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# Getting Ready for and Recovering from Cancer Surgery

Having surgery can be an overwhelming experience - not just the surgery itself, but the process of getting ready to have surgery, as well as recovering afterwards. But it's not always as difficult as you might fear. Your experience will depend on many things, including the type of cancer you have, the type of operation being done, and your overall health. Knowing what to expect and being prepared can help. It's important to:

- Learn as much as you can beforehand
- Ask questions so you know what to expect
- Understand that each person's situation is different

## How long is too long to wait?

How soon you might need to have surgery after a cancer diagnosis can vary. It depends on the type of cancer and other factors. Sometimes cancer surgery needs to happen as soon as possible. Other times, waiting a while is not a problem. And sometimes you might need chemotherapy or radiation before having surgery. It's not unusual for patients to wait a few weeks after learning they have cancer to have surgery. Talk to your doctor and others on your health care team about how long to wait before having surgery. Don't be afraid to ask questions! You might want to ask if you have time to think about other options or get a [second opinion](#)<sup>1</sup>.

## Getting ready for surgery

Before surgery is called the *pre-operative phase*. There are many kinds of surgical procedures. But almost all types of operations have certain steps in common during the

pre-operative phase.

## **Informed consent**

Your health care team will give you details of the surgery before you give permission for them to do it. This is called [informed consent](#)<sup>2</sup>. Sometimes details about informed consent vary from state to state, but your health care team will most likely do the following:

- Talk to you about your options, including how long it will be before surgery is scheduled
- Teach you about the operation, including the benefits, risks, and side effects
- Teach you what to expect before, during, and after surgery
- Have you sign consent forms
- Order some testing that will help them know you're healthy enough for surgery
- Give you hints, tips, and pointers to get you organized and ready for surgery and the recovery period

## **Questions to ask before cancer surgery**

You might want to ask your health care team, doctor, or surgeon some of the questions listed here, if you don't hear the information first, or if you need to understand it better. The answers might help you feel better about your decision and know what to expect.

- Exactly what will you do in this operation?
- Will all the cancer be removed, or just some of it?
- What are the chances the surgery will work?
- Will I need other cancer treatments before or after surgery?
- Am I healthy enough to go through the stress of surgery and anesthesia?
- How long will the surgery take?
- Who will update my family?
- Will I need blood transfusions?
- Will I be in a lot of pain? Will I have tubes (drains or catheters) coming out of my body?
- How long will I need to be in the hospital?
- How will my body be affected by the surgery? Will any of the changes be permanent?
- How long will it take for me to get back to my usual activities?

- What are the [possible risks](#)<sup>3</sup> and side effects of this operation?
- What will happen if I don't have the operation?
- If this surgery doesn't work, are there other cancer treatments I can get afterwards?
- Will my [insurance](#)<sup>4</sup> pay for this surgery? How much will I have to pay?
- Are you certified by the American Board of Surgery and/or a Specialty Surgery Board?
- Are you experienced in operating on my kind of cancer? How many operations like this have you done?
- Do I have time to get a [second opinion](#)<sup>5</sup>?

### Other things that could affect surgery

**Tobacco:** If you smoke, your surgeon may ask you to stop before surgery. Using tobacco tightens (constricts) blood vessels and reduces the supply of oxygen to your body tissues. Smoking can delay healing and recovery. It can also increase the risk of complications after surgery.

**Diet and alcohol:** Being overweight or obese may affect surgery and recovery. Your surgeon may ask you to improve your diet, lose weight, or actively exercise before surgery. You may be advised to stop drinking alcohol, too.

**Medications:** Often the surgeon will ask you to stop taking certain medications, such as anti-inflammatory pain medications and blood thinners. This is because those medications can increase your risk of bleeding during the surgery.

**Other drugs:** Be sure to tell your doctor and surgeon about all medications, including vitamins, supplements, and marijuana or street drugs you may use. Some of these may lead to problems before and after surgery.

**Anesthesia history:** You will probably be asked if you or your family members have had problems in the past with anesthesia. This is because there are things that can be done to prevent problems, such as nausea, vomiting, and being overly sleepy after getting anesthesia.

### Pre-operative testing

You'll probably need some tests so your health care team can understand your overall health and to find out if you can tolerate surgery. The tests you might need will depend on your situation, but here are some of the common tests that might be done:.

- Blood tests to check your blood count, blood sugar, kidney and liver function, and your risk for bleeding
- Urine test to make sure your kidneys are working and to check for infection
- Chest x-ray to check your lungs
- Electrocardiogram (ECG or EKG) to check your heart
- Other x-rays, tests, or scans

## Prep for surgery

Usually a "prep" is needed before surgery that involves getting anesthesia. You will most likely be told to stop eating food and drinking liquids at a certain time before surgery. Sometimes you will be told to stop eating solid foods at a certain time, and then liquids will be stopped later. Some surgeries require you to take a laxative or enema beforehand to be sure your bowels are empty. You may need to have an area of your body shaved before surgery to keep hair away from the surgical site and your skin will be cleaned well before the operation to reduce the risk of infection.

## Getting Anesthesia

Anesthesia makes you unable to feel pain for a period of time. Depending on the type and extent of the operation, you may get drugs to make you sleep, too. In some cases, you may have a choice as to which type of anesthesia you prefer.

- *Local anesthesia* is often used for minor surgeries, such as biopsies near the body surface. A needle is used to put a drug into the area. This numbs the nerves that cause pain. You stay awake and usually feel only pressure during the procedure. You can usually go home shortly afterwards.
- *Topical anesthesia* is rubbed or sprayed onto a body surface instead of being put in with a needle. For example, a spray is sometimes used to numb the throat before a scope is passed down to the stomach or lungs. Like local anesthesia, you can usually go home shortly afterwards.
- *Regional anesthesia* (such as a nerve block or spinal anesthesia) numbs a larger part of the body, but you stay awake. For example, a needle can be used to put medicine into an area around the spinal cord, which affects certain nerves coming out of it. But a nerve block may also mean injecting medicine around nerves in the arms or legs. The location the injection is given depends on what part of the body needs to be numb. Medicine may be given as a single injection or as an ongoing IV infusion. You stay awake, but you may be given something to help you relax. You

will go to the recovery room until some of the anesthesia wears off.

- *Twilight anesthesia* is a mild dose of a drug through an IV that sedates you. It does not make you become unconscious, but you are sedated and asleep. You won't remember the surgery and the time right after. You will go to the recovery room until some of the anesthesia wears off.
- *General anesthesia* puts you into a deep sleep so you are unconscious for the surgery. It's often started by having you breathe in a drug through a face mask or by putting a drug into a vein in your arm. Once you are asleep, an endotracheal or ET tube is put in your throat to make it easy for you to breathe. Your heart rate, breathing rate, and blood pressure will be closely watched during the surgery. A doctor or nurse who specializes in giving anesthesia (either an anesthesiologist or nurse anesthetist) takes care of you while you are asleep. They also take out the ET tube when the operation is over. You won't remember the surgery and the time right after is often very hazy. You will go to the recovery room until some of the anesthesia wears off.

## Recovering from surgery

How fast you recover from surgery depends on the kind of surgery you had and your overall health. Be sure to ask your health care team what you might expect in the period right after your surgery.

### Tubes and catheters

Your throat may be sore for a while if you had an endotracheal (ET) tube. You might also have tube (called a *Foley catheter*) draining urine from your bladder into a bag. This is usually taken out as soon as possible after surgery to prevent infection..

### Surgical drains

You may have a tube or tubes (called *drains*) coming out of the surgical opening in your skin. Drains allow the excess fluid that collects at the surgery site to leave the body. Your doctor will take them out as soon as possible when they stop collecting fluid, depending on the type of surgery you had.

### Eating and drinking

You may not feel like eating or drinking after surgery, but this is an important part of the

recovery process. Your health care team may start you out with ice chips or clear liquids. If you have a catheter collecting your urine, they will check that you are passing urine normally after they take it out. They may want to measure the amount of urine you make by having you go in a special container.

The stomach and intestines (digestive tract) is one of the last parts of the body to recover from the drugs used during surgery. You'll need to have signs of stomach and bowel activity before you'll be allowed to eat. Along with checking your surgical wound and other parts of your body, your doctor or nurse will listen for bowel sounds in your belly and will ask if you have passed gas. These are signs that your digestive tract is starting to work normally again. You will probably be on a clear liquid diet until this happens. Once it does, you may get to try solid foods.

### **Activity**

Your health care team will probably try to have you move around as soon as possible after surgery. Sometimes they will even have you walk or go to physical therapy the same day or next day. While moving around or getting used to the devices may be hard at first, these things help speed your recovery by getting your digestive tract moving, helps your circulation, and helps prevent blood clots. Again, be sure to let your team know if you're having pain that is affecting your activity, so they can give you medicine to control it.

Some patients will have devices wrapped around their legs that squeeze gently and release every so often to also help your circulation and prevent blood clots.

Your team may also encourage you to do deep breathing exercises. You might have a device called a spirometer that you will need to use. This helps fully inflate your lungs and reduces the risk of lung infection (pneumonia).

### **Going home after surgery**

Discharge planning to go home or to another setting will start very soon after surgery. The plans get more final once you're eating, drinking, and walking. Of course, this will depend on other factors too, such as the results of the surgery and tests done afterward.

[Pain control](#)<sup>6</sup> is important, both while you are in the hospital, and at home if you need it. If you're in pain, be sure to let your health care team know.

Before you are discharged, be sure that you understand these things:

- How you will care for your wound (and drains) at home
- What to look for that might need attention right away
- What your activity limits are (driving, working, lifting, etc.)
- Other restrictions (diet, those related to pain medicine, etc.)
- What medicines to take and how often to take them, including pain medicines
- Who to call with questions or problems if they come up (Make sure you know who to call if you have problems after hours or on the weekend.)
- Whether you should be doing anything in terms of rehabilitation (physical activity or physical therapy)
- When you need to see the doctor again

Recovery is different for everyone. Wounds heal at different rates, and some operations are more involved than others. You may need help at home for a while after surgery. If family members or friends are unable to do all that's needed, your health care team may be able to arrange to have a nurse or nurse's aide visit you at home for a short while.

Fully understanding the likely result of the operation before it's done is an important part of helping you adjust to the changes that have been made to your body. It is completely normal to need to take time to get used to any permanent changes in your body. Sometimes these changes can be really hard to get used to, and it's ok to feel sad or angry about them. Your health care team is ready to help you with those feelings, and won't be surprised if you tell them that you feel this way. It's important to let your care team know if you are feeling. Be as specific as you need to with your questions, and make sure your health care team gives answers you can understand.

### **When to call your doctor after cancer surgery**

At this time, you're probably more in tune with your body than you've ever been in your life. You notice every physical change. Don't take any physical symptoms you may have lightly. Be sure you know how to contact your health care team members after hours and on weekends and holidays.

Some surgery side effects may come and go quickly, but others may be a sign of serious problems. Tell your doctor or nurse right away if you suffer from any of the following symptoms after surgery:

- A fever (instructions for this can vary so check to be sure what fever is high enough to call about)
- Intense (shaking) chills
- Bleeding from your surgical site or drain site, or unexplained bruising and bleeding

anywhere else

- Pain or soreness at the surgical site that's getting worse or not relieved with the pain medicine
- Unusual pain anywhere, including in your legs, chest, belly, and intense headaches
- Shortness of breath or trouble breathing
- Having trouble urinating; pain when you urinate; or bloody, bad smelling, or cloudy urine
- Any other signs mentioned by your doctor or nurse

Don't hesitate to let your doctor know about any new problems or concerns you have. It's always best to find out the cause of a problem so it can be dealt with right away.

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