



PATIENT & CAREGIVER EDUCATION

About Your Gallbladder Removal Surgery

This guide will help you get ready for your gallbladder removal surgery at MSK. It will also help you know what to expect as you recover.

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

Your care team

Doctor: _____

Nurse: _____

Phone number: _____

Fax number: _____

Your caregiver

Your caregiver will learn about your surgery with you. They'll also help you care for yourself while you're healing after surgery. Write their name below.

Caregiver: _____



Visit www.msk.org/pe/gallbladder_removal to view this guide online.

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About your gallbladder removal surgery

Your gallbladder

Your gallbladder is a small, tear-drop shaped organ under your liver (see Figure 1). It stores bile made in the liver and helps your body digest fats. Your gallbladder releases bile when food, especially fatty food, enters the digestive tract. Your liver will do this after your gallbladder removal surgery.

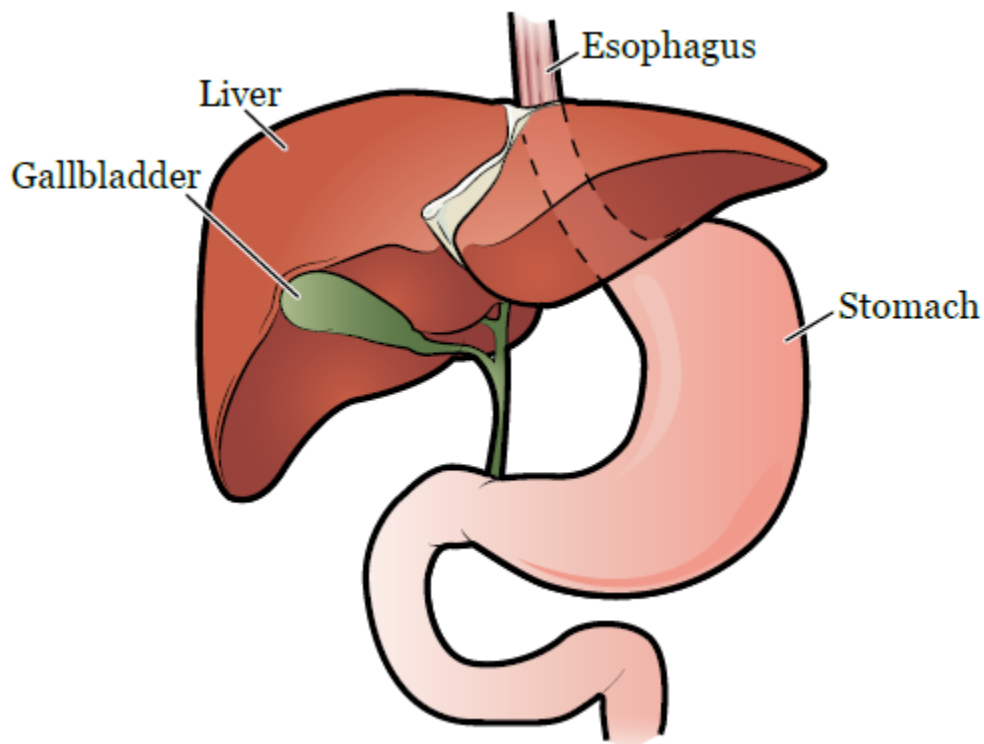


Figure 1. The gallbladder

Gallbladder Removal Surgery

Surgery to remove your gallbladder is called a cholecystectomy (KOH-leh-sis-TEK-toh-mee). Your gallbladder removal surgery can be done using different techniques. Your surgeon will talk with you about which one is right for you. Depending on the type of surgery you have, your surgeon will make 1 or more incisions (surgical cuts).

Notes _____

Before your gallbladder removal surgery

This section will help you get ready for your surgery. Read it when your surgery is scheduled. Refer to it as your surgery gets closer. It has important information about what to do to get ready.



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

Notes _____

Getting ready for your surgery

You and your care team will work together to get ready for your surgery. Help us keep you safe by telling us if any of these things apply to you, even if you're not sure.

- I take an anticoagulant (blood thinner), such as:
 - Aspirin
 - Heparin
 - Warfarin (Jantoven®, Coumadin®)
 - Clopidogrel (Plavix®)
 - Enoxaparin (Lovenox®)
 - Dabigatran (Pradaxa®)
 - Apixaban (Eliquis®)
 - Rivaroxaban (Xarelto®)
- I take an SGLT2 inhibitor, such as:
 - Canagliflozin (Invokana®)
 - Dapagliflozin (Farxiga®)
 - Empagliflozin (Jardiance®)
 - Ertugliflozin (Steglatro®)
- I take any prescription medicines, including patches and creams. A prescription medicine is one you can only get with a prescription from a healthcare provider.
- I take any over-the-counter medicines, including patches and creams. An over-the-counter medicine is one you can buy without a prescription.
- I take any dietary supplements, such as herbs, vitamins, minerals, or natural or home remedies.

These are examples of medicines. There are others.

Always be sure your healthcare providers know all the medicines and supplements you're taking.

- I have a pacemaker, automatic implantable cardioverter-defibrillator (AICD), or other heart device.
- I have sleep apnea.
- I have had a problem with anesthesia (A-nes-THEE-zhuh) in the past. Anesthesia is medicine to make you sleep during a surgery or procedure.
- I'm allergic to certain medicines or materials, including latex.
- I'm not willing to receive a blood transfusion.
- I drink alcohol.
- I smoke or use an electronic smoking device, such as a vape pen or e-cigarette.
- I use recreational drugs, such as marijuana.

About drinking alcohol

It's important to talk with your healthcare providers about how much alcohol you drink. This will help us plan your care.

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

If you drink alcohol regularly and stop suddenly, it can cause seizures, delirium, and death. If we know you're at risk for these problems, we can prescribe medicine to help prevent them.

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

- Be honest with us about how much alcohol you drink.
- Try to stop drinking alcohol once your surgery is planned. Tell us right away if you:
 - Get a headache.
 - Feel nauseous (like you're going to throw up).

- Feel more anxious (nervous or worried) than usual.
- Cannot sleep.

These are early signs of alcohol withdrawal and can be treated.

- Tell us if you cannot stop drinking.
- Ask us questions about drinking and surgery. We will keep all your medical information private, as always.

About smoking

If you smoke, you can have breathing problems when you have surgery. Stopping for even a few days before surgery can help.

We will refer you to our Tobacco Treatment Program if you smoke. You can also reach the program by calling 212-610-0507. To learn more, visit www.msk.org/tobacco

About sleep apnea

Sleep apnea is a common breathing problem. If you have sleep apnea, you stop breathing for short lengths of time while you're asleep. The most common type is obstructive sleep apnea (OSA). With OSA, your airway becomes fully blocked during sleep.

OSA can cause serious problems during and after surgery. Tell us if you have or think you might have sleep apnea. If you use a breathing device, such as a CPAP machine, bring it on the day of your surgery.

Using MyMSK

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

If you do not have a MyMSK account, you can sign up at my.mskcc.org. You can get an enrollment ID by calling 646-227-2593 or your doctor's office.

Watch *How to Enroll in MyMSK: Memorial Sloan Kettering's Patient Portal* at www.msk.org/pe/enroll_mymsk to learn more. You can also contact the MyMSK Help Desk by emailing mymsk@mskcc.org or calling 800-248-0593.

About your MyMSK Goals to Discharge Checklist

After your surgery, you'll focus on getting well enough to leave the hospital. We'll send a Goals to Discharge Checklist to your MyMSK account to help you track how you're doing.

You can use your MyMSK Goals to Discharge Checklist to see the goals you need to meet before leaving the hospital. You can also update your progress throughout the day. Your updates send alerts to your surgical team about your progress.

To learn more, read *Frequently Asked Questions About the MyMSK Goals to Discharge Checklist*. You can ask for a printed copy or find it at www.msk.org/pe/goals_discharge_checklist

About Enhanced Recovery After Surgery (ERAS)

ERAS is a program to help you get better faster after your surgery. It's important to do certain things before and after your surgery as part of the ERAS program.

Before your surgery, make sure you're ready by:

- **Reading this guide.** It will help you know what to expect before, during, and after your surgery. If you have questions, write them down. You can ask your healthcare provider at your next visit or call their office.
- **Exercising and following a healthy diet.** This will help get your body ready for your surgery.

After your surgery, help yourself recover more quickly by:

- **Reading your recovery pathway.** This is an educational resource your healthcare provider will give you. It has goals for your recovery. It will help you know what to do and expect each day.
- **Starting to move around as soon as you can.** The sooner you get out of bed and walk, the quicker you can get back to your usual activities.

Within 30 days of your surgery

Presurgical testing (PST)

You'll have a PST appointment before your surgery. You'll get a reminder from your surgeon's office with the appointment date, time, and location. Visit www.msk.org/parking for parking information and directions to all MSK locations.

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

It's helpful to bring these things to your appointment:

- **A list** of all the medicines you're taking, including prescription and over-the-counter medicines, patches, and creams.
- Results of any medical tests done outside of MSK in the past year, if you have them. Examples include results from a cardiac stress test, echocardiogram, or carotid doppler study.
- The names and telephone numbers of your healthcare providers.


You'll meet with an advance practice provider (APP) during your PST appointment. They work closely with MSK's anesthesiology (A-nes-THEE-zee-AH-loh-jee) staff. These are doctors with special training in using anesthesia during a surgery or procedure.

Your APP will review your medical and surgical history with you. You may have tests to plan your care, such as:

- An electrocardiogram (EKG) to check your heart rhythm.
- A chest X-ray.
- Blood tests.

Your APP may recommend you see other healthcare providers. They'll also talk with you about which medicines to take the morning of your surgery.

Identify your caregiver

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

For caregivers



Caring for a person going through cancer treatment comes with many responsibilities. We offer resources and support to help you manage them.

Visit www.msk.org/caregivers or read *A Guide for Caregivers* to learn more. You can ask for a printed copy or find it at www.msk.org/pe/guide_caregivers

Fill out a Health Care Proxy form

If you have not already filled out a Health Care Proxy form, we recommend you do now. If you already filled one out or have any other advance directives, bring them to your next appointment.

A health care proxy is a legal document. It says who will speak for you if you can't communicate for yourself. This person is called your health care agent.

- To learn about health care proxies and other advance directives, read *Advance Care Planning for People With Cancer and Their Loved Ones*. You can find it at www.msk.org/pe/advance_care_planning or ask for a printed copy.
- To learn about being a health care agent, read *How to Be a Health Care Agent*. You can find it at www.msk.org/pe/health_care_agent or ask for a printed copy.


Talk with a member of your care team if you have questions about filling out a Health Care Proxy form.

Do breathing and coughing exercises

Practice taking deep breaths and coughing before your surgery. We will give you an incentive spirometer to help expand your lungs. To learn more, read *How to Use Your Incentive Spirometer*. You can find it in the “Educational resources” section of this guide.

Do physical activity

Doing physical activity will help your body get into its best condition for your surgery. It will also make your recovery faster and easier.

Try to do physical activity every day. Any activity that makes your heart beat faster , such as walking, swimming, or biking, is a good choice. If it's cold outside, use stairs in your home or go to a mall or shopping center.

Follow a healthy diet

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

Buy a 4% chlorhexidine gluconate (CHG) solution antiseptic skin cleanser, such as Hibiclens®

4% CHG solution is a skin cleanser that kills germs for 24 hours after you use it. Showering with it before your surgery will help lower your risk of infection after surgery. You can buy a 4% CHG solution antiseptic skin cleanser at your local pharmacy without a prescription.

7 days before your surgery

Follow your healthcare provider's instructions for taking aspirin

Aspirin can cause bleeding. If you take aspirin or a medicine that has aspirin, you may need to change your dose or stop taking it 7 days before your surgery. Follow your healthcare provider's instructions. **Do not stop taking aspirin unless they tell you to.**

To learn more, read *How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil*. You can find it in the “Educational resources” section of this guide.

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

Vitamin E, multivitamins, herbal remedies, and other dietary supplements can cause bleeding. Stop taking them 7 days before your surgery. If your healthcare provider gives you other instructions, follow those instead.

To learn more, read *Herbal Remedies and Cancer Treatment*. You can find it in the “Educational resources” section of this guide.

2 days before your surgery

Stop taking nonsteroidal anti-inflammatory drugs (NSAIDs)

NSAIDs, such as ibuprofen (Advil® and Motrin®) and naproxen (Aleve®), can cause bleeding. Stop taking them 2 days before your surgery. If your healthcare provider gives you other instructions, follow those instead.

To learn more, read *How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil*. You can find it in the “Educational resources” section of this guide.

1 day before your surgery

Note the time of your surgery

A staff member will call you after 2 p.m. the day before your surgery. If your surgery is scheduled for a Monday, they’ll call you the Friday before. If you do not get a call by 7 p.m., call 212-639-5014.

The staff member will tell you what time to get to the hospital for your surgery. They'll also remind you where to go.

This will be one of these locations:


The Presurgical Center (PSC) on the 2nd floor
1275 York Ave. (between East 67th and East 68th streets)
New York, NY 10065
Take the M Elevator to the 2nd floor.

The Presurgical Center (PSC) at Memorial Hospital
1275 York Ave. (between East 67th and East 68th streets)
New York, NY 10065
Take the B elevator to the 6th floor.

Visit www.msk.org/parking for parking information and directions to all MSK locations.

Shower with a 4% CHG solution antiseptic skin cleanser, such as Hibiclens

Shower with a 4% CHG solution antiseptic skin cleanser before you go to bed the night before your surgery.

1. Wash your hair with your usual shampoo and conditioner. Rinse your head well.
2. Wash your face and genital (groin) area with your usual soap. Rinse your body well with warm water.
-  3. Open the 4% CHG solution bottle. Pour some into your hand or a clean washcloth.
4. Move away from the shower stream. Rub the 4% CHG solution gently over your body from your neck to your feet. Do not put it on your face or genital area.

5. Move back into the shower stream to rinse off the 4% CHG solution. Use warm water.

6. Dry yourself off with a clean towel.

Do not put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne after your shower.

Instructions for eating



Stop eating at midnight (12 a.m.) the night before your surgery. This includes hard candy and gum.

If your healthcare provider told you to stop eating earlier than midnight, follow their instructions. Some people need to fast (not eat) for longer before their surgery.

The day of your surgery

Instructions for drinking

Between midnight (12 a.m.) and 2 hours before your arrival time, only drink the liquids on the list below. Do not eat or drink anything else. Stop drinking 2 hours before your arrival time.

- Water.
- Clear apple juice, clear grape juice, or clear cranberry juice.
- Gatorade or Powerade.
- Black coffee or plain tea. It's OK to add sugar. Do not add anything else.
 - Do not add any amount of any type of milk or creamer. This includes plant-based milks and creamers.
 - Do not add honey.
 - Do not add flavored syrup.

If you have diabetes, pay attention to the amount of sugar in these drinks. It will be easier to control your blood sugar levels if you include sugar-free, low-sugar, or no added sugar versions of these drinks.

It's helpful to stay hydrated before surgery, so drink if you are thirsty. Do not drink more than you need. You will get intravenous (IV) fluids during your surgery.



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

Take your medicines as instructed

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

Shower with a 4% CHG solution antiseptic skin cleanser, such as Hibiclens

Shower with a 4% CHG solution antiseptic skin cleanser before you leave for the hospital. Use it the same way you did the night before.

Do not put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne after your shower.

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.
- Do not wear any metal objects. Take off all jewelry, including body piercings. The tools used during your surgery can cause burns if they touch metal.
- Leave valuable items at home.
- If you're menstruating (have your monthly period), use a sanitary pad, not a tampon. We'll give you disposable underwear and a pad if you need them.

What to bring

- A pair of loose-fitting pants, such as sweatpants.
- Sneakers that lace up. You may have some swelling in your feet. Lace-up sneakers can fit over this swelling.
- Your breathing device for sleep apnea (such as your CPAP machine), if you have one.
- Your incentive spirometer, if you have one.
- Your Health Care Proxy form and other advance directives, if you filled them out.
- Your cell phone and charger.
- Only the money you may want for small purchases, such as a newspaper.
- A case for your personal items, if you have any. Eyeglasses, hearing aids, dentures, prosthetic devices, wigs, and religious articles are examples of personal items.
- This guide. You'll use it to learn how to care for yourself after surgery.

Once you're in the hospital

When you get to the hospital, take the elevator to the PSC. Check in at the desk in the PSC waiting room.

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

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



For caregivers, family, and friends

Read *Information for Family and Friends for the Day of Surgery* to help you know what to expect on the day of your loved one's surgery. You can ask for a printed copy or find it at www.msk.org/pe/info_family_friends

Meet with a nurse

You'll meet with a nurse before surgery. Tell them the dose of any medicines you took after midnight (12 a.m.) and the time you took them. Make sure to include prescription and over-the-counter medicines, patches, and creams.

Your nurse may place an IV line in one of your veins, usually in your arm or hand. If your nurse does not place the IV, your anesthesiologist (A-nes-THEE-zee-AH-loh-jist) will do it in the operating room.

Meet with an anesthesiologist

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

- Review your medical history with you.
- Ask if you've had any problems with anesthesia in the past, such as nausea or pain.

- Talk with you about your comfort and safety during your surgery.
- Talk with you about the kind of anesthesia you'll get.
- Answer your questions about your anesthesia.

Get ready for surgery

When it's time for your surgery, you'll take off your eyeglasses, hearing aids, dentures, prosthetic devices, wig, and religious articles.

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

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

During your surgery

After you're fully asleep, your care team will place a breathing tube through your mouth into your airway. It will help you breathe. They'll also place a urinary (Foley) catheter in your bladder. It will drain your urine (pee) during your surgery.

Your surgeon will close your incisions with staples or stitches once they finish your surgery. They may also place Steri-Strips™ (thin pieces of surgical tape) or Dermabond® (surgical glue) over your incisions. They'll cover your incisions with a bandage.

Your care team will usually take out your breathing tube while you're still in the operating room.

After your gallbladder removal surgery

This section will help you know what to expect after your surgery. You'll learn how to safely recover from your surgery both in the hospital and at home.



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

Notes _____

In the Post-Anesthesia Care Unit (PACU)

You'll be in the PACU when you wake up after your surgery. A nurse will be keeping track of your temperature, pulse, blood pressure, and oxygen levels. You may get oxygen through a tube resting below your nose or a mask over your nose and mouth. You'll also have compression boots on your lower legs.

Pain medicine

You'll get epidural or IV pain medicine while you're in the PACU. IV pain medicine is medicine that is put into your bloodstream through your IV line.

You'll be able to control your pain medicine using a button called a patient-controlled analgesia (PCA) device. Read *Patient-Controlled Analgesia (PCA)* to learn more. You can find it at www.msk.org/pe/pca or ask for a printed copy.

Tubes and drains

You may have a Foley catheter in your bladder. It will let your care team keep track of how much urine you're making.

Moving to your hospital room

You may stay in the PACU for a few hours or overnight. How long you stay depends on the type of surgery you had. A staff member will bring you to your hospital room after your stay in the PACU.

In your hospital room

The length of time you're in the hospital after your surgery depends on the exact surgery you had. It also depends on your recovery. If you had a

minimally invasive surgery, you'll probably go home within 24 hours. If you had an open surgery, you'll be in the hospital for 2 to 3 days.

In your hospital room, you'll meet one of the nurses who will care for you during your stay. A nurse will help you out of bed and into your chair soon after you get there.

Your care team will teach you how to care for yourself while you're healing from your surgery. You can help yourself recover more quickly by:

- **Reading your recovery pathway.** We will give you a pathway with goals for your recovery if you do not already have one. It will help you know what to do and expect on each day during your recovery.
- **Starting to move around as soon as you can.** The sooner you get out of bed and walk, the quicker you can get back to your usual activities.

You can use your MyMSK Goals to Discharge Checklist to track your progress during your recovery. Read *Frequently Asked Questions About the MyMSK Goals to Discharge Checklist* to learn more. You can ask for a printed copy or find it at www.msk.org/pe/goals_discharge_checklist

Managing your pain

You'll have some pain after your surgery. At first, you'll get your pain medicine through your epidural catheter or IV line. You'll be able to control your pain medicine using a PCA device. Once you can eat, you'll get oral pain medicine (pain medicine you swallow).

We will ask you about your pain often and give you medicine as needed. Tell one of your healthcare providers if your pain is not relieved. It's important to control your pain so you can use your incentive spirometer and move around. Controlling your pain can help you recover faster.

If you had a robotic surgery, you may have pain in your shoulder. This is called referred pain and is common. It's caused by the gas that was put into

your abdomen during your surgery. If you have pain in your shoulder, tell one of your healthcare providers. They'll bring you a hot pack to put on your shoulder to help with the pain.

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

Moving around and walking

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

To learn more about how walking can help you recover, read *Frequently Asked Questions About Walking After Your Surgery*. You can find it at www.msk.org/pe/walking_after_surgery or ask for a printed copy.

To learn what you can do to stay safe and keep from falling while you're in the hospital, read *Call! Don't Fall!* You can ask for a printed copy or find it at www.msk.org/pe/call_dont_fall

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. Read *How to Use Your Incentive Spirometer* to learn more. You can find it in the "Educational resources" section of this guide.
- Do coughing and deep breathing exercises. A member of your care team will teach you how.

Eating and drinking

Your healthcare provider will tell you when you can start eating and drinking. This will depend on what time your surgery was and how you feel after.

Some people can drink small amounts of liquids the evening of their surgery. Most people can start eating the day after the surgery. When you're able to eat, start slowly. Work up to your usual diet as you're able.

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

Showering

Use soap to gently wash your incision when you shower. After you shower, pat the area dry with a clean towel. Do not rub over your incision. Leave your incision uncovered unless there's drainage.

Do not take tub baths until you talk with your doctor at your first appointment after your surgery.

Planning for discharge

On the day of your discharge, plan to leave the hospital around 11 a.m. Your healthcare provider will write your discharge order and prescriptions before you leave. You'll also get written discharge instructions. Someone from your healthcare team will go over them with you before you leave.

Leaving the hospital

Before you leave, look at your incision with one of your healthcare providers. Knowing what it looks like will help you notice any changes later.

On the day of your discharge, your healthcare provider will write your discharge order and prescriptions. You'll also get written discharge


instructions. One of your healthcare providers will review them with you before you leave.

If your ride isn't at the hospital when you're ready to leave, you may be able to wait in the Patient Transition Lounge. A member of your care team will give you more information.

At home

Read *What You Can Do to Avoid Falling* to learn what you can do to keep from falling at home and during your appointments at MSK. You can find it at www.msk.org/pe/avoid_falling or ask for a printed copy.

Filling out your Recovery Tracker

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

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

Based on your answers, we may reach out to you for more information. Sometimes, we may ask you to call your surgeon's office. You can always contact your surgeon's office if you have any questions.

To learn more, read *Common Questions About MSK's Recovery Tracker*. You can find it at www.msk.org/pe/recovery_tracker or ask for a printed copy.


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 medicine. Some people have soreness, tightness, or muscle aches around their incision for 6 months or longer. This doesn't mean something is wrong.

Follow these guidelines to help manage your pain at home.

- Take your medicines as directed and as needed.
- Call your healthcare provider if the medicine prescribed for you does not help your pain.
- Do not drive or drink alcohol while you're taking prescription pain medicine. Some prescription pain medicines can make you drowsy (very sleepy). Alcohol can make the drowsiness worse.
- You'll have less pain and need less pain medicine as your incision heals. An over-the-counter pain reliever will help with aches and discomfort. Acetaminophen (Tylenol®) and ibuprofen (Advil or Motrin) are examples of over-the-counter pain relievers.
 - Follow your healthcare provider's instructions for stopping your prescription pain medicine.
 - Do not take too much of any medicine. Follow the instructions on the label or from your healthcare provider.
 - Read the labels on all the medicines you're taking. This is very important if you're taking acetaminophen. Acetaminophen is an ingredient in many over-the-counter and prescription medicines. Taking too much can harm your liver. Do not take more than one medicine that has acetaminophen without talking with a member of your care team.

- Pain medicine should help you get back to your usual activities. Take enough to do your activities and exercises comfortably. You may have a little more pain as you start to be more active.
- Keep track of when you take your pain medicine. It works best 30 to 45 minutes after you take it. Taking it when you first have pain is better than waiting for the pain to get worse.

 Some prescription pain medicines, such as opioids, may cause constipation. Constipation is when you poop less often than usual, have a harder time pooping, or both.

Preventing and managing constipation

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

- Go to the bathroom at the same time every day. Your body will get used to going at that time. But if you feel like you need to go, don't put it off.
- Try to use the bathroom 5 to 15 minutes after meals. After breakfast is a good time to go. That's when the reflexes in your colon are strongest.
- Exercise, if you can. Walking is a great type of exercise that can help prevent and manage constipation.
- Drink 8 to 10 (8-ounce) cups (2 liters) of liquids daily, if you can. Choose water, juices (such as prune juice), soups, and milkshakes. Limit liquids with caffeine, such as coffee and soda. Caffeine can pull fluid out of your body.
- Slowly increase the fiber in your diet to 25 to 35 grams per day. Unpeeled fruits and vegetables, whole grains, and cereals contain fiber. If you have an ostomy or recently had bowel surgery, ask your healthcare provider before changing your diet.
- Both over-the-counter and prescription medicines can treat constipation. Ask your healthcare provider before taking any medicine

for constipation. This is very important if you have an ostomy or have had bowel surgery. Follow the instructions on the label or from your healthcare provider. Examples of over-the-counter medicines for constipation are:

- Docusate sodium (Colace®). This is a stool softener (medicine that makes your bowel movements softer) that causes few side effects. You can use it to help prevent constipation. Do not take it with mineral oil.
- Polyethylene glycol (MiraLAX®). This is a laxative (medicine that causes bowel movements) that causes few side effects. Take it with 8 ounces (1 cup) of a liquid. Only take it if you're already constipated.
- Senna (Senokot®). This is a stimulant laxative, which can cause cramping. It's best to take it at bedtime. Only take it if you're already constipated.

If any of these medicines cause diarrhea (loose, watery bowel movements), stop taking them. You can start again if you need to.

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

Caring for your incisions

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

Change your bandages at least once a day. Change them more often if they become wet with drainage. When there's no longer any drainage coming from your incisions, you can leave them uncovered.

It's common 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 healthcare provider's office if:

- The skin around your incision is very red or getting more red.
- The skin around your incision is warmer than usual.
- The area around your incision is starting to swell or getting more swollen.
- You see drainage that looks like pus (thick and milky).
- Your incision smells bad.

If you go home with staples in your incision, your healthcare provider will take them out during your first appointment after surgery. It's OK to get them wet.

If you have Steri-Strips or Dermabond on your incision, they'll loosen and fall or peel off on their own. If they haven't fallen off after 10 days, you can take them off.

Showering

Take a shower every day to clean your incision. If you have staples or stitches in your incision, it's OK to get them wet.

Take your bandage(s) off before you shower. Use soap during your shower, but do not put it directly on your incision. Do not rub the area around your incision.

After you shower, pat the area dry with a clean towel. If your clothing may rub your incision, cover it with a small bandage. Otherwise, leave it uncovered.

Do not 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 healthcare provider 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. Try to drink 8 to 10 (8-ounce) cups of liquids every day. Choose liquids without alcohol. Limit liquids with caffeine.

Many people have a decreased appetite (don't feel hungry) after surgery. If you have a decreased appetite, try eating several smaller meals instead of 3 big ones.

For more tips on adding calories and protein to your diet, read *Eating Well During Your Cancer Treatment*. You can ask your healthcare provider for a copy or find it at www.msk.org/pe/eating_cancer_treatment. If you have questions about your diet, ask to see a clinical dietitian nutritionist.

Physical activity and exercise

Your incision may look like it's healed on the outside when you leave the hospital. It will not be healed on the inside.

Most people should not lift anything heavier than 5 pounds (2.3 kilograms) for at least 6 weeks after surgery. Ask your healthcare provider how long you should avoid heavy lifting. Check with them before you do any heavy lifting.

Doing physical activity, such as walking and stair climbing, will help you gain strength and feel better. Climb stairs slowly, resting or stopping as needed. Ask your healthcare provider before starting more strenuous exercises.

It's common to have less energy than usual after surgery. It usually takes 3 weeks until your energy level returns to normal, but recovery time is different for everyone. Your body is an excellent guide for telling you when you've done too much.

Do more activity each day as much as you can. When you increase your activity, monitor your body's reaction. Always balance activity periods with rest periods. Rest is an important part of your recovery.

You may find that you have more energy in the morning or the afternoon. Plan your activities for times of the day when you have more energy.

Sexual activity

You can go back to your usual sexual activity as soon as your incisions are well-healed. Make sure you can do so without pain or fatigue.

Driving

Ask your healthcare provider when you can drive. Most people can start driving again 3 weeks after surgery. Do not drive while you're taking pain medicine that may make you drowsy.

You can ride in a car as a passenger at any time after you leave the hospital.

Going back to work

Talk with your healthcare provider about your job. They'll tell you when it may be safe for you to start working again based on what you do. If you move around a lot or lift heavy objects, you may need to stay out a little longer. If you sit at a desk, you may be able to go back sooner.

Most people can go back to work:

- 1 to 2 weeks after a minimally invasive gallbladder removal surgery.
- 3 to 4 weeks after an open gallbladder removal surgery.

Traveling

If you're traveling a long distance, try to get up once an hour to walk around. This will help prevent blood clots. Remember to drink around 8 (8-ounce) cups of liquids every day, even when you're traveling.

Managing your feelings

You may have new and upsetting feelings after a surgery for a serious illness. Many people say they felt weepy, sad, worried, nervous, irritable, or 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. Your healthcare provider can refer you to MSK's Counseling Center. You can also reach them by calling 646-888-0200.

The first step in coping is to talk about how you feel. Family and friends can help. We can also reassure, support, and guide you. It's always a good idea to let us know how you, your family, and your friends are feeling emotionally. Many resources are available to you and your family. We're here to help you and your family and friends handle the emotional aspects of your illness. We can help no matter if you're in the hospital or at home.

First appointment after surgery

Your first appointment after surgery will be 1 to 3 weeks after you leave the hospital. Your nurse will give you the phone number to call and instructions on how to make this appointment.

During this appointment, your healthcare provider will discuss your pathology results with you in detail.

When to call your healthcare provider



Call your healthcare provider if:

- You have a fever of 101 °F (38.3 °C) or higher.
- You have pain that doesn't get better after you take pain medication.
- There's discharge coming from your incision that smells bad or looks like pus (thick and milky).
- The area around your incision is getting redder.
- The area around your incision is starting to swell.
- The area around your incision is getting more swollen.
- You have any new symptom or physical change. You see drainage that looks like pus (thick and milky).
- Your incision smells bad.
- You have any questions or concerns.

Contact information

If you have questions or concerns, contact your healthcare provider. A member of your care team will answer Monday through Friday from 9 a.m. to 5 p.m. Outside those hours, you can leave a message or talk with another MSK provider. There is always a doctor or nurse on call.

If you're not sure how to reach your healthcare provider, call 212-639-2000.

Support services

This section has a list of support services. They may help you as you get ready for your surgery and recover after your surgery.



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

Notes _____

MSK support services

Admitting Office

212-639-7606

Call if you have questions about your hospital admission, such as asking for a private room.

Anesthesia

212-639-6840

Call if you have questions about anesthesia.

Blood Donor Room

212-639-7643

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

Bobst International Center

332-699-7968

We welcome patients from around the world and offer many services to help. If you're an international patient, call for help arranging your care.

Counseling Center

www.msk.org/counseling

646-888-0200

Many people find that counseling helps them. Our Counseling Center offers counseling for individuals, couples, families, and groups. We can also prescribe medicine to help if you feel anxious or depressed. Ask a member of your care team for a referral or call the number above to make an appointment.

Food Pantry Program

646-888-8055

We give food to people in need during their cancer treatment. Talk with a member of your care team or call the number above to learn more.

Integrative Medicine Service

www.msk.org/integrativemedicine

Our Integrative Medicine Service offers many services to complement (go along with) traditional medical care. For example, we offer music therapy, mind/body therapies, dance and movement therapy, yoga, and touch therapy. Call 646-449-1010 to make an appointment for these services.

You can also schedule a consultation with a healthcare provider in the Integrative Medicine Service. They'll work with you to make a plan for creating a healthy lifestyle and managing side effects. Call 646-608-8550 to make an appointment for a consultation.

MSK Library

library.mskcc.org

212-639-7439

You can visit our library website or call to talk with the library reference staff. They can help you find more information about a type of cancer. You can also visit the library's Patient and Health Care Consumer Education Guide at libguides.mskcc.org/patienteducation

Nutrition Services

www.msk.org/nutrition

212-639-7312

Our Nutrition Service offers nutritional counseling with one of our clinical dietitian nutritionists. Your clinical dietitian nutritionist will talk with you about your eating habits. They can also give advice on what to eat during and after treatment. Ask a member of your care team for a referral or call the number above to make an appointment.

Patient and Community Education

www.msk.org/pe

Visit our patient and community education website to search for educational resources, videos, and online programs.

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 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 Nurses and Companions

917-862-6373

You can request private nurses or companions to care for you in the hospital and at home. Call to learn more.

Rehabilitation Services

www.msk.org/rehabilitation

Cancers and cancer treatments can make your body feel weak, stiff, or tight. Some can cause lymphedema (swelling). Our physiatrists (rehabilitation medicine doctors), occupational therapists (OTs), and physical therapists (PTs) can help you get back to your usual activities.

- **Rehabilitation medicine doctors** diagnose and treat problems that affect how you move and do activities. They can design and help coordinate your rehabilitation therapy program, either at MSK or somewhere closer to home. Call Rehabilitation Medicine (Physiatry) at 646-888-1929 to learn more.
- An **OT** can help if you're having trouble doing usual daily activities. For example, they can recommend tools to help make daily tasks easier. A **PT**

can teach you exercises to help build strength and flexibility. Call Rehabilitation Therapy at 646-888-1900 to learn more.

Resources for Life After Cancer (RLAC) Program

646-888-8106

At MSK, care does not end after your treatment. The RLAC Program is for patients and their families who have finished treatment.

This program has many services. We offer seminars, workshops, support groups, and counseling on life after treatment. We can also help with insurance and employment issues.

Sexual Health Programs

Cancer and cancer treatments can affect your sexual health, fertility, or both. MSK's sexual health programs can help you before, during, or after your treatment.

- Our **Female Sexual Medicine and Women's Health Program** can help with sexual health problems such as premature menopause or fertility issues. Ask a member of your MSK care team for a referral or call 646-888-5076 to learn more.
- Our **Male Sexual and Reproductive Medicine Program** can help with sexual health problems such as erectile dysfunction (ED). Ask a member of your care team for a referral or call 646-888-6024 to learn more.

Social Work

www.msk.org/socialwork

212-639-7020

Social workers help patients, families, and friends deal with common issues for people who have cancer. They provide individual counseling and support groups throughout your treatment. They can help you communicate with children and other family members.

Our social workers can also help refer you to community agencies and programs. If you're having trouble paying your bills, they also have information about financial resources. Call the number above to learn more.

Spiritual Care

212-639-5982

Our chaplains (spiritual counselors) are available to listen, help support family members, and pray. They can contact community clergy or faith groups, or simply be a comforting companion and a spiritual presence. Anyone can ask for spiritual support. You do not have to have a religious affiliation (connection to a religion).

MSK's interfaith chapel is located near Memorial Hospital's main lobby. It's open 24 hours a day. If you have an emergency, call 212-639-2000. Ask for the chaplain on call.

Tobacco Treatment Program

www.msk.org/tobacco

212-610-0507

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

Virtual Programs

www.msk.org/vp

We offer online education and support for patients and caregivers. These are live sessions where you can talk or just listen. You can learn about your diagnosis, what to expect during treatment, and how to prepare for your cancer care.

Sessions are private, free, and led by experts. Visit our website to learn more about Virtual Programs or to register.

External support services

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

Visit www.msk.org/pe/external_support_services for a list of these support services. You can also call 212-639-7020 to talk with an MSK social worker.

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Educational resources

This section lists the educational resources mentioned in this guide. It also has copies of the resources that are most important for you to read. They will help you get ready for your surgery and recover after your surgery.



As you read these resources, write down questions to ask your healthcare provider. You can use the space below.

Notes _____

These are the educational resources mentioned in this guide. You can find them online or ask a member of your care team for a printed copy.

- ***A Guide for Caregivers*** (www.msk.org/pe/guide_caregivers)
- ***Advance Care Planning for People With Cancer and Their Loved Ones*** (www.msk.org/pe/advance_care_planning)
- ***Call! Don't Fall!*** (www.msk.org/pe/call_dont_fall)
- ***Common Questions About MSK's Recovery Tracker*** (www.msk.org/pe/recovery_tracker)
- ***Eating Well During Your Cancer Treatment*** (www.msk.org/pe/eating_cancer_treatment)
- ***Frequently Asked Questions About the MyMSK Goals to Discharge Checklist*** (www.msk.org/pe/goals_discharge_checklist)
- ***Frequently Asked Questions About Walking After Your Surgery*** (www.msk.org/pe/walking_after_surgery)
- ***Herbal Remedies and Cancer Treatment*** (www.msk.org/pe/herbal_remedies)
- ***How to Be a Health Care Agent*** (www.msk.org/pe/health_care_agent)
- ***How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil*** (www.msk.org/pe/check-med-supplement)
- ***How to Enroll in MyMSK: Memorial Sloan Kettering's Patient Portal*** (www.msk.org/pe/enroll_mymask)
- ***How to Use Your Incentive Spirometer*** (www.msk.org/pe/incentive_spirometer)
- ***Information for Family and Friends for the Day of Surgery*** (www.msk.org/pe/info_family_friends)
- ***Patient-Controlled Analgesia (PCA)*** (www.msk.org/pe/pca)
- ***What You Can Do to Avoid Falling*** (www.msk.org/pe/avoid_falling)



Advance Care Planning for People With Cancer and Their Loved Ones

This information describes how you can protect your right to make healthcare decisions (choices) with advance care planning. It has information about the process of advance care planning, including how to:

- Talk with your loved ones about the care you would want if you're not able to speak for yourself.
- Choose someone to make healthcare decisions for you if you're not able to make them for yourself.
- Document (put in writing) your choices in a way that's recognized by the law.

In this resource, “loved ones” refer to family members, close friends, and people you trust to help you make healthcare decisions.

What is advance care planning?

Advance care planning is the process of talking about and documenting your choices for future healthcare. The goal of advance care planning is to set up a plan to make sure you get the care you want in the future. This includes any treatment, service, or procedure to help find the cause of your medical problem and treat it.

What are the benefits of advance care planning?

There are many benefits of advance care planning. The main benefits are:

- It lets you and your loved ones talk about important cancer care issues that may come up in the future.
- It lets you make clear decisions ahead of time, while you're still healthy.

This way, you and your loved ones will not have to worry about making decisions at a time of crisis. For example, if you become seriously ill or are near the end of your life.

If you have a medical crisis, it could leave you too ill to make your own healthcare decisions. That's why planning ahead is important. It will help you get the care you want if you're not able to make decisions on your own. Planning ahead also helps to put your loved ones at ease. They will not have to guess what you would want or worry if they've made the right decision for you.

What is the advance care planning process?

The process of advance care planning can be hard to think about. It can also be hard to talk about with your loved ones. That's why we have created this resource to help guide you through the process. Reading this resource will help you know what to include in your advance care planning.

Understanding advance directives

Advance directives are legal documents that contain written instructions about your decisions for medical care. Your healthcare providers will look at your advance directive documents for guidance. They'll do this if you're not able to communicate or make decisions for yourself. The 2 most common types of advance directives are a health care proxy and a living will. Each state has its own laws related to advance directives. However, most states recognize a health care proxy, a living will, or both.

A **Health Care Proxy** form is a legal document that names your health care agent. Your health care agent is the person who will make medical decisions for you. They'll make these decisions if you're not able to make them for yourself. You can name more than 1 health care agent on the Health Care Proxy form. You can name a primary (first choice) health care agent and a secondary (second choice) health care agent. If your primary agent isn't available in an emergency, your healthcare providers can contact the second person.

A **living will** is a legal document that states your wishes for your medical care. It will go into effect if you become unable to make decisions for yourself. In the living will, you name the medical treatments that you want or don't want. You can also specify the situations in which you would or wouldn't want to get these treatments. Your healthcare providers will look at your living will for guidance if you're not able to make decisions for yourself.

Choose your health care agent

Your health care agent is someone you choose to make healthcare decisions for you. They'll make these decisions if you're not able to make them for yourself. A health care agent is also called a proxy, surrogate, or representative.

Your health care agent only makes decisions about your medical care when you're not able to do so yourself. You can decide how much authority (power) your health care agent has over your medical care.

For example, you can let them make many healthcare decisions for you or only a few specific ones. Your health care agent doesn't have legal authority to make decisions about your finances (money) or anything else.

Choosing a health care agent is an important decision that only you can make. No one can pick your health care agent for you. No one can choose themselves to be your health care agent.

You can choose anyone to be your legal health care agent, except a member of your care team. A person who is on your care team can't be your health care agent. Make sure the person you choose is an adult (age 18 or older). They can be a friend, family member, partner, or anyone you trust to speak for you. It's important you choose someone who:

- Is willing to talk with you about your choices for your medical care, including treatments, tests, and surgeries.
- You trust to follow through with your choices.
- Understands your personal, religious, cultural, and ethical values and beliefs.
- Will be available to help in the future when you need them.
- Understands the role of a health care agent and is willing to be one.
- Can communicate well with others.
- Can make hard decisions.

Many people choose their spouse, partner, or other family member to be their health care agent. However, some people may not feel comfortable being a health care agent. That's why it's important to talk openly and honestly with the person before choosing them as your health care agent.

How to Be a Health Care Agent (www.msk.org/pe/health_care_agent) is a resource for your health care agent. It can help them understand their role and what to expect.

You can choose more than 1 health care agent. For example, you might have a primary (first choice) health care agent and a secondary (second choice) health care agent. If your primary agent isn't available in an emergency, your healthcare providers can contact the second person.

Think about the type of medical care you may want and who you want to be your health care agent. 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 and choices may change.

Talk about your choices and goals

Talk with your health care agent and healthcare providers about the care you would want and why. This will help them understand your choices and make sure they're followed. It's also helpful to talk with other people you trust, such as your friends, family, spiritual advisor, and lawyer, if you have one.

Talking about your choices and goals can be hard. To help you start, here are some examples of questions you can ask yourself now so you're prepared for later. Remember, advance care planning is a process. It's not something that gets done all at once. It's important to review your choices from time to time and change them when you need to.

Think about the following:

In what situations would I want to limit medical treatments?

How much am I willing to go through so I can live longer?

Palliative care

Palliative care (also called supportive care) helps to ease your pain and other symptoms of illness. It's a holistic approach to care that focuses on you as a whole person, not just your illness. It includes physical, emotional, and spiritual care for you and your loved ones. You can get palliative care at any point during an illness, even while you're still getting treatment. Palliative care doesn't need to be end-of-life care and isn't the same as hospice care.

Think about the following:

What are my feelings about palliative care?

Hospice care

While palliative care and hospice care both offer holistic approaches to care, they're not the same. Palliative care can start at any point of an illness. Hospice care starts after you stop getting treatment, when you have 6 months or less to live. It provides end-of-life comfort and support to you and your loved ones when treatment isn't working or wanted anymore. You can often get hospice care in your home. It can also be given in nursing homes, assisted living facilities, and hospice centers.

Think about the following:

Do I want to get hospice care at the end of my life?

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

What are my biggest worries or fears about the end of my life?

Artificial and mechanical treatments

Sometimes healthcare providers use artificial or mechanical treatments to try to keep you alive. Talk with your health care agent about specific treatments you may want. Talk about the situations in which you would want to get these treatments. Do the same for specific treatments you wouldn't want. The following are some examples of these types of treatments.

Cardiopulmonary resuscitation (CPR)

Cardiopulmonary resuscitation (KAR-dee-oh-PUL-muh-NAYR-ee ree-SUH-sih-TAY-shun) or CPR, can be given to you if your heart stops beating. To try to restart your heart, healthcare providers do chest compressions while putting air into your lungs. They'll push down hard and fast on your chest to keep blood flowing throughout your body. They may also use a defibrillator (a machine that sends electric shocks to your heart).

Think about the following:

What are my feelings about CPR?

In what situations would I want CPR?

In what situations would I not want CPR?

If you stop breathing while your heart is still beating, healthcare providers may do one or all of these to give you air:

- Mouth-to-mouth resuscitation (blow air into your mouth to send oxygen to your lungs)
- Intubation (place a breathing tube in your airway)
- Mechanical ventilation (place you on a ventilator, which is a machine that breathes for you)

Ventilators are machines that help you breathe. A breathing tube connected to the ventilator is placed down your throat and into your trachea (windpipe). This helps the ventilator bring air into your lungs. The process of placing the breathing tube down your throat is called intubation. Because the breathing tube can be uncomfortable, you'll be sedated (sleepy) while on the ventilator.

Think about the following:

What are my feelings about being placed on a breathing machine?

In what situations would I want to be placed on a breathing machine?

In what situations would I not want to be placed on a breathing machine?

Do not resuscitate (DNR) order

Some people don't want to get medical treatment if their heart stops beating. They would rather have a natural death. They can put this decision in writing by setting up a do not resuscitate (DNR) order. A DNR order can also be called a DNAR (do not attempt resuscitation) order or an AND (allow natural death) order.

A DNR order is a legal order that you can set up while you're still healthy. It tells healthcare providers that you don't want them to give you CPR if you stop breathing or your heart stops beating. Even though your living will may state that you don't want CPR, it's helpful to have a DNR order too.

Think about the following:

What are my feelings about a DNR?

In what situations would I want a DNR?

In what situations would I not want a DNR?

Artificial hydration and nutrition

Artificial hydration and nutrition adds to or replaces the way you usually eat and drink. It's a treatment that gives you hydration (liquids) and nutrition (food) when you're not able to take them by mouth.

You may be fed through a feeding tube that puts food and liquids into your body. The tube can be placed through your nose and into your stomach. You may need to be fed through a feeding tube for a period of time. If that happens, you'll have surgery to place it directly into your stomach or intestine. You may also get an IV (a small, thin, flexible tube) that puts nutrition directly into your vein.

Artificial hydration and nutrition can be used if you're not able to eat or drink enough while you're getting treatment. It can also be used to keep your body alive if you're unconscious (for example, if you're in a coma).

Think about the following:

What are my feelings about artificial hydration and nutrition?

In what situations would I want to get artificial hydration and nutrition?

In what situations would I not want to get artificial hydration and nutrition?

Other notes:

Document your choices

Once someone agrees to be your health care agent, you'll need to put it in writing. You can do this by filling out a Health Care Proxy form. You can get the form from your healthcare provider or a Patient Representative at Memorial Sloan Kettering (MSK). You can also get the form from the websites listed at the end of this resource.

In New York State, a Health Care Proxy form becomes official once you sign and date it. You must sign and date the form in front of 2 witnesses.

Anyone who is age 18 or older can be your witness, except your health care agent. A person who is your health care agent can't be your witness. Your witnesses will also need to sign and date the form. You don't need a lawyer or a notary to fill out this form. A notary is a licensed person who witnesses the signing of important documents.

Once the form is signed, make copies of it and any other advance directive documents you filled out. Give a copy to all your healthcare providers, your health care agent, and your lawyer, if you have one. You should also keep a copy for yourself in a safe place. Because you may change your advance directive documents in the future, keep track of who you gave a copy to.

Make sure your loved ones and care team have all the information they need

- Tell your loved ones about your health care agent. Ask them to be supportive of that person.
- Tell your healthcare providers the name and contact information of your health care agent.
- Tell your health care agent the names and contact information of your healthcare providers.

Advance care planning protects your right to make your own healthcare decisions. It allows your loved ones to carry out your wishes if you're not able to speak for yourself. Choosing your health care agent and documenting your choices is just the beginning. Once you've started the process, it'll be easier to talk about changes that may come up in the future. Make sure to talk about and review your plan every time your treatment goals change.

Contact information

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

Resources

CaringInfo

www.caringinfo.org

This organization has many resources for advance care planning, including a Health Care Proxy form from every state.

State of New Jersey Department of Health

www.nj.gov/health/advancedirective/ad/what-is

This website has general information about advance care planning and information specific to New Jersey.

New York State Department of Health

www.health.ny.gov/professionals/patients/health_care_proxy

This website has general information about advance care planning and information specific to New York. You can get the New York Health Care Proxy form in different languages (English, Spanish, Russian, Chinese, Korean, and Haitian Creole).

Use this space to write down questions for your healthcare provider:

Lined area for writing questions for the healthcare provider.



PATIENT & CAREGIVER EDUCATION

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



**Call!
Don't Fall!**

For more resources, visit www.mskcc.org/pe to search our virtual library.

Call! Don't Fall! - Last updated on December 19, 2017

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PATIENT & CAREGIVER EDUCATION

Herbal Remedies and Cancer Treatment

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

About Herbal Remedies

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

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

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

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

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

Talk with your healthcare provider about any herbal remedies or other

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

For more information about herbs and supplements, visit www.aboutherbs.com or call MSK's Integrative Medicine Service at 646-608-8550.

Stop taking herbal remedies before your treatment

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

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

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

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

Common Herbal Remedies and Their Effects

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

Echinacea (EH-kih-NAY-shuh)

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

Garlic

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

Gingko (also known as Gingko biloba)

- Can increase your risk of bleeding.

Ginseng (JIN-seng)

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

Turmeric (TER-mayr-ik)

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

St. John's Wort

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

Valerian (vuh-LEER-ee-un)

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

Herbal formulas

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

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

Contact Information

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

For more information, visit www.mskcc.org/IntegrativeMedicine or read *Integrative Medicine Therapies and Your Cancer Treatment* (www.mskcc.org/pe/integrative_therapies).

For more resources, visit www.mskcc.org/pe to search our virtual library.

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

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PATIENT & CAREGIVER EDUCATION

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

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

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

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

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

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

What is an active ingredient?

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

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

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

How to find a medicine or supplement's active ingredients

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

Over-the-counter medicines

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

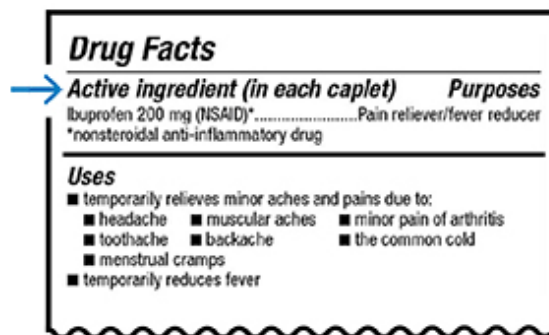


Figure 1. Active ingredients on an over-the-counter medicine label

Prescription medicines

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

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

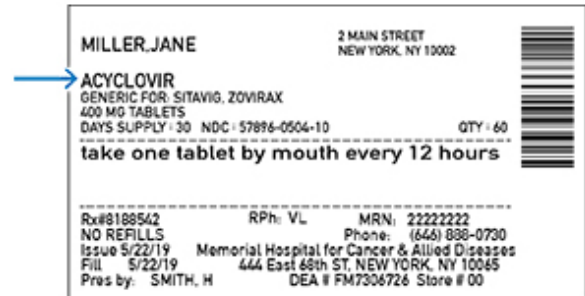


Figure 2. Active ingredients on a prescription medicine label

Dietary supplements

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

	Amount Per Serving	% Daily Value
Vitamin A (as retinyl acetate and 50% as beta-carotene)	5000 IU	100%
Vitamin C (as ascorbic acid)	60 mg	100%
Vitamin D (as cholecalciferol)	400 IU	100%
Vitamin E (as di-alpha tocopheryl acetate)	90 IU	100%
Thiamin (as thiamin mononitrate)	1.5 mg	100%
Riboflavin	1.7 mg	100%
Niacin (as niacinamide)	20 mg	100%
Vitamin B ₆ (as pyridoxine hydrochloride)	2.0 mg	100%
Folate (as folic acid)	400 mcg	100%
Vitamin B ₁₂ (as cyanocobalamin)	6 mcg	100%
Biotin	30 mcg	10%
Pantothenic Acid (as calcium pantothenate)	10 mg	100%

Other ingredients: Gelatin, lactose, magnesium stearate, microcrystalline cellulose, FD&C Yellow No. 6, propylene glycol, propylparaben, and sodium benzoate.

Figure 3. Active ingredients on a supplement label

Active ingredients to look for

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

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

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

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

About acetaminophen (Tylenol)

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

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

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

Instructions before your cancer treatment

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

Before your surgery

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

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

Before your radiology procedure

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

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

Before and during your chemotherapy

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

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

For more resources, visit www.mskcc.org/pe to search our virtual library.

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

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PATIENT & CAREGIVER EDUCATION

How To Use Your Incentive Spirometer

This information will help you learn how to use your incentive spirometer (in-SEN-tiv spy-rah-MEE-ter). It also answers some common questions about it.

About your incentive spirometer

After your surgery you may feel weak and sore, and it may be uncomfortable to take deep breaths. Your healthcare provider may recommend using a device called an incentive spirometer (see Figure 1). It helps you practice taking deep breaths.

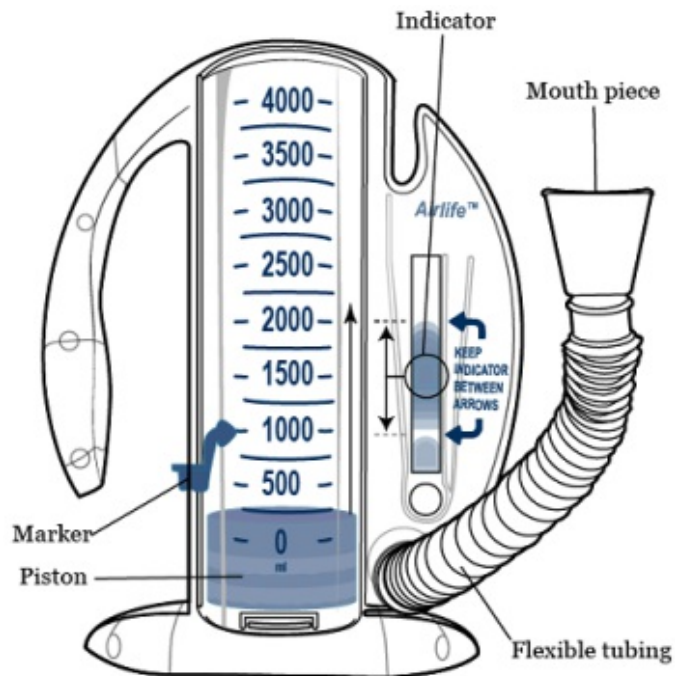


Figure 1. Parts of an incentive spirometer

It's important to use your incentive spirometer after your surgery. Using an incentive spirometer:

- Helps your lungs expand so you can take deep, full breaths.
- Exercises your lungs and makes them stronger as you heal from surgery.

If you have a respiratory infection, do not use your incentive spirometer around other people. A respiratory infection is an infection in your nose, throat, or lungs, such as pneumonia (noo-MOH-nyuh) or COVID-19. This kind of infection can spread from person to person through the air.

How to use your incentive spirometer

Here is a video that shows how to use your incentive spirometer:



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

Setting up your incentive spirometer

Before you use your incentive spirometer for the first time, you will need to set it up. First, take the flexible (bendable) tubing out of the bag and stretch it out. Then, connect the tubing to the outlet on the right side of the base (see Figure 1). The mouthpiece is attached to the other end of the tubing.

Knowing what number to aim for on your incentive spirometer

Your healthcare provider will teach you how to use your incentive spirometer before you leave the hospital. They will help you set a goal and tell you what number to aim for when using your spirometer. If a goal was not set for you, talk with your healthcare provider. Ask them what number you should aim for.

You can also check the package your incentive spirometer came in. It may have a chart to help you figure out what number to aim for. To learn more, read "What number I should aim for?" in the "Common questions about your

incentive spirometer” section.

Using your incentive spirometer

When using your incentive spirometer, make sure to breathe through your mouth. If you breathe through your nose, your spirometer will not work right.

Follow these steps to use your incentive spirometer. Repeat these steps every hour you’re awake. Follow the instructions from your healthcare provider if they’re different from the ones here.

1. Sit upright in a chair or in bed. Hold your incentive spirometer at eye level.
2. Put the mouthpiece in your mouth and close your lips tightly around it. Make sure you do not block the mouthpiece with your tongue.
3. With the mouthpiece in your mouth, breathe out (exhale) slowly and fully.
 - Some people may have trouble exhaling with the mouthpiece in their mouth. If you do, take the mouthpiece out of your mouth, and then exhale slowly and fully. After you exhale, put the mouthpiece back in your mouth and go on to step 4.
4. Breathe in (inhale) slowly through your mouth, as deeply as you can. You will see the piston slowly rise inside the spirometer. The deeper you breathe in, the higher the piston will rise.
5. As the piston rises, the coaching indicator on the right side of the spirometer should also rise. It should float between the 2 arrows (see Figure 1).
 - The coaching indicator measures the speed of your breath. If it does not stay between the 2 arrows, you’re breathing in either too fast or too slow.
 - If the indicator rises above the higher arrow, you’re breathing in too fast. Try to breathe in slower.
 - If the indicator stays below the lower arrow, you’re breathing in too slow. Try to breathe in faster.

6. When you cannot breathe in any further, hold your breath for at least 3 to 5 seconds. Hold it for longer if you can. You will see the piston slowly fall to the bottom of the spirometer.
7. Once the piston reaches the bottom of the spirometer, breathe out slowly and fully through your mouth. If you want, you can take the mouthpiece out of your mouth first and then breathe out.
8. Rest for a few seconds. If you took the mouthpiece out of your mouth, put it back in when you're ready to start again.
9. Repeat steps 1 to 8 at least 10 times. Try to get the piston to the same level with each breath. After you have done the exercise 10 times, go on to step 10.
10. Use the marker on the left side of the spirometer to mark how high the piston rises (see Figure 1). **Look at the very top of the piston, not the bottom. The number you see at the top is the highest number the piston reached. Put the marker there.** This is how high you should try to get the piston the next time you use your spirometer.
 - Write down the highest number the piston reached. This can help you change your goals and track your progress over time.

Take 10 breaths with your incentive spirometer every hour you're awake.

Cover the mouthpiece of your incentive spirometer when you're not using it.

Tips for using your incentive spirometer

Follow these tips when using your incentive spirometer:

- If you had surgery on your chest or abdomen (belly), it may help to splint your incision (surgical cut). To do this, hold a pillow firmly against your incision. This will keep your muscles from moving as much while you're using your incentive spirometer. It will also help ease pain at your incision.
- If you need to clear your lungs, you can try to cough a few times. As

you're coughing, hold a pillow against your incision, as needed.

- If you feel dizzy or lightheaded, take the mouthpiece out of your mouth. Then, take a few normal breaths. Stop and rest for a while, if needed. When you feel better, you can go back to using your incentive spirometer.
- You may find it hard to use your incentive spirometer at first. If you cannot make the piston rise to the number your healthcare provider set for you, it's OK. Reaching your goal takes time and practice. It's important to keep using your spirometer as you heal from surgery. The more you practice, the stronger your lungs will get.

Common questions about your incentive spirometer

How often should I use my incentive spirometer?

How often you will need to use your incentive spirometer is not the same for everyone. It depends on the type of surgery you had and your recovery process.

Most people can take 10 breaths with their spirometer every hour they're awake.

Your healthcare provider will tell you how often to use your spirometer. Follow their instructions.

How long after my surgery will I need to use my incentive spirometer?

The length of time you will need to use your incentive spirometer is not the same for everyone. It depends on the type of surgery you had and your recovery process.

Your healthcare provider will tell you how long you need to use your spirometer. Follow their instructions.

How do I clean my incentive spirometer?

An incentive spirometer is a disposable device and only meant to be used for a short time. Because of this, you may not find cleaning instructions in the package your spirometer came in. If you have questions about cleaning your spirometer, talk with your healthcare provider.

What do the numbers on my incentive spirometer measure?

The large column of your incentive spirometer has numbers on it (see Figure 1). These numbers measure the volume of your breath in milliliters (mL) or cubic centimeters (cc). The volume of your breath is how much air you can breathe into your lungs (inhale).

For example, if the piston rises to 1500, it means you can inhale 1500 mL or cc of air. The higher the number, the more air you're able to inhale, and the better your lungs are working.

What number I should aim for?

The number you should aim for depends on your age, height, and sex. It also depends on the type of surgery you had and your recovery process. Your healthcare provider will look at these things when setting a goal for you. They will tell you what number to aim for.

Most people start with a goal of 500 mL or cc. Your healthcare provider may change your goal and have you aim for higher numbers as you heal from surgery.

The package your incentive spirometer came in may have a chart. You can use the chart to set your goal based on your age, height, and sex. If you cannot find this information, ask your healthcare provider what your goal should be.

What does the coaching indicator on my incentive spirometer measure?

The coaching indicator on your incentive spirometer measures the speed of your breath. As the speed of your breath changes, the indicator moves up and down.

Use the indicator to guide your breathing. If the indicator rises above the higher arrow, it means you're breathing in too fast. If the indicator stays below the lower arrow, it means you're breathing in too slow.

Aim to keep the indicator between the 2 arrows (see Figure 1). This means your breath is steady and controlled.

When to call your healthcare provider

Call your healthcare provider if you have any of these when using your incentive spirometer:

- Feel dizzy or lightheaded.
- Pain in your lungs or chest.
- Severe (very bad) pain when you take deep breaths.
- Trouble breathing.
- Coughing up blood.
- Fluid or blood coming from your incision site when you cough.
- Trouble using your spirometer for any reason.

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

For more resources, visit www.mskcc.org/pe to search our virtual library.

How To Use Your Incentive Spirometer - Last updated on November 24, 2023

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PATIENT & CAREGIVER EDUCATION

Patient-Controlled Analgesia (PCA)

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

About PCA

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

PCA is not right for everyone. Some people may not be able to use a PCA pump. Before you get a PCA pump, tell your care team if you have weakness in your hands or think you may have trouble pushing the PCA button. You should also tell your care team if you have sleep apnea. This may affect the way we prescribe your medication.

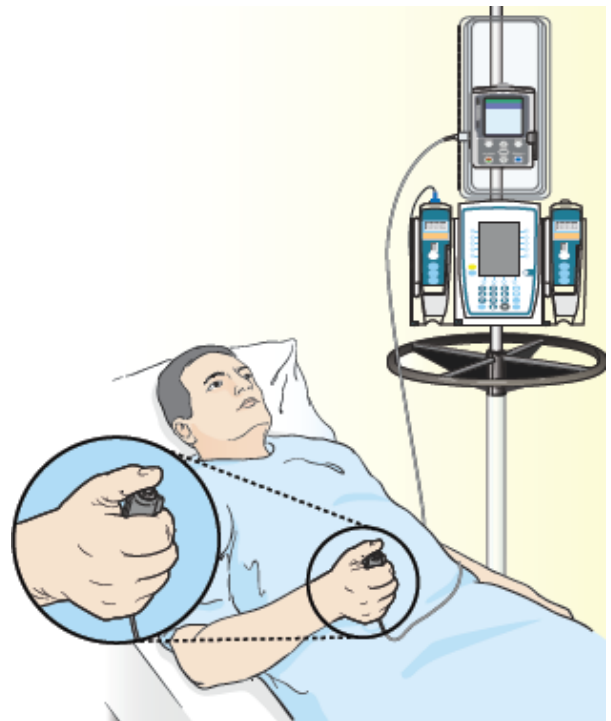


Figure 1. Using the PCA pump

Using the PCA pump

Press the button attached to the pump when you have pain to give yourself pain medication (see Figure 1). The pump will send a safe dose of the medication your care team prescribed.

Only you should push the PCA button. **Family and friends should never push the button.**

The pump can be programmed to give you medication in 2 ways:

- **As needed.** You get your pain medication only when you press the button. It will not let you get more medication than prescribed. The pump is set to allow only a certain number of doses per hour.
- **Continuous.** You get your pain medication at a constant rate all the time. This can be combined with the “as needed” way. This lets you take extra doses safely if you’re having pain.

Tell your care team if the PCA is not helping with your pain. You should also tell your care team if your pain changes, gets worse, feels different than before, or if you feel pain in a new place. They may change the medication to one that may work better for you.

Side effects

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

- Constipation (having fewer bowel movements than usual)
- Nausea (feeling like you’re going to throw up)
- Vomiting (throwing up)
- Dry mouth
- Itching
- Changes in your vision, such as seeing things that aren’t there

- Drowsiness, dizziness, or confusion
- Weakness, numbness, or tingling in your arms or legs
- Trouble urinating (peeing)
- Any other side effects or problems

Your care team may change your dose or give you a different medication with fewer side effects.

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

For more resources, visit www.mskcc.org/pe to search our virtual library.

Patient-Controlled Analgesia (PCA) - Last updated on May 2, 2023

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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.

About Falls

Falls can be very harmful, but there are many ways you can prevent them. Falls can delay your treatment and can make your hospital stay longer. They can also cause you to need more tests, such as magnetic resonance imaging (MRI). Ongoing cancer treatment may also increase your chances of falling and getting hurt.

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
- Can't see well
- Can't hear well
- Feel dizzy, lightheaded, or confused

- Use a walker or cane
- Have depression (strong feelings of sadness) or anxiety (strong feelings of worry or fear)
- Have had a recent surgery with anesthesia (medication that makes you sleep)
- 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 and anxiety
 - Pain medications, such as opioid medications
 - Intravenous (IV) fluids (fluids into your vein)
 - Any medication that makes you feel sleepy or dizzy

How to Avoid Falling During Your MSK Appointments

The following are tips to help you stay safe and avoid falling while you're at MSK:

- 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. For more information on choosing safe shoes, read the resource *How to Choose Safe Shoes to Prevent Falling* (www.mskcc.org/pe/safe_shoes).
- 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 lying down, sit at the side of the bed or exam table before you stand up
- When getting up after sitting, don't rush and take your time to stand up, so you don't lose your balance.
- 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

The following are tips to help you stay safe and 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. A commode is a type of portable toilet that you can put anywhere in your home. 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.
- Put anti-slip stickers on 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.
- When you're at an appointment with your provider at MSK, tell them about all the medications you take. Some medications can increase your risk of falling. This includes prescription and over-the-counter medications.
- Stay physically active. Doing simple daily activities, such as walking, can help you stay strong and move around better.

If you're concerned about your risk for falling, talk with your healthcare provider.

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/steady/patient.html or by calling 800-CDC-INFO (800-232-4636).

If you have any questions, contact a member of your healthcare team directly. If you're a patient at MSK and you need to reach a provider after 5:00 PM, during the weekend, or on a holiday, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

What You Can Do to Avoid Falling - Last updated on December 20, 2019
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