



PATIENT GUIDE **AFTER SURGERY**

HOME CARE INSTRUCTIONS

the **MIRACLE** of **SCIENCE** with **SOUL**



City of Hope®

CONTACTING CITY OF HOPE

DUARTE

1500 East Duarte Road
Duarte, CA 91010
800-826-HOPE (4673)
24 Hours Care — Nursing Triage Call Center
626-218-7133 (Duarte patients)

ARCADIA

301 W. Huntington Drive, Suite 400
Arcadia, CA 91007
626-218-9840

ANTELOPE VALLEY

44151 15th St. West
Lancaster, CA 93534
877-828-3627

COLTON

400 North Pepper Ave.
Colton, CA 92324
909-580-2775

CORONA

1280 Corona Pointe Court, Suite 112
Corona, CA 92879
951-898-2828

GLENDORA

412 W. Carroll Ave., Suite 200
Glendora, CA 91741
626-218-0921

MISSION HILLS

15031 Rinaldi St., Suite 150
Mission Hills, CA 91345
818-660-4700

PALM SPRINGS

1180 N. Indian Canyon Drive, E-218
Palm Springs, CA 92262
760-416-4832

PASADENA

630 S. Raymond Ave., Suite 220
Pasadena, CA 91105
626-218-9500

RANCHO CUCAMONGA

7777 Milliken Ave., Suite 110
Rancho Cucamonga, CA 91730
909-949-2242

SANTA CLARITA

23823 Valencia Blvd., Suite 250
Santa Clarita, CA 91355
661-799-1999

SIMI VALLEY

1157 Swallow Lane
Simi Valley, CA 93065
805-527-2770

SOUTH BAY

5215 Torrance Blvd.
Torrance, CA 90503
310-750-1715

SOUTH PASADENA

209 Fair Oaks Ave.
South Pasadena, CA 91030
877-998-7546

WEST COVINA

1250 S. Sunset Ave., Suite 303
West Covina, CA 91790
626-856-5858

TABLE OF CONTENTS

Recovering After Surgery	2
General Anesthesia: What to Expect After Surgery	4
Eating and Drinking After Surgery	6
Breathing Problems and Cough After Surgery	7
Nausea and Vomiting After Surgery	11
Preventing Constipation After Surgery	13
Managing Pain After Surgery	15
Managing Postsurgery Pain with Mind-Body Practices	16
Preventing Surgical Site Infections.....	18
Preventing Blood Clots	19
MyCityofHope Online Patient Portal.....	21

These instructions will give you information about caring for yourself after your surgical procedure (surgery). Your treatment has been planned according to current medical practices, but problems sometimes occur.

Call your health care team if you have any problems or questions after your procedure. Your nurse will review these instructions with you before you leave the hospital.

RECOVERING AFTER SURGERY

One of the most important things you can do when recovering from surgery is to get out of bed and walk. This will help with digestion, proper breathing, blood circulation and will help prevent stiffness in your joints.

For urgent needs, call your health care team. City of Hope locations and contact information are listed in the front of this booklet.

Call 911 or get help right away if you have

A life-threatening emergency such as:

- Severe chest pain
- Difficulty breathing
- Uncontrollable bleeding
- Signs of shock (rapid pulse; cold, pale and clammy skin; confusion; rapid breathing)
- Unconsciousness or nonresponsive
- High fever (**100.4 °F** or higher)

Important

- Do not do heavy lifting after surgery.
- Stay active as much as possible. Walking is a great way to keep active after surgery.
- Talk with your doctor or nurse if you have pain after surgery.
- Ask family and friends to help with your daily responsibilities as you recover from surgery.
- Maintain good nutrition and a balanced diet.
- Save your energy by prioritizing activities.
- Do not smoke. If you need help quitting, please ask your health care team.

Incision care

Follow instructions from your health care team about how to take care of an incision, if you have one. Make sure you:

- Wash your hands with soap and water before you change your bandage (dressing). If soap and water are not available, use hand sanitizer.
- Change your dressing as told by your health care team.
- Leave stitches (sutures), skin glue or adhesive strips in place. These skin closures may need to stay in place for two weeks or longer. If adhesive strip edges start to loosen and curl up, you may trim the loose edges.
 - Do not remove adhesive strips completely unless your health care team tells you to do that.
- Check your incision area every day for signs of infection. Check for:
 - More redness, swelling, or pain
 - More fluid or blood
 - Warmth
 - Pus or a bad smell



GENERAL ANESTHESIA

What to expect after surgery



After your surgery you will wake up, often slowly, usually in the recovery area. Your health care team will monitor your blood pressure, heart rate, breathing rate and blood oxygen levels until the medicines you were given have worn off.

If you will be going home the same day, your health care team may check to make sure you can stand, drink and urinate. Tell your health care team if you feel anxious or agitated. They may give you medicine to help you calm down. Your health care team will treat your pain and side effects before you go home.

You may experience the following after anesthesia:

- Feel nauseous and vomit
- Have a sore throat
- Have mental slowness
- Feel cold or shivery
- Feel sleepy or tired
- Feel sore or achy, even in parts of your body where you did not have surgery

Follow these instructions at home for at least 24 hours after the surgery – Do not:

- Drive for 24 hours or use heavy machinery.
- Do not take part in activities where you could fall or become injured.
- Drink alcohol.
- Take sleeping pills or medicines that cause drowsiness unless prescribed by your doctor specifically for postsurgery care.
- Make important decisions or sign legal documents.
- Take care of children on your own.

General instructions

- Have a responsible adult stay with you until you are awake and alert.
- Return to your normal activities as recommended by your health care team. Ask your health care team what activities are safe for you.
- Take over-the-counter and prescription medicines only as told by your health care team.
- Avoid smoking. Ask your health care team about quitting.
- Keep all follow-up visits with your health care team. This is important.

Call your health care team if you:

- Continue to have nausea or vomiting at home and medicines are not helpful
- Cannot drink fluids or start eating again
- Cannot urinate after 8 to 12 hours
- Develop a skin rash
- Have fever
- Have increasing redness at the site of your procedure

EATING AND DRINKING AFTER SURGERY

Immediately following surgery you will receive nothing by mouth until you can swallow easily. You may be put on a clear liquid diet. If you are tolerating fluids well and your bowel sounds return, you may be allowed to move to a regular diet.

- Follow the diet recommended by your health care team.
- If you vomit, try drinking water, juice or soup.
- Drink enough fluid to keep your urine clear or pale yellow.
- Make sure you have little or no nausea before eating solid foods.
- Eat small frequent meals whenever you feel hungry.
- Eat foods high in protein.
- Drink liquids between meals, not with meals, because you may feel full faster.
- Use plastic forks and spoons if you have a metallic taste in your mouth.
- A small amount of physical activity, like walking before meals, can help increase appetite.
- Ask family and friends for help if you have trouble cooking/preparing meals.
- If you are having problems swallowing, ask for a referral to see a speech pathologist.



BREATHING PROBLEMS AND COUGH AFTER SURGERY

After surgery, coughing is an important way to keep the lungs clear and prevent infections. Sometimes patients have breathing problems after surgery that **may require medical attention**. This could be related to:

- Anesthesia given during surgery
- Pain at the surgical site
- Fluid in the chest cavity surrounding the lung following surgery
- Lung infection such as bronchitis or pneumonia
- Low oxygen level during physical activity

Your health care team may give you medicines to help you breathe easier. Follow instructions on any medication, oxygen, nutrition and exercise from your health care team consistently.

Some medicines are taken regularly to help control your breathing. Some medicines are taken as needed for fast relief of shortness of breath. Use oxygen as prescribed.

Keep track of your symptoms so you will know if breathing or coughing is getting worse. If you are on pulmonary rehabilitation, your daily exercise is a good time to assess whether your breathing is worse. Compare today with yesterday. If you become more short of breath from an activity that you tolerated well yesterday, that could mean a change in your condition and the need to call your health care team.

You may cough up phlegm with some blood in it. If this happens, please contact your health care team right away.

Call your health care team if:

- You become more short of breath at the same level of physical activity, or suddenly cannot do as much because of shortness of breath
- Your cough is becoming more frequent or you are coughing up yellow or greenish or bloody sputum (saliva)
- You seem to need more oxygen

Breathing exercises

Your doctor may recommend that you use breathing exercises. Follow the instructions:

Pursed lip breathing

Pursed lip breathing is an important exercise after surgery. Pursed lip breathing is a controlled way of breathing in and out. It is a quick and easy way to slow your pace of breathing, making each breath more useful. You should count at a speed that is normal for you and not forced. Repeat this exercise as recommended.

- Relax your head, neck and shoulder muscles.
- Breathe in (inhale) slowly through your nose and count to 3, keeping your mouth closed and making sure that your belly pushes out as you breathe in.
- Do not take a deep breath; a normal breath will do.
- Hold your breath and count to 3.
- Pucker or “purse” your lips as if you were going to whistle or gently blow the flame of a candle.
- Breathe out (exhale) slowly through your pursed lips for three counts. Pursing your lips will slow the air flow as you breathe out.
- Repeat this five times (one set) and do it three times a day. When you are ready, slowly work up to doing one set five to eight times each day.

Controlled coughing

Coughing the right way will allow you to get mucus and other particles out of your lungs more easily to prevent infection. Follow the steps below and repeat the controlled cough a second time, if needed. Repeat this set of one to two controlled coughs as needed throughout your day.

Step 1: Sit upright in a chair with your feet shoulder width apart.

Step 2: Breathe in slowly through your nose so as not to cause an unexpected cough. (Inhaling with a series of small, short sniffs through the nose may be used instead to keep from causing an uncontrolled cough.)

Step 3: Lean forward gently, open your mouth slightly and prepare to cough two times.

Step 4: Cough once and breathe in slowly and gently through your nose. This may prevent an uncontrolled cough or keep you from breathing in loosened mucus. The first cough is used to loosen mucus.

Step 5: Cough again and clear any mucus or other particles from your mouth by spitting into a cup or tissue paper. The second cough is used to bring out the mucus from your lungs.

Step 6: Rest.

How to Use Your Incentive Spirometer

Your doctor wants you to use a breathing exerciser called an ***incentive spirometer (in-SEN-tiv speer-AH-meh-ter)***, or IS. It helps you to breathe deeply and shows you how well you are filling your lungs.

Why do I need to use an IS?

If your breathing pattern changes because of surgery, medications, immobility or other conditions, you may not breathe as deeply and frequently as you normally do to keep your lungs clear of secretions. This may lead to pneumonia or other complications. Using the IS will help you to avoid these problems.

How do I use it?

1. Sit up as straight and comfortably as possible. Sitting up helps you to expand your lungs better. You may do this exercise in any position as long as the IS is held upright.
2. Place your lips tightly around the mouthpiece and exhale normally.
3. While keeping your lips around the mouthpiece, inhale slowly and deeply as if you were sucking in through a straw. Make sure the coach indicator stays between the two lines to ensure you are breathing in properly. The piston will rise while you breathe in.
4. Continue breathing in until your lungs are full. Try to make the piston reach or pass the indicator. When your lungs are full, hold your breath in for three to five seconds.

5. Continue to keep your lips around the mouthpiece and exhale. Take a few normal breaths and then repeat the exercise.
6. Do this 10 times every hour while awake, or as instructed by your health care team.

Helpful hints

- Using the IS may loosen up secretions in your lungs. If you are able, you should try to cough up the secretions. Be sure to have tissue or an emesis basin on hand.
- If you feel lightheaded while using the IS, then stop and rest before continuing.
- Avoid using your IS around mealtime as this could cause some nausea.
- If you had surgery, you may have some pain or coughing while using the IS. Use the splinting or bracing instructions in this booklet to splint (support) your incision and reduce discomfort.

Splinting or bracing to protect your incision when coughing

When you feel the urge to cough, you may brace your incision (surgical cut). Take your hands or a small pillow and hug it to your incision when you cough, applying gentle but firm pressure. This bracing action will help support your incision and reduce the stress on the incision. If you tear any stitches, please call your health care team.

NAUSEA AND VOMITING AFTER SURGERY

What are nausea and vomiting?

Nausea is the feeling you get when you think you might throw up. Vomiting is when you actually throw up. These two things can happen together. But sometimes people feel nauseated without throwing up.

Some people get nausea and vomiting after having surgery. This is called “postoperative” nausea and vomiting. Although it is usually not serious, it can still be unpleasant. There are ways to help prevent this and to treat it, if it happens. Talk with your health care team.

What causes nausea and vomiting after surgery?

The most common cause is general anesthesia. “Anesthesia” is a medical term for different types of medicine people get before surgery or another procedure. General anesthesia makes you unconscious so you cannot feel, see or hear anything while your surgery is happening.

Not everyone who gets general anesthesia has nausea or vomiting after their surgery, but some people do. You are more likely to have nausea and vomiting after surgery if you:

- Had nausea or vomiting before your surgery
- Are female
- Are less than 50 years old
- Have had nausea and vomiting after surgery in the past
- Have had motion sickness in the past
- Get certain types of anesthesia medicines
- Get certain pain medicines after surgery

Nausea and vomiting are also more likely after certain types of surgery.

Can nausea and vomiting after surgery lead to problems?

Sometimes. It usually goes away on its own or with treatment. But in some cases it can lead to problems such as:

- Your incision (cut) from surgery opening up again
- Dehydration, which is when your body loses too much water

Taking medicines to prevent or treat nausea and vomiting can help you avoid these problems. Talk to your health care team.

How are nausea and vomiting treated?

If you do have nausea and vomiting, doctors can treat it with medicines.

How long does nausea and vomiting after surgery last?

It depends. Most people who have nausea and vomiting feel better within 24 hours after their surgery. In some cases, a person might need to stay longer in the hospital because they still have nausea and vomiting.

PREVENTING CONSTIPATION AFTER SURGERY

Constipation is when a person has fewer than three bowel movements a week; has difficulty having a bowel movement; or has stools that are dry, hard or larger than normal. Many things can make constipation likely after surgery. They include:

- Medicines, especially numbing medicines (anesthetics) and very strong pain medicines called narcotics or opioids
- Feeling stressed because of the surgery
- Eating different foods than normal
- Being less active

Symptoms of constipation include:

- Having fewer than three bowel movements a week
- Straining to have a bowel movement
- Having hard, dry, or larger-than-normal stools
- Feeling full or bloated
- Having pain in the lower abdomen
- Not feeling relief after having a bowel movement

Diet

- Eat foods that have a lot of fiber. These include fruits, vegetables, whole grains and beans. Limit foods high in fat and processed sugars, including French fries, hamburgers, cookies and candy.
- Take a fiber supplement only as directed by your health care team. If you are not taking a fiber supplement and think that you are not getting enough fiber from foods, talk to your health care team about adding a fiber supplement to your diet.
- Drink clear fluids, especially water. Avoid drinking alcohol, caffeine and soda. These can make constipation worse.
- Drink enough fluids to keep your urine clear or pale yellow.

Activity

After surgery, return to your normal activities slowly or when your health care team says it is OK.

Start walking as soon as you can. Try to go a little farther each day.

Once your health care team approves, do some sort of regular exercise. This helps prevent constipation.

Bowel movements

Go to the restroom when you have the urge to go. **Do not** hold it in.

Try drinking something hot to get a bowel movement started.

Keep track of how often you use the restroom. If you miss two to three bowel movements, talk to your health care team about medicines that prevent constipation. Your health care team may suggest a stool softener, laxative or fiber supplement.

Only take over-the-counter or prescription medicines as directed by your health care team.

Do not take other medicines without talking to your health care team first. If you become constipated and take a medicine to make you have a bowel movement, the problem may get worse. Other kinds of medicine can also make the problem worse.

Call your health care team if you:

- Have not had a bowel movement in three days
- Used stool softeners or laxatives and still have not had a bowel movement within 24 to 48 hours after using them
- Or if you have any of the following:
 - Bright red blood in your stool
 - Abdominal or rectal pain
 - Bad cramping
 - Thin, pencil-like stools
 - Unexplained weight loss
 - A fever for more than two to three days
 - A fever and your symptoms suddenly get worse

MANAGING PAIN AFTER SURGERY

Will I feel pain after my surgery?

The amount of pain you will have, and how long it will last, depends partly on what kind of surgery you are having. How you feel after surgery also depends on your age, health and other existing medical problems. There are things your doctors and nurses can do to help control your pain. They will work together to make sure you are as comfortable as possible after your surgery.

How is pain treated after surgery?

After surgery, when your anesthesia wears off, you might need more pain medicines. Some are taken as pills. Some are given in other ways such as by injection (shot) or in a patch that goes on the skin. If you still have an IV or catheter, your doctor or nurse might continue to give pain medicines that way.

How long will I have pain?

It depends. After a minor surgery, you might feel fine a few hours afterward. After major surgery, you might need pain medicine for days or even weeks. Your health care team will work with you to make sure your pain is treated properly. City of Hope's Division of Supportive Medicine has pain specialists that can help control your pain and other symptoms. Talk to your health care team.

What will happen after I go home after surgery?

Your health care team will tell you what kind of pain to expect after your surgery. They may give you a prescription for pain medicines to take after you go home. It's important to take your pain medicines exactly the way the doctor or nurse tells you to. Taking too much of any medicine can be dangerous. In particular, opioids can cause serious problems if you take too much or mix them with other medicines. They can also lead to addiction in some people. Only take the amount your doctor or nurse tells you to, and stop taking the medicine as soon as your pain gets better.



MANAGING POSTSURGERY PAIN WITH MIND-BODY PRACTICES

Studies show that when patients actively participate in their pain management they have less pain when they return home after surgery. Research also shows that techniques like the ones below can help with surgical pain. Follow the steps below:

Step 1: Belly breathing



Taking deep breaths from your abdomen can reduce anxiety and relax your muscles which helps relieve pain around your surgical site. Start by relaxing your arms and legs. Take a deep breath, counting to 5 while you draw a long deep breath in. Exhale out slowly, counting to 5 while you slowly breathe out. Relax your jaw. Relax your throat. Take another long, slow deep inhalation, counting

to 5 while you inhale. Now exhale out again, slowly, making your exhale as long as your inhale. Repeat 10 times.

Step 2: Guided imagery



Visualizing pleasant, soothing places and situations can “trick” your brain into a state of lessened pain and anxiety. Imagine a place you would like to go to such as Hawaii. Imagine the smells, sounds and sensations there, whether it is the sound of the ocean, the smell of salt water or the sensation of warm wind on your skin. Take some deep breaths while you are picturing this (go back to step

1). If you do not have a favorite place, borrow one of ours! Ask your nurse for guided imagery DVDs you can watch.

Step 3: Positive distraction



Research shows that a mind occupied with other thoughts is less able to experience pain. Work with your physical therapist and move as much as possible. Read, watch TV, do puzzles, talk to friends and family — do things to occupy your brain. If you are enjoying yourself, your body will release natural painkillers, called endogenous opioids, or “feel good” molecules, that will fight pain.

Step 4: Speaking up



Do not be afraid to ask for pain medications if your pain persists. Often patients express concern they will become addicted to painkillers after surgery. Research shows this is very rare if medications are taken as directed. The best way to prevent pain from developing in the future is to make sure you are managing it now, in the days following surgery.

Step 5: Specialists are available



Remember, pain is our body’s natural response to trauma (surgery), but with the preceding steps, it can be well managed, with minimal impact on your recovery. If your pain still persists, City of Hope’s Division of Supportive Medicine has pain specialists who are trained in various additional interventions that may help. Ask your health care team for a referral.

PREVENTING SURGICAL SITE INFECTIONS

What is a surgical site infection?

A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place. Most patients who have surgery do not develop an infection; but the possibility of an infection is always present. Cancer surgery can weaken your immune system, which puts you at higher risk for having an infection. Ask your health care team about the specific risks associated with your surgery and our practices to minimize your risk.

Some of the common symptoms of a surgical site infection are:

- Redness and pain around the area where you had surgery
- Drainage of cloudy fluid from your surgical wound
- **Fever**

What do I need to do when I go home after surgery?

- Before you go home, your health care team should explain everything you need to know about taking care of your wound. Make sure you understand how to care for your wound before you leave the hospital.
- Always clean your hands before and after caring for your wound.
- Before you go home, make sure you know who to contact if you have questions or problems after you get home.
- If you have any symptoms of an infection, such as redness and pain at the surgery site, drainage or fever, call City of Hope's Nursing Triage Call Center 626-218-7133.
- If you have additional questions, please ask your doctor or nurse.

Call your health care team if you have:

- A fever of **100.4°F** or higher
- Shaking chills or sweats, sore throat, cough, shortness of breath, vomiting
- Burning or pain when passing urine
- Redness, swelling, drainage or warmth at the site of a surgical wound, IV line or anywhere on the skin

Keep track of the following:

When your fever started

Any other symptoms, such as chills, sweats, shortness of breath

PREVENTING BLOOD CLOTS

In general, having a cancer diagnosis puts patients at risk for blood clots, but blood clots are not common. Deep vein thrombosis (DVT) is a blood clot found in one of the major deep veins of the lower legs, thighs or pelvis. Blood clots block circulation through these veins, which carries blood from the lower body back to the heart.

When a DVT breaks loose and travels through the bloodstream to the lung, it becomes a pulmonary embolus (PE). This is a serious and life-threatening complication. Prevention is needed to stop a blood clot from becoming a serious and life-threatening complication.

Call your health care team if you have:

- Pain in your leg that happened gradually
- Worsening leg pain when bending your foot
- Leg cramps at night
- Swelling in your leg
- Warmth and redness in your legs
- Sudden and severe trouble breathing

How are blood clots treated?

- Blood thinning medicines are used to prevent more blood clots from forming and to prevent blood clots from becoming loose and traveling to the lungs.
- After surgery, your health care team may ask you to take medicines to prevent blood clots. You may be given shots of the medicine immediately after your surgery to thin your blood. At the same time, you may also be given a blood thinning medicine by mouth.
- Your nurse may draw blood on a regular basis to check whether you have enough blood thinning medicine.
- After surgery, you may also be asked to wear compression devices on your legs. The squeezing action has been shown to prevent blood clots. You also may be given elastic stockings to wear.
- You may be instructed to get out of bed several times a day while recovering after surgery.

- You may be asked to continue with blood thinning medicines when you go home after surgery.
- Ask your health care team before starting or stopping any medication, including over-the-counter medications. Many medicines increase or interfere with the effect of blood thinning medicines.
- Ask what foods should be avoided, because some foods may change the effectiveness of blood-thinning medicines.
- Tell any other medical professionals such as dentists or podiatrists that you are taking blood thinning medicines before having any procedures done.
- Stay active as much as possible. Try not to be inactive for long periods of time.
- Keep your legs elevated while sitting down or in bed.

MYCITYOFHOPE ONLINE PATIENT PORTAL

The all new MyCityofHope is a secure online portal that lets you communicate with your care team and view your medical information. With MyCityofHope, you can:

1. Request appointments.

Request your next appointment or view details of your past and future appointments.

2. Check most test results.

No more waiting for a phone call or letter. View your results for most tests online at your convenience.

3. Communicate with your care team.

Get answers to medical questions without multiple telephone calls or unnecessary appointments.

4. Pay bills online.

Check and pay your bills from home.

5. Ask for prescription refills and renewals.

Send a renewal or refill for any of your refillable medications.

How Do I Sign Up?

To sign up, you will need the activation code found on your after visit summary.

1. Go to MyCityofHope.org.

2. Click the "New User Sign Up" box.

3. Enter your MyCityofHope activation code from your after visit summary.
4. Follow the prompts to complete your registration.

If you have questions or need a new activation code, please call **844-777-4673**. Activation codes expire 45 days after being issued.

To learn more about MyCityofHope and to sign up, visit **MyCityofHope.org**.



Sources:

ExitCare® Patient Information ©2018 ExitCare, LLC.

UpToDate® ©2018 UpToDate, Inc. and/or its affiliates. All Rights Reserved.

www.uptodate.com



PATIENT, FAMILY AND COMMUNITY EDUCATION
Department of Supportive Care Medicine
2018



CityofHope.org