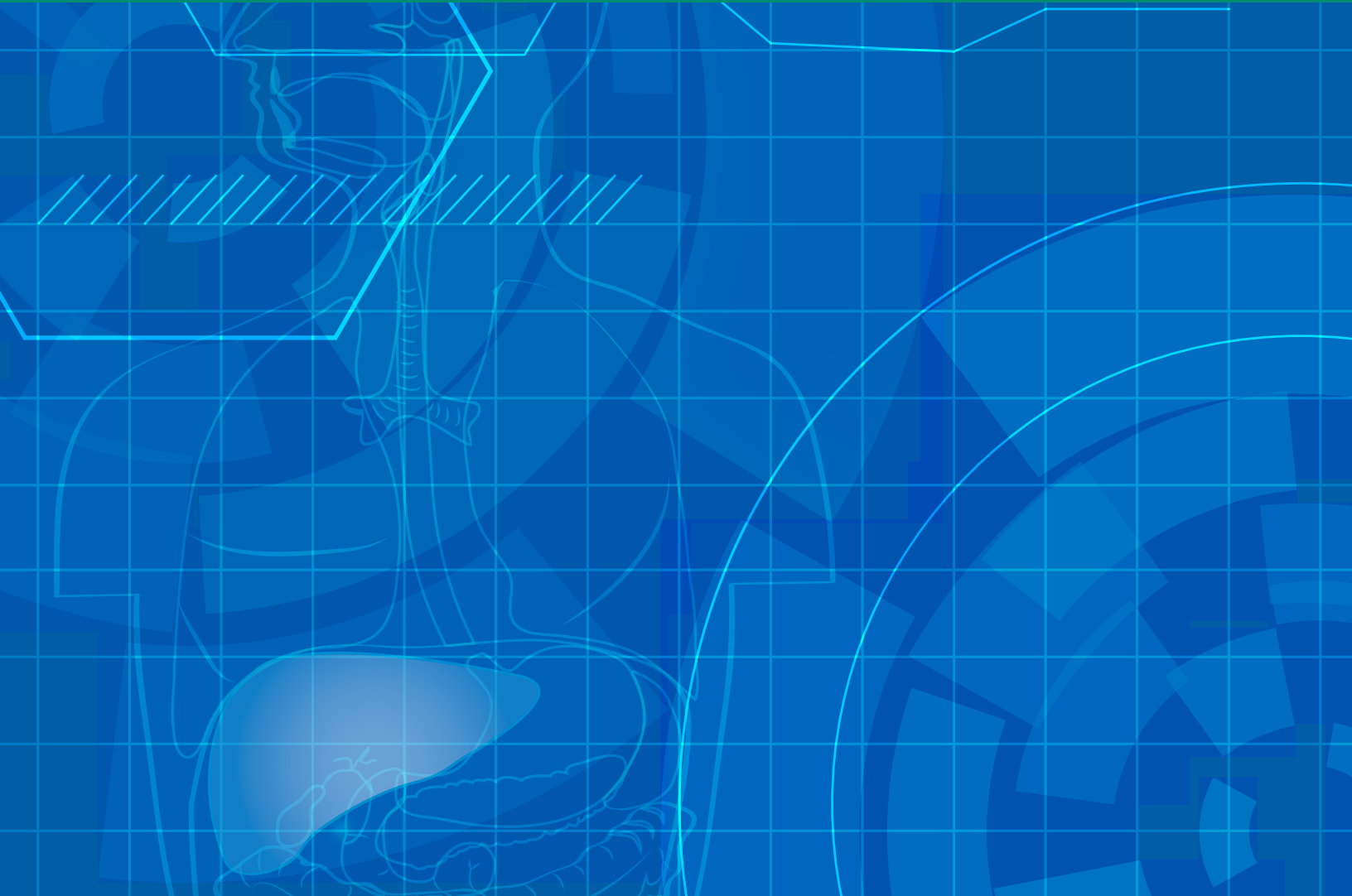


PATIENT EDUCATION

# LIVER/BILE DUCT SURGERY



# Contact Information for Questions and Emergencies

## GI Surgery Center: **716-845-4005**

- General Questions: The GI Center is open 8:00 am – 5:00 pm, Monday to Friday. If the Center is closed, your call will be answered by a staff member of the nurse triage line or the central call center, and they will assist you.
- Urgent Symptoms: Roswell Park has an **Assessment and Treatment Center (ATC)**, which sees patients who are having urgent symptoms that are not life-threatening. **This is not a walk-in clinic.** You must have a referral from your Roswell Park physician or the physician on call to be seen there. Please call **716-845-4005** if you need assistance. If you need to be seen, they will arrange an appointment in the ATC.
- Emergencies: In an emergency, please call 911 or go to the nearest hospital emergency department. Bring your Roswell Park “green card” (ID card) with you and let the ER staff know the last time you were treated at Roswell Park. If you go to the ER or are admitted to the hospital, have someone notify your Roswell physician.



# Introduction

Welcome to the GI Oncology Center at Roswell Park. Please keep this booklet and bring it to the hospital when you come for your surgery.

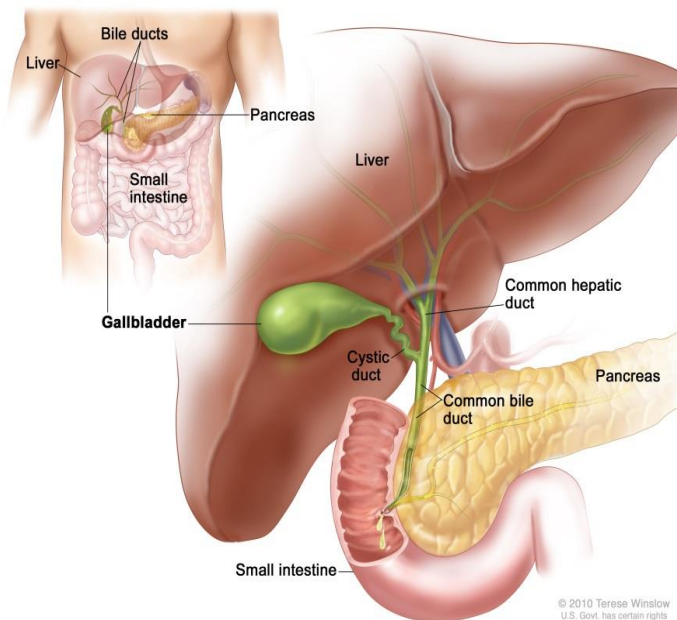
You are having surgery to remove or burn a tumor in your liver, bile duct, or both. Your surgeon will remove the section(s) of your liver or bile duct(s) that contains the tumor, as well as some of the surrounding tissue. Depending on the size and location of the tumor(s), your surgeon may make a new connection between your intestines and your bile duct.

This brochure discusses:

- your liver and what it does
- what happens during the operation
- how you can prepare for your surgery
- what to expect during your hospital stay
- your recovery

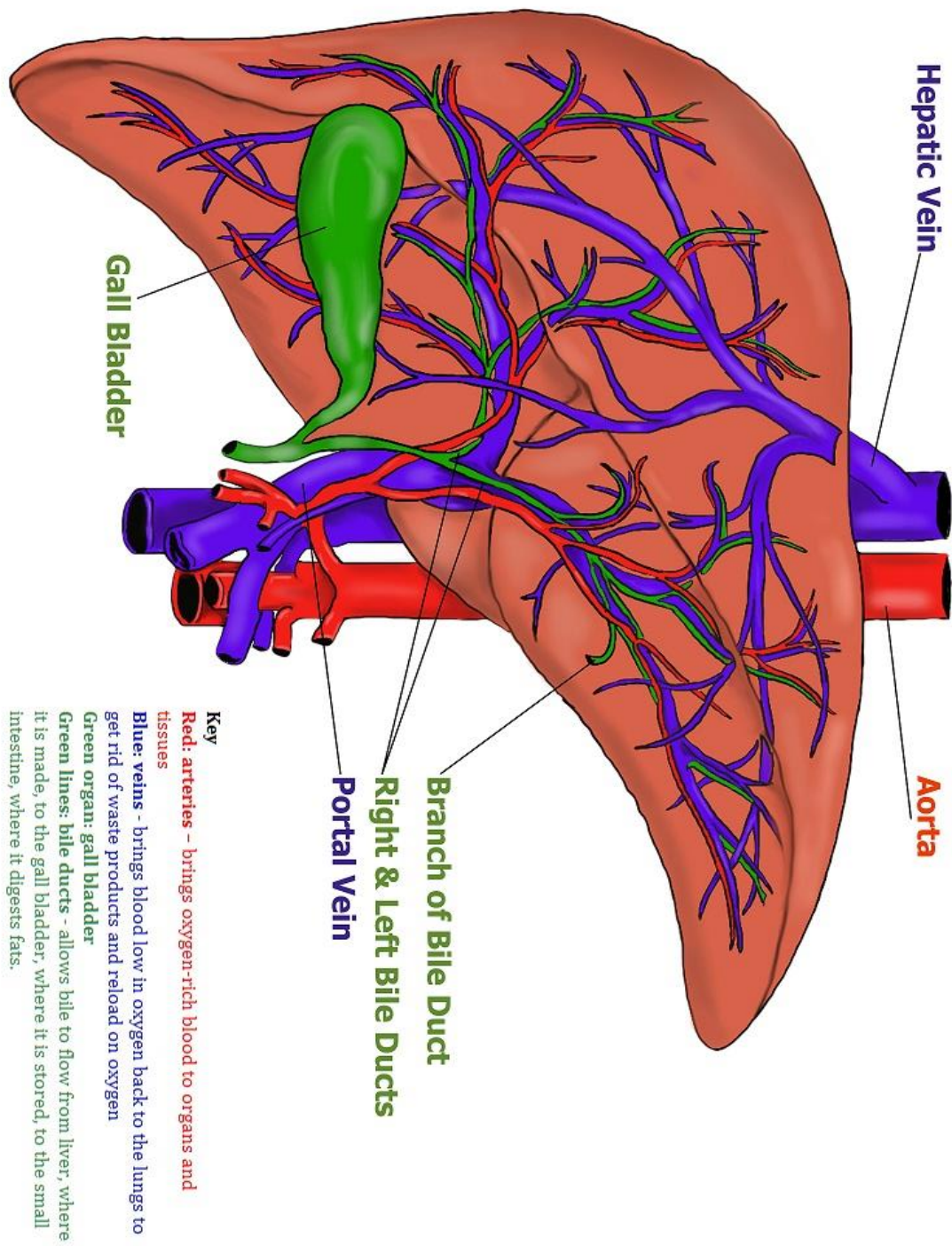
## Your Liver

The liver sits in the upper right portion of your abdomen, beneath your ribs and above your stomach. If you are looking down at your own stomach, it is on your right side. It is the largest organ inside your abdomen (belly). The liver performs many functions necessary for good health.



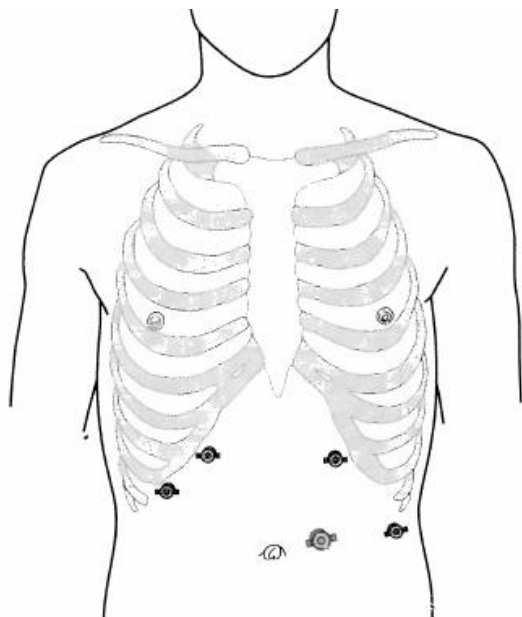
## What the Liver Does

- Makes bile (to digest fats), which is stored in the gall bladder and transferred to the intestine via the bile duct
- Filters harmful substances out of the blood
- Stores sugar and releases it when needed
- Makes new proteins your body needs
- Stores iron, vitamins, and minerals



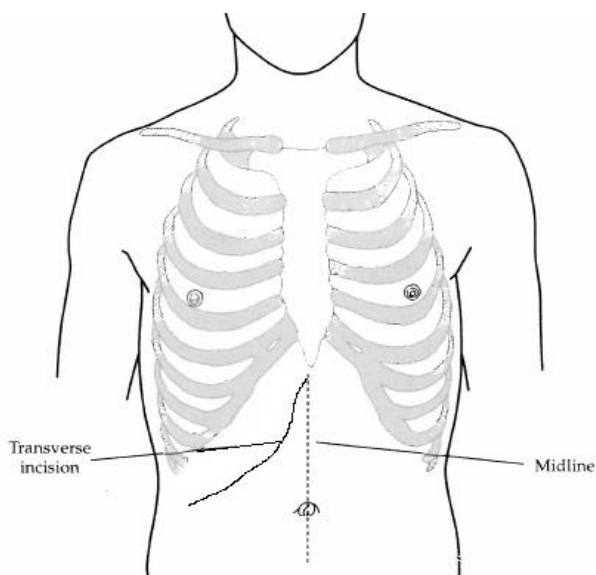
# Liver Surgery – Laparoscopic or Open?

This surgery can be done in two ways – laparoscopically or with an open approach. Regardless of which type of surgery you have, you will lie on your back on the operating table and be given anesthesia before it begins.



## LAPAROSCOPIC

With a laparoscopic procedure, your surgeon makes several small incisions in your abdomen – each incision about an inch long. He or she can insert a video camera and surgical instruments through these incisions. The exact locations of your incision may differ but here are some sites commonly used.



## OPEN

The incision for an open procedure runs about an inch below your lowest rib, on your right side.

## Potential Risks and Complications of Liver/Bile Duct Surgery

- Surgical risks: bleeding and/or infection
- Risks from general anesthesia:
  - pneumonia or other respiratory problems
  - stroke
  - heart attack
  - blood clots
  - loss of muscle strength requiring physical therapy

Note: Other factors may increase these risks such as smoking, heavy alcohol use, or chronic medical problems such as diabetes or hypertension.

- Complications specific to this procedure: bile leak from the cut liver edge, liver failure, or a leak from a new connection between the bile duct and intestine
- You and your surgeon will have a discussion about your surgery, your medical history, and any unique risks of your operation

# Before Surgery

## Insurance

Please contact your health insurance provider to find out what costs are covered under your plan and an estimate of how much you will have to pay out of your own pocket. If you speak with someone on the phone, write down what they say and make note of the name of the person you spoke with, and when.



## Advance Directives

A health care proxy (HCP) form was included in your new patient packet. This form allows you to appoint someone as your 'agent' and gives them the authority to make all health care decisions for you, including the decision to remove or provide life-sustaining treatment, unless you say otherwise (on this form). You may write examples of the types of treatments that you would or would not want. Your agent must follow your instructions when making decisions for you – but they only begin making these decisions when your doctor determines that you are not able to make health care decisions for yourself. A HCP is a type of advance directive. If you have any questions about the HCP, ask your health care provider or contact the Psychosocial Oncology department. Please note that in the NY State, if you do not appoint an agent, and one is needed, the State will appoint one for you in this order: spouse, child over age 18, parent, brother or sister (over 18), or a guardian appointed by court. Any agent must be over age 18. A MOLST form is actually a medical order signed by your doctor. It documents your treatment preferences about life-sustaining treatment. It is the only authorized form in NY State for documenting both nonhospital Do Not Resuscitate (DNR) and Do Not Intubate (DNI) orders.

## Preparing Yourself for Surgery

- Write down any questions you have for your doctor or nurse.
- Stop drinking alcohol now - even a small amount of alcohol before surgery can cause problems.
- If you smoke – stop. Ask your doctor or nurse about our smoking cessation program.
- Arrange for a family member or friend to come to the hospital with you. They will be responsible for your belongings during your surgery.
- Arrange to have an adult drive you home when you are discharged.
- Arrange to have an adult stay with you at home for the first 24 hours after you leave the hospital.
- The idea of having surgery may make you feel anxious. You may find you can't concentrate, feel cranky, or have trouble sleeping. This is not uncommon – waiting can be difficult. Find things that are calming or distracting for you. Talk with your friends and family, practice deep breathing, make sure everything is ready for when you get back home, go for a walk or to a movie, read, or meditate.





## Your Pre-op Visit

A few days before your surgery, you will have a pre-op visit. During your visit, you will have a physical exam, blood tests, and possibly additional tests such as a chest x-ray or an electrocardiogram (EKG).

You will also meet with a member of the anesthesiology team in the Pre-op/Anesthesia Center on the ground floor. She or he will:

- ask you about any allergies you have
- ask you about your history, and your family history, with anesthesia
- review your current medications and give you instructions about what and when to take or stop your medications before your surgery

Call the GI clinic at **716-845-4010** with questions about your surgery or if you are not feeling well within 7 days of your surgery.

Call the pre-op clinic at **716-845-1673** with questions about anesthesia or pre-operative instructions.

## What Your Doctor Should Know

Tell your doctor if you:

- have or have ever had diabetes, kidney problems, high blood pressure, seizures, heart problems, or breathing problems
- are taking any pain medicines or prescription or over-the-counter medicines, herbals or vitamins
- drink alcohol or use illegal drugs
- have allergies to dyes, foods, medicines, etc.
- currently have an infection or have ever had a resistant bacterial infection such as MRSA
- are pregnant or breastfeeding

## Preparing Your Home for Your Return

You will be tired and sore when you get home, so take the time before surgery to prepare your home.

- Prepare and freeze meals for your first few days at home.
- Arrange for any house, yard, or snow removal help needed.
- Put night lights along any paths you use during the night, such as to the bathroom or kitchen.
- Make sure your lights are easy to turn on and off. If the light you will use most often (bed or chairside) has a difficult or hard-to-reach switch, consider moving an easier to use lamp to that space.
- Go through your house and remove anything that may cause you to trip or fall - remove throw rugs and clutter – especially from stairs and hallways.
- If you have stairs outside or inside the house, make sure the grab bars are secure.
- Put commonly used items and items you may need in any emergency within easy reach (cell phones, fall alert call button, etc.).



## What to Bring to the Hospital and What to Leave Home

### Bring:

- a list of your medications, both prescription and over-the-counter. Include the dose and how often you take it
- your Roswell ID (green card)
- forms given to you by your doctor
- paperwork needed for your leave from work
- your insurance card
- your health care proxy/advance directive form
- this brochure
- a bag packed with personal items such as toiletry items and reading materials – include containers for contact lenses, dentures or hearing aids (if you wear them)
- special equipment you use, such as a cane or walker labeled with your full name and telephone number
- books or magazines

**Do not bring** valuables including credit cards, jewelry, or money.

### Arrival Time

On the day before your procedure, the staff from 3 West (Surgery Center) will call you between **1p.m. and 3p.m.** with your arrival time for the next day. If you do not receive a call by 3p.m. on the day before your procedure, please call **716-845-8476** for your arrival time.



### Activity

- If you are able, stay active in the days before your surgery. Walk or continue with your normal exercise routine. This will help your recovery while in the hospital.
- If you are planning to travel before surgery, please talk with your surgeon before making any travel plans.

## The Day Before Surgery

- Eat light meals, such as oatmeal or toast.
- Avoid foods that are heavy or high in fat, such as meat or fried foods.
- Do not eat or drink anything for 8 hours before your procedure.
- Do not use chewing tobacco 6 hours before your procedure.
- Take your regular medicine(s) with a small sip of water as directed by your doctor.
- Report any changes in your health (sore throat, cold, fever, dental problem, problems urinating) or a skin condition (rash, abrasions, etc.) to your doctor because such a problem may require postponing your surgery.
- Follow the instructions for washing your skin or as directed by your doctor.
- Do not shave near surgery site.

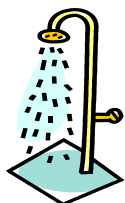


**Important! Do not drink alcohol between now and your surgery.** Drinking even a small amount of alcohol before surgery can cause complications (problems).

## How to Wash Your Skin Before Surgery

Before surgery, you can play an important role in your health. Showering and using the antiseptic cloths we have provided greatly reduces the number of germs on the skin. Please follow these instructions closely.

- **Do not** use the antiseptic cloths if you are allergic to CHG (chlorhexidine gluconate).
- If rash, redness, itching, or other symptoms occur, stop using the soap solution immediately. If symptoms persist, call your doctor.
- Do not use the CHG cloths above your jawbone or in the genital area. Use regular soap and water on your face and genital area. Follow the directions on the next page, “How to Shower”



**You **MUST** SHOWER THE **MORNING** OF YOUR SURGERY.**

# How to Shower

## When you shower

1. Wash your hair as usual with your regular shampoo. Then rinse your hair and body thoroughly to remove any shampoo residue.
2. Wash your face and entire body with a non-drying cleanser.
3. Thoroughly rinse your body with warm water.
4. Pat yourself dry with a clean towel.
5. **Do not** apply powders, deodorants, lotions, creams, hair products, nail polish, or make up.
6. After your body has dried for 30 minutes, wipe down your entire body (except your face) with CHG cloths, as shown in the pictures on the CHG (Antimicrobial) Bathing Cloth card.
7. Allow to air dry.
8. Dress in freshly washed clothes.

# The Day of Surgery

## At Home

- Follow any specific instructions given by your doctor.
- *Take only the medications your doctor has instructed.* You can take them with a very small sip of water.
- Other than a sip of water to take medications, do not eat or drink anything.
- Remove any nail polish.
- Brush your teeth, swish, and spit.
- Take a shower. (See instructions)
- Leave money, credit cards and other valuables at home.
- Remove contact lenses. (Bring a storage case and give them to your family/friend). You may bring an extra pair of eyeglasses.
- Remove all jewelry (including rings) and body piercings. Please leave these items at home or with a family member at the hospital.
- Remember - Do not apply powders, deodorants, lotions, creams, hair products, or make up.
- Dress in freshly washed, loose-fitting, comfortable clothing.
- Arrive at the hospital 2 hours before your surgery. Allow enough time for parking and checking in.

## At the Hospital

- Parking is available in the ramp on Carlton Street. On the 3rd floor of the ramp, there is an enclosed walkway that leads directly to the hospital. Rates for the parking ramp may be charged by the hour, day, or month.
- Parking discounts are available for eligible patients and their families. Parking tickets can be validated at the information desk in the lobby.
- Valet parking is available at the main entrance of the hospital for patients from 7am – 6pm, Monday –Friday (except holidays). There is a \$1.00 additional charge for valet services (standard parking rates apply). To valet your vehicle, just pull up to the hospital entrance and our valet attendants will assist you.
- Wheelchairs are available for all patients at the main entrance of the hospital.
- Smoking is not permitted on the Roswell Park campus, including indoors and outside.
- Go to 3 West on the 3<sup>rd</sup> floor and check in with the unit secretary. The secretary will:
  - check your Roswell Park “Green Card” and review your personal information
  - show you the SmarTrack patient tracking system
  - at your request, provide you with an opportunity to fill out an Advance Directive, Living Will, or Health Care Proxy if you have not done so
- Give your valuables to your family/friends for safekeeping. They will hold onto your belongings during surgery. There are lockers available for use. If you are staying overnight, you won’t need your belongings until you arrive in your assigned room after the procedure.

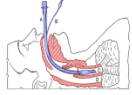



- A nurse will come to the waiting room and bring you to the pre-op area. Your family will remain in the waiting room at this time.
  - You will be asked to sign a consent form, if you haven't already done so.
  - If you have questions or concerns, please ask a member of your health team.
  - You will change your clothes and put on a hospital gown. You will also get a hospital identification (ID) bracelet to wear.
  - A nurse will meet with you and review what you can expect before and after your surgery. The nurse will review your health history and ask you about your medications and allergies.
  - The nurse will check your blood pressure, pulse, and temperature.
  - You will have an intravenous (IV) line started in your arm. You may also receive an antibiotic to prevent infection.
- A staff member will bring your family/friend to the pre-op area when you are ready for your procedure. Only 2 visitors, age 12 years or older, are allowed at any one time.
- A Patient Care Liaison is available to your family or friend during your procedure. The liaison will meet them in the pre-op or waiting area and answer their questions.
- While you are in surgery, your family/friend will wait in the main lobby area on the 3rd floor. The SmarTrack patient tracking board will keep them informed of your status during your procedure.
- If your family member or friend wishes to leave the waiting area, they can leave their phone number with the liaison, and they will provide updates on the patient's status.
- Volunteers are stationed on 3 West as well. They can assist with directions and amenities.






## **In the Operating Room**

- You will meet the surgery team, including the surgeon, anesthesiologist, nurse anesthetist and operating room nurses. They will talk with you about the anesthesia and surgery.
- You will lie on a padded bed.
- The room temperature will be cool. (Tell a member of your health care team if you are chilled.)
- An IV line will be started into your arm—if not already done.
- You may receive medicine to make you relax.
- The anesthesiologist will give you medicine that will put you to sleep.
- The surgery area will be clipped and draped, if needed.
- While you are under anesthesia, you will be unconscious and will not feel any pain or sensation.

## Equipment That May be Used in Operating Room

	<ul style="list-style-type: none"> <li>● Endotracheal tube. Once you are asleep, this tube is put into your mouth and down your airway (trachea) to help control your breathing during surgery. The tube will be removed as soon as you are able to breathe on your own. In most cases, the tube will already be out when you wake up. You may have a mild sore throat for a day or two.</li> </ul>
	<ul style="list-style-type: none"> <li>● Oxygen. You will be given extra oxygen if needed. Oxygen is given through a small tube placed under your nostrils or through a face mask placed over your nose and mouth.</li> </ul>
	<ul style="list-style-type: none"> <li>● Heart monitor. A heart monitor records your heartbeats. Three to five sticky pads will be placed on your chest. The pads are attached to wires and a monitor that records your heartbeats.</li> </ul>
	<ul style="list-style-type: none"> <li>● Foley catheter. Once you are asleep, this tube is inserted through the urethra into your bladder to drain urine. The catheter is removed when you can urinate on your own.</li> </ul>

## Equipment That May be Used After Surgery

	<ul style="list-style-type: none"> <li>● Incentive spirometer. This breathing device helps maintain healthy lungs after surgery. Your nurse will review how to use the spirometer, and how to do your deep breathing and coughing exercises.</li> </ul>
	<ul style="list-style-type: none"> <li>● Patient controlled analgesia (PCA) machine. The PCA machine allows you to give your own pain medicine. It has safety features that reduce the risk of getting too much medicine.</li> </ul>
	<ul style="list-style-type: none"> <li>● Sequential compression device (SCD). These stockings squeeze your legs gently by inflating and deflating. They increase circulation and help prevent blood clots.</li> </ul>

## After Surgery

- When you wake up from the anesthesia, your surgery will be over and you will be in the Post Anesthesia Care Unit (PACU). Specially trained nurses will monitor you and when you are stable, you will be transferred to your room. Most patients do not go to the Intensive Care Unit (ICU) after surgery.
- Two family members or friends may visit with you once you are in your room on 7 West. No family members are permitted in the PACU.

## Managing Pain

Your care team will use several different medications to control your pain. Each of these medicines works differently and together to control pain. These medications include:

- intrathecal morphine: A dose of morphine is given in the area just outside the spinal cord to numb the nerves feeding the area of the abdomen where the surgical incision is made. This provides excellent pain relief for the first 1-2 days after surgery
- intravenous (IV) hydromorphone (Dilaudid®): This narcotic medication is given through a vein and provides pain relief throughout the body. Usually, a PCA\* is set up where the patient can control their own medication. Alternatively, the nurse can dispense the medication directly. A PCA, patient controlled analgesia, is an electronically controlled infusion pump that delivers a specific amount of IV pain medication when the patient presses a button. It has built in safety features so patients cannot give themselves too much pain medication
- acetaminophen (Tylenol®): Given either IV or by mouth
- local anesthetic: Lidocaine-like drugs (similar to what is given by dentists to numb teeth and gums) can be given either via injection in the incision before the patient awakens in the operating room or via patches that are placed directly on the patient's abdomen
- non-steroid pain relievers: IV ketorolac (Toradol®) or oral ibuprofen (Motrin®/Advil®)
- ice pack to the incision

The pain scale (see next page) will help determine which of these medications are used. Milder pain is often best controlled by acetaminophen (Tylenol®), whereas severe pain usually responds best to IV hydromorphone (Dilaudid®).

No two people feel pain in the same ways. Pain that is intense to one person may be mild to another. Feeling anxious or tired can affect how you experience pain. On the positive side, sleep and alternative and integrative therapies (deep breathing, guided imagery, etc.) can be very effective in reducing pain and requests for pain medication.

Pain can slow your recovery because you are less willing to get up, walk, eat, do your breathing and leg exercises, etc. Pain can also cause depression or anxiety. Acute pain is pain that comes on suddenly – such as immediately after injury or surgery. Pain that lasts more than 6 months, like arthritis, is called chronic pain. Pain can be constant or it can come and go. It can be sharp, dull, throbbing, etc.

Your health care team is committed to helping you get well and manage your pain. Your nurses will ask you to rate the strength of your pain using a pain scale (see next page). There is no “correct” number for your pain level. They will also ask you what your pain feels like.



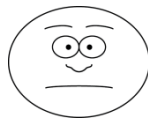
**Pain Scale:** Select the number that best describes how you feel today.



0 - NO PAIN



2 - HURTS  
A LITTLE BIT



4 - HURTS A  
LITTLE MORE



6 - HURTS  
EVEN MORE



8 - HURTS A  
WHOLE LOT



10 - HURTS WORST

## How You Can Help

You are the only one who knows where it hurts, how much it hurts, and the type of pain you are having. If you have pain, it is important to tell your nurse or doctor. Your health care team will create a pain relief plan to meet your needs. The right pain control can help you be more comfortable, get back to your normal routine, and promote healing.

Helpful information to give your nurse or doctor about your pain:

- what makes your pain better or worse
- what has – or has not - worked to control the pain in the past
- if your pain starts to get worse
- if you feel a new pain or the pain changes in nature – for example, it was a throbbing pain and now it is a sharp, burning pain



Treatment options for pain include medication, physical therapy, heat or cold therapy, nerve blocks, and integrative therapies such as acupuncture, relaxation techniques, massage therapy, or music





## Questions to Ask Your Nurse or Doctor About Pain Control



- What will I be given for my pain?
- How should I take the medicine?
- When should I take it?
- How long should I take it?
- What are the side effects?

# Liver/Bile Duct Surgery – Your Care Plan

We've prepared this brochure so you will know what to expect during your stay at Roswell. Typically, the hospital stay is 3 to 6 days, depending on the procedure, your general health, and other factors. Your health care team may make changes to personalize your care. You and your nurse will fill this out as you work on discharge planning together.

	<b>Day of Surgery – Day 1</b> Date: _____	<b>Day After Surgery Day 2</b> Date: _____	<b>Days 3 to 6 After Surgery</b> Date: _____
<b>Comfort</b>   Your pain goal: _____	<input type="checkbox"/> Intravenous (IV) pain medication is given <input type="checkbox"/> Discuss your pain goal and how to manage your pain with your nurse often <input type="checkbox"/> You will rate your pain on a pain scale from zero (no pain) to 10 (severe pain) <input type="checkbox"/> Your nurse will ask you about your pain <input type="checkbox"/> Tell your nurse if your pain is increasing or if the pain medicine is not working	<input type="checkbox"/> Intravenous (IV) and oral pain medication is given <input type="checkbox"/> Talk with your nurse about your pain goal <input type="checkbox"/> Your nurse will ask you about your pain level – be honest <input type="checkbox"/> You may try integrative therapies (such as relaxation and massage)	<input type="checkbox"/> Pain medicine is given as needed, either by IV or by mouth <input type="checkbox"/> Trouble sleeping? Ask your nurse for suggestions to help you sleep. <input type="checkbox"/> Integrative therapies may be used if they are helpful
<b>Breathing</b> 	<input type="checkbox"/> Take deep breaths and cough often. Holding a pillow over your incisions (splinting) may reduce discomfort <input type="checkbox"/> Use the incentive spirometer every hour while you are awake <input type="checkbox"/> An oxygen monitor checks the oxygen level in your blood <input type="checkbox"/> If you need oxygen, which is common on the first night, we will run a tube under your nostrils	<input type="checkbox"/> Take deep breaths and cough often. Splint over your incisions <input type="checkbox"/> Use the incentive spirometer every hour while you are awake <input type="checkbox"/> If the monitor shows the oxygen level in your blood is OK, we will remove the tube from under your nose	<input type="checkbox"/> Take deep breaths and cough often. Splint over your incisions <input type="checkbox"/> Use the incentive spirometer every hour while you are awake <input type="checkbox"/> Your doctor may give you medicine to help you remove extra fluid from your body and improve your breathing

	<b>Day of Surgery – Day 1</b> Date: _____	<b>Day After Surgery – Day 2</b> Date: _____	<b>Days 3 to 6</b> Date: _____
<b>Bladder/ Bowel</b> 	<input type="checkbox"/> While you are in surgery, a catheter (small flexible tube) is placed in your bladder to drain your urine <input type="checkbox"/> Your nurses will help you to the bathroom or to use a commode if you need to have a bowel movement	<input type="checkbox"/> We may remove the catheter from your bladder <input type="checkbox"/> Let your nurse know if you are passing gas	<input type="checkbox"/> We may remove the catheter from your bladder <input type="checkbox"/> Let your nurse know if you are passing gas, feel constipated, or have loose stools <input type="checkbox"/> We may give you a stool softener to prevent constipation, if needed
<b>Education</b> 	Nurses will teach you: <input type="checkbox"/> Breathing & leg exercises <input type="checkbox"/> Safety and fall prevention <input type="checkbox"/> PCA pump, if used (PCA is patient-controlled anesthesia pump)	Your nurses will teach you: <input type="checkbox"/> About preventing DVTs (blood clots) <input type="checkbox"/> Breathing & leg exercises <input type="checkbox"/> Safety and fall prevention	Your nurses will teach you: <input type="checkbox"/> Good nutrition <input type="checkbox"/> Breathing & leg exercises <input type="checkbox"/> How to care for your drain (if you have one)
<b>Plans for Leaving the Hospital (Discharge)</b> 	<input type="checkbox"/> Plan for a 3 to 7 day hospital stay	<input type="checkbox"/> You and your nurse should start talking about your discharge plans <input type="checkbox"/> Tell your nurse who will be your caregiver/support person when you get home	<input type="checkbox"/> A social worker will discuss discharge plans <input type="checkbox"/> Your nurse or pharmacist will discuss your at home medications <input type="checkbox"/> Are you ready? <input checked="" type="checkbox"/> Your doctor says you are ready <input checked="" type="checkbox"/> Pain is under control <input checked="" type="checkbox"/> You are eating soft foods <input checked="" type="checkbox"/> You are walking (with or without help) <input checked="" type="checkbox"/> You do not have problems with urination or bowel movements <input checked="" type="checkbox"/> You understand how to take care of yourself at home
<b>Food and Drink</b> 	<input type="checkbox"/> You will not be eating yet. Use a wet sponge to moisten your mouth	Your diet is likely to advance to all liquids	If nausea is not a problem, you will advance to soft foods

	<b>Day of Surgery – Day 1</b> Date: _____	<b>Day After Surgery – Day 2</b> Date: _____	<b>Days 3 to 6</b> Date: _____
<b>Tests, Labs and Procedures</b>  	<input type="checkbox"/> We will give you fluids and medications through your IV <input type="checkbox"/> Your catheter will drain the urine from your bladder <input type="checkbox"/> Routine blood tests will be done <input type="checkbox"/> Your weight will be monitored <input type="checkbox"/> You may have a drain to prevent fluid from building up at the site where you had surgery	<input type="checkbox"/> We will give you fluids and medications through your IV <input type="checkbox"/> Routine blood tests will be done <input type="checkbox"/> Your weight will be monitored	<input type="checkbox"/> Routine blood tests will be continued <input type="checkbox"/> Your doctor will remove and change the dressing for the first time <input type="checkbox"/> We may take x-rays of your abdomen or chest <input type="checkbox"/> If you have a drain, it may be removed before you go home
<b>Activity</b>  	<input type="checkbox"/> Sitting on the edge of the bed and dangling your feet <input type="checkbox"/> We will keep the head of your bed raised <input type="checkbox"/> You will be wearing sequential compression devices (SCDs) while you are in bed. These sleeves wrap around your legs and squeeze them gently by continually inflating and deflating. SCDs help prevent blood clots	<input type="checkbox"/> Your nurse will help you stand up and sit in a chair <input type="checkbox"/> She or he will help you walk in the hall as soon as you are able <input type="checkbox"/> The head of the bed remains raised <input type="checkbox"/> The SCDs will be worn when you are in bed <input type="checkbox"/> Heparin shots are given to help prevent blood clots. These injections are given just under the skin (not into a muscle)	<input type="checkbox"/> Keep the head of your bed raised <input type="checkbox"/> Walk in the hall at least 4 to 6 times a day Walk 1 ____ Walk 2 ____ Walk 3 ____ Walk 4 ____ Walk 5 ____ Walk 6 ____ <input type="checkbox"/> You may meet with a physical therapist to help you regain your strength <input type="checkbox"/> Ask your nurse or doctor if you still need to wear the SCDs <input type="checkbox"/> You may take a shower

## Enhanced Recovery after Surgery (ERAS)

Your doctor may place you on the ERAS program, which is aimed at making the hospital recovery from the surgery as short as possible. This program includes:

- High energy drinks before the operation to help your bowels recover after surgery.
- Early laxatives after surgery to prevent constipation.
- Emphasis on pain control with oral instead of IV medications. Patients are treated with pain medication **before** the operation to get a jump start on post-operative pain control.
- Early mobilization - out of bed and walking on day 1 after the surgery.
- Start of a normal diet on day 1 after surgery.

Your care team will discuss with you the benefits of ERAS and determine whether you qualify for this plan based on the type of surgery you are having and your past medical history.



## Preventing Falls in the Hospital

When you have cancer, you have a higher risk of falling. These tips will help keep you safe:

- Use your **CALL LIGHT** to alert us when you need to get up and **WAIT** for us to come and help.
- **ALWAYS** tell us if you have fallen recently.
- Tell us if you feel dizzy, weak, lightheaded, or unsteady.
- After lying down, sit up for a few minutes before you stand.
- Use your eyeglasses, hearing aids, walkers, crutches or braces when walking.
- Wear shoes or socks with non-skid soles. Avoid floppy slippers, bare feet, or loose stockings.
- Keep items you use often within easy reach.
- Use caution when walking with an IV pole. **DO NOT** use your IV pole to assist with standing up.
- Use your hands to push off your mattress to stand up.

**Your safety is our primary concern. If you are AT ALL UNSTEADY, PLEASE CALL US. We are just seconds away and happy to help.**

### Reminders

- Medications can make you dizzy and/or change the feeling in your toes and feet.
- Be aware of all of your tubes or lines.
- You are in a new environment and may wake up disoriented.

## Working Towards Discharge – Your Care Plan

- A smooth and speedy recovery depends on your help and cooperation. Your participation is essential in reaching your goal to return home and avoid complications.
- Your hospital stay will follow a standard care plan. The progress you make toward going home will be measured by how you meet the daily goals outlined in the plan. These goals include pain management, activity and preventing complications.
- Your care plan will tell you what to expect during your hospital stay. You can find it at the front of this brochure.
- Your condition will be monitored until you are stable for discharge. Recovery time varies for each person.
- You will be discharged by your physician into the care of a responsible adult.
- Discharge and follow-up instructions will be reviewed with you. Make sure you, or someone who is with you, understand all these instructions and ask any questions you may have.
- **Be sure to take a copy of your discharge instructions home with you.**

## Recovering at Home

Complete recovery takes time and the time will vary from person to person. You can help by following all of your doctor's instructions along the way. When you get home, you should focus on safety, nutrition, and building up your strength



### How to Prevent Falling at Home

These tips will help keep you safe at home.

- If you feel dizzy, weak, lightheaded, or unsteady, ask a family member or caregiver for help.
- After reclining for a prolonged time, be sure to sit up for a few minutes before trying to stand. It can help with dizziness.
- Wear glasses or hearing aids when necessary.
- Wear proper shoes that have non-skid soles. Avoid floppy slippers, bare feet, or loose stockings. Use your walker, crutch or brace.
- Throw rugs are unsafe and should be removed.
- Keep commonly used items within easy reach.

## Diet and Nutrition

- A dietitian may meet with you and your caregiver to talk about diet recommendations.
- It is important that you eat well and nourish your body with healthful foods during your recovery. **Important:** Now is not the time for weight loss if you are having a difficult time maintaining your weight (even if you are overweight). A dietitian can help you and answer any questions you have.
- In general:
  - eat several smaller meals a day (6 instead of 3)
  - stop eating when you feel full
  - chew your food well
  - eat a variety of foods from each food group
  - avoid sugary and sweet foods. Check the nutrition label to make sure the foods you choose have less than 12 grams of sugar per serving

## Nutrition for the First Few Weeks After Surgery



Try to drink 4 to 6 cups (48 to 64 ounces) of liquids during the day. Try to drink most of your liquids at least 30 minutes before or after eating. This will help your body digest the food well.

There are certain foods you should eat more of during the first few weeks of your recovery, such as:

- **high-protein foods:** lean, tender meats; chicken; turkey; fish; creamy peanut butter; legumes (dried beans); eggs and dairy products
- **low-fiber foods:** soft, fresh fruits without skins; fruit and vegetable juices without pulp; milk, yogurt and cheeses; crackers, pasta, unsweetened cereal, white bread or other low-fiber breads with less than 2 grams of fiber per serving; white rice; water; diluted fruit juices; no-sugar-added instant breakfast beverage mixes; gravies and sauces and most condiments - if you tolerated them well before surgery

**Important: Do not drink alcohol until your surgeon says it's OK.**

Additional resources: Roswell Park brochures, "Guide to Good Nutrition" and "Phytochemicals: The Cancer Fighters in the Foods We Eat". Available in the Resource Center in the first floor cafeteria or you can ask your nurse.



## Practice Food Safety

- Your immune system may become weakened while undergoing treatment. Therefore, it is important to remember food safety and to put it into practice on a daily basis.
- Be sure to thoroughly wash all of your fresh fruits and vegetables, including the skins of melons.
- Do not cross-contaminate. Use separate knives and cutting boards for your meat and vegetables.
- Thaw your meat in the refrigerator instead of the countertop.
- Do not consume raw or undercooked meat, fish, eggs or poultry

Resource: Food Safety for People with Cancer, U.S. Department of Agriculture, Food and Drug Administration (FDA). Available in the Resource Center and online at [www.fda.gov](http://www.fda.gov) (enter the title in the search box) or ask your nurse.

## Activity

- It may take up to 2 months before you regain your normal energy level. For your recovery, it is important to get regular exercise.
  - Walk every day at a pace that is comfortable to you.
  - You may climb stairs as tolerated.
  - You can go outdoors.
  - Take rest periods during the day. If you sleep too much during the day it can affect your sleep at night.
- Do not drive until your surgeon says it is OK.
- **Do not lift more than 10 pounds for the first 2-3 weeks after laparoscopic surgery. If you had an open procedure, do not lift more than 10 pounds for 6 weeks after surgery.**

## Returning to Work

- Talk with your surgeon or nurse about when you can return to work. In general, you will need at least 4 to 6 weeks to recover from surgery.

## Follow-up appointments

- Your nurse will help you set up your follow-up appointment with the surgeon.
- Your first visit is usually within 1 to 2 weeks after you leave the hospital.
- If you have questions about your appointment, please call the GI Surgery Center **716-845-4010**.



## When to Call

If you have any of the following symptoms during your recovery, call the GI Surgery Center at **716-845-4010**

- swelling, warmth, redness, drainage or pain at the incision sites
- new or worsening pain
- temperature or 101.5° F or higher
- vomiting (throwing up)
- unable to eat or drink recommended amounts
- excessive bowel movements (more than 5 movements in 24 hours)
- no bowel movement for 2 days
- yellowing of your skin or the whites of your eyes

## Support and Resources

- You may feel down or depressed. That is normal. You have been through a lot and have some lifestyle changes to make. It may be helpful to take a walk or talk with a loved one, counselor, or others who have been through this surgery.
- Sharing meals with friends and family is important. If you are planning to eat out, you may want to plan what you will eat and how much. If you need to change your eating habits, see if your partner will make the same changes.
- If you have medical concerns or questions, please talk with your surgeon or nurse.
- If you have other concerns or questions, there are many supportive services available at Roswell Park and in the community.

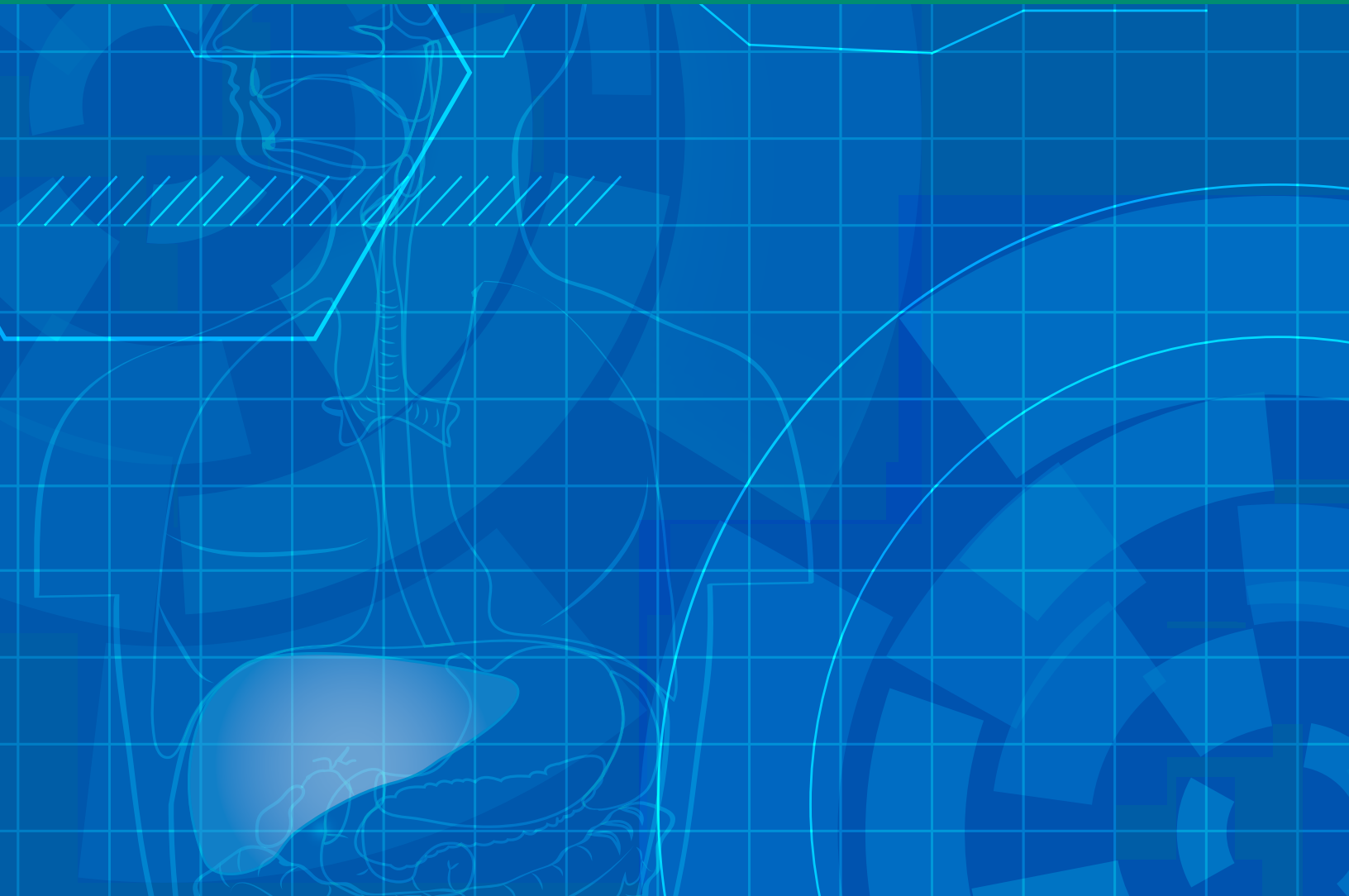
<b>At Roswell</b>	
<b>Art and Music Therapy</b> <b>716-845-5708</b>	Our Artists-in-Residence bring patients opportunities for creativity and self-expression
<b>CancerCoach</b> <b>716-845-8659</b>	Provides support and encouragement to cancer patients through trained volunteers who have recovered from a cancer diagnosis
<b>CancerConnect, Roswell Park's Online Community</b> <a href="http://www.cancerconnect.com/roswellpark">www.cancerconnect.com/roswellpark</a>	A safe place to voice your thoughts and concerns, and exchange support with other patients, caregivers, and clinicians
<b>Cancer Talk</b> <a href="http://www.roswellpark.org/cancertalk">www.roswellpark.org/cancertalk</a>	A blog delivering news about cancer prevention, detection, research, and treatment
<b>Assessment &amp; Treatment Center (ATC)</b> <b>716-845-2300</b>	Treats Roswell patients with urgent symptoms. This is NOT a walk-in clinic. You must have a referral from your Roswell Park physician or the physician on call to be seen there.
<b>Financial Issues or Concerns</b> <b>716-845-4782</b>	Information about Roswell Park's Financial Assistance Program for patients who may have difficulty paying for their medical care
<b>Hospitality Room</b> Ground floor of the hospital Monday – Friday, 8:00am to 4:00pm	If you need assistance getting around the hospital, have questions, or would like to rest and have a friendly chat, the hospitality room is located on the ground floor of the hospital
<b>Smoking Cessation</b> Just Breathe: <b>716-845-1300 x 7851</b> New York State Smokers' Quitline: <b>1-866-697-8487</b>	Just Breathe: Free classes and assistance to help you quit tobacco NYS Quitline: Free assistance to help you quit tobacco
<b>Language Assistance</b> <b>716-845-8022</b>	Medically trained interpreters that provide translations for more than 170 different languages are on call 24 hours a day, 7 days a week
<b>Legal Questions and Concerns</b> <b>716-845-8022</b>	For assistance with legal concerns related to your cancer diagnosis and treatment, our Social Workers can refer you to the Neighborhood Legal Services Program
<b>My Roswell – Your Online Patient Portal</b> <a href="http://www.roswellpark.org/patients">www.roswellpark.org/patients</a>	Access to some of your electronic medical records and more

<b>Nutrition Department</b> <a href="http://www.roswellpark.org/nutrition">www.roswellpark.org/nutrition</a>	Help dealing with nutrition issues that result from your cancer diagnosis or treatment.
<b>Outpatient Specialty Pharmacy</b> <b>716-845-8999</b> email: rpcioppfarm@roswellpark.org	Open Mon-Fri, 9:00am – 6:00pm. Saturday, 9:00am – 1:00pm
<b>Pastoral Care 716-845-8051</b>	Nondenominational spiritual support services and chapel
<b>Patient Advocates</b> <b>716-845-2981</b>	Acts as a liaison between you, the doctors, the administration, and staff. They advocate for patients.
<b>Patient Calendar</b> <a href="http://www.roswellpark.org/calendar">www.roswellpark.org/calendar</a>	A monthly view of activities available at Roswell and in the community
<b>Social Work</b> <b>(716) 845-8022</b> • <b>Support Groups</b> <a href="http://www.roswellpark.org/support-groups">www.roswellpark.org/support-groups</a>	Licensed social workers to help you cope with the many challenges of dealing with a cancer diagnosis
<b>Resource Center for Patients and Families</b> <b>716-845-8659</b>	A warm, caring staff offers personalized service, education, information, laptops, a DVD lending library complementary wig program, and CancerCoach program. 1 <sup>st</sup> floor, in cafeteria. Mon-Fri 9:00am to 4:00pm
<b>Supportive and Palliative Care</b> <b>716-845-8214</b>	This team helps you with stress, pain, or any other symptoms related to your cancer or treatment
<b>The Young Adult Program</b> <b>1-800-ROSWELL (1-800-767-9355)</b>	A program designed to meet the special needs of patients 20-39 years of age

<b>In the Community</b>	
<b>LIVESTRONG</b> <a href="http://www.livestrong.org">www.livestrong.org</a> • <b>Livestrong at the YMCA:</b> A research-based physical activity and well-being program designed to help cancer survivors achieve their holistic health goals.	Helps survivors and their families through and beyond a cancer diagnosis. <ul style="list-style-type: none"> <li>• Southtowns Family YMCA, West Seneca, NY. <b>716-565-6000</b></li> <li>• Ken-Ton Family YMCA, Kenmore, NY. <b>716-874-5051</b></li> <li>• Independent Health Family Branch, Amherst, NY. <b>716-276-8319</b></li> </ul>
<b>American Cancer Society</b> <b>716-689-6981 Toll free: 1-800-227-2345</b> <a href="http://www.cancer.org">www.cancer.org</a>	Offers programs and services in the Western New York region to help patients and their families, free of charge.



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Elm & Carlton Streets | Buffalo, New York 14263  
[www.RoswellPark.org](http://www.RoswellPark.org)  
1-800-ROSWELL (1-800-767-9355)