.cancerandcareers.org

A comprehensive resource for education, tools, and events for employees with cancer.

CancerCare

www.cancercare.com

800-813-4673

275 Seventh Avenue (Between 25th & 26th Streets)

New York, NY 10001

Provides counseling, support groups, educational workshops, publications, and financial assistance.

Cancer Support Community

<http://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.

Chronic Disease Fund

www.cdfund.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 CDF formulary.

Corporate Angel Network

www.corpangelnetwork.org

866-328-1313

Free travel to treatment across the country using empty seats on corporate jets.

fertileHOPE

www.fertilehope.org

855-220-7777

Provides reproductive information and support to cancer patients and survivors whose medical treatments have risks associated with infertility.

Gilda's Club

www.gildasclubnyc.org

212-647-9700

A place where men, women, and children living with cancer find social and emotional support through networking, workshops, lectures, and social activities.

Healthwell Foundation

www.healthwellfoundation.org

800-675-8416

Provides financial assistance to cover copayments, health care premiums, and deductibles for certain medications and therapies.

Hospital Hosts

www.hospitalhosts.com

National resource to help reduce costs related to medical travel needs such as air, car, and lodging near hospitals.

Joe's House

www.joeshouse.org

877-563-7468

Provides a list of places to stay near treatment centers for people with cancer and their families.

LGBT Cancer Project

<http://lgbtcancer.com/>

Provides support and advocacy for the LGBT community, including a online support groups and a database of LGBT friendly clinical trials.

National Cancer Institute

www.cancer.gov

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.com

Lists Patient Assistance Programs for brand and generic name medications.

NYRx

www.nyrxplan.com

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

Partnership for Prescription Assistance

www.pparx.org

888-477-2669

Help qualifying patients without prescription drug coverage get free or low-cost medications.

Patient Access Network Foundation

www.panfoundation.org

866-316-7263

Provides assistance with copayments for patients with insurance.

Patient Advocate Foundation

www.patientadvocate.org

800-532-5274

Provides access to care, financial assistance, insurance assistance, job retention assistance, and access to the national underinsured resource directory.

RxHope

www.rxhope.com

877-267-0517

Provides assistance to help people obtain medications that they have trouble affording.

SHARE

www.sharecancersupport.org

866-891-2392

Offers support groups for survivors of breast, metastatic breast, and ovarian cancer in Manhattan, Queens, Brooklyn, and Staten Island.

For additional online information, visit LIBGUIDES on MSK's library website at <http://library.mskcc.org> or the Ovarian Cancer section of MSKCC.org. You can also contact the library reference staff at 212-639-7439 for help.