Enhanced Recovery After Surgery (ERAS)
Lymph Node Removal for Testicular Cancer

IMPORTANT!
Please read this booklet BEFORE your surgery to prepare you.

Please bring this booklet with you to the:
- Pre-Admission Clinic
- Hospital
- Family Doctor
Pre-op Information at a Glance

Your Surgeon is: ________________________________

Office number: ______________________________

Your surgery date is: __________________________

If you have any of the following before your surgery:
  • cold
  • fever
  • cough
  • flu
  • other infections (e.g. bladder infection)
  • any new sickness
Call your surgeon's office as soon as possible.

Your planned surgery is: ________________________________

Check in time is: ________________________________

One business day before your surgery date, your surgeon’s office calls you to give you your check-in time. If you have not heard from the office by 2:00 p.m., call the office yourself.
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Important Notice - the information contained in this booklet is intended for educational purposes and describes anticipated events. Each person responds differently and your recovery may not be exactly as described. This booklet does not replace instructions or advice given by your healthcare provider. If you have any questions, please ask any member of your care team.
Introduction to Surgery

In this section, you will learn about:

- Enhanced Recovery After Surgery (ERAS) program
- Patient checklists
- Your retroperitoneal lymph nodes – A quick review
- Retroperitoneal lymph node surgery
You are going to have surgery to remove the lymph nodes in the back of your abdomen. This booklet will help guide you through the sequence of events and provide you with information to answer common questions you may have.

We will be using a program called Enhanced Recovery After Surgery (ERAS) to help plan your surgery. The ERAS program contains standardized care guidelines with specific daily goals for early eating and early mobilization. ERAS goal is to improve your surgical experience and outcomes after your surgery.

To find out more about ERAS and your role, click the link [http://bit.ly/enhancedrecovery](http://bit.ly/enhancedrecovery) to watch a 5 minute video (if the link fails, cut and paste directly into your web browser) or scan the QR code.

For a 4 minute video about the patient's experience with the ERAS journey, click the link [http://bit.ly/eraspatient](http://bit.ly/eraspatient) or scan the QR code.

Having a surgery can be a stressful event. We hope this booklet will help you understand your surgery, decrease some of the stress, and give you information to help speed up your recovery.

**Quick facts about the ERAS program**

- An evidenced based care pathway that has instructions about eating and drinking, physical activity, and controlling your pain and nausea.

**Why use ERAS?**
- Patients feel better faster
- Less complications
- Shorter hospital stay

**When does ERAS happen?**
- Before, during, and after surgery

**Who takes part in ERAS?**
- Patient
- Family members
- Everyone in your health care team

**Where is it used?**
- Around the world
Different parts of your ERAS journey

Pre-Optimization - Getting yourself into better shape for surgery
1. Being active and exercising
2. Practicing your deep breathing exercises
3. Stopping smoking
4. Eating healthy
5. No alcohol for at least 48 hours before surgery
6. Relax
7. Improving your red blood cell count if low
8. Controlling blood sugar

ERAS - Before surgery
1. Reading the ERAS booklet
2. Pre-admission counselling
3. Drinking juice or PREcovery® the morning of surgery
4. Planning about going home after surgery

ERAS - During surgery
1. Medication to reduce pain, nausea, and blood clots
2. Keeping your body warm with blankets

ERAS – After surgery
1. Gum chewing
2. Medication to reduce nausea
3. Early eating
4. Early walking
5. Early catheter removal
6. Reviewing your daily goals in the ERAS booklet

You are an important member of your care team. You will benefit from taking an active part in preparing for your surgery and your recovery. Your care team is here to help you and your family through your surgery.

Please feel free to ask any health care provider to wash their hands.
Quick Overview of the Patient Journey:
Home ➔ Surgeon’s Office ➔ Home ➔ Pre-Admission Clinic ➔ Home ➔
Admitting, Pre-Operative Care Centre, Operating Room, Post-Anesthesia Care
Unit ➔ Surgical Ward ➔ Home ➔ Surgeon’s Office ➔ Home

Patient Checklists

What to bring to the Pre-Admission Clinic (PAC):

☐ This booklet
☐ All of your prescription medication, supplements and herbal products you are taking in their original containers
☐ A list of all your non prescription medication
☐ A summary of your medical history and your health problems
☐ Advanced directive or a living will if you have one

* Please bring a family member or friend to this appointment.

Things to prepare for when you are discharged home:

☐ Arrange a ride home from the hospital for 10:00 a.m.
☐ Arrange accommodation for after you leave the hospital (home, hotel, friend's place, etc.)
☐ Arrange for a family or friend to help with house work for the first week after your discharge
☐ Prepare and freeze meals ahead of time so all you have to do is microwave or reheat
☐ Shop for extra food that is easy to prepare
☐ Do your laundry
☐ Clean the house
☐ Move frequently used items to places where they are easy to reach
☐ Pay your bills
☐ Register for Fair PharmaCare
What to bring to the hospital?

☐ This booklet

☐ 2 packages of sugar-free gum (chewing gum will help wake up your bowels after surgery)

☐ Your BC CareCard and private insurance information

☐ Your Driver’s License or other government-issued indentification

☐ If you do not speak English, bring someone to assist you. If you need an interpreter, please advise your surgeon before your hospital admission.

☐ All your medications in original containers (including non-prescription medications - DO NOT bring your narcotics to the hospital

☐ Rubber-soled shoes and comfortable loose clothing

☐ Toothbrush, toothpaste, soap, deodorant, shaving equipment, earplugs

☐ Clothes to wear on the day of going home

☐ Glasses, dentures, hearing aids and spare batteries (in the case with your name on it)

☐ Mobility aids you normally use (cane, walker)

☐ Noise cancelling headphones (if applicable)

☐ Continuous Positive Airway Pressure (CPAP) machine (if applicable)

Please limit belongings to one small bag.

The hospital is not responsible for lost or stolen valuables. Please leave any valuables at home (including credit cards and jewelry).
Before you leave the hospital, do you/have you:

☐ Know what to do or who to call if you have a problem?
☐ Have a prescription for your medications (if needed)?
☐ Know how to care for your incision?
☐ Know where and when you are to get your staples removed?
☐ Asked your surgeon when you need to make a follow-up appointment?
☐ Know how to manage your pain?
☐ Know how to prevent constipation?
☐ Know how to self-inject your blood thinner? (if applicable)
☐ Know about your activity levels at home?
☐ Talked with an occupational therapist or a physiotherapist if you need equipment at home?
☐ Talked with an occupational therapist if you need equipment at home
☐ Asked your surgeon when you need to make a follow-up appointment
☐ Someone to stay with you for the first few days at home in case you need help

If you have staples or stitches, you need to have these taken out by your family doctor unless you are told otherwise.

If you have discharge prescriptions, try to get a family member or a friend to fill the prescription ahead of time. This can be done prior to discharge or on the day of discharge.

Things to pack before you leave the hospital:

☐ All your personal belongings including any medications you brought with you
☐ Your house keys
☐ Your phone and charger
☐ Your prescriptions
☐ Discharge summary sheet
☐ Instruction sheet for any new medications
☐ This booklet
  • ERAS Lymph Node Removal for Testicular Cancer Surgery
Your retroperitoneal lymph nodes-
A quick review

Retroperitoneal lymph nodes are small bean-shaped structures found in the area behind the bowel at the back of the abdomen where the main blood vessels, the aorta and vena cava, run.

The lymph nodes filter, or trap, any cancer cells (or other foreign particles) in the lymphatic fluid.

Lymph fluid can carry cancer cells from where the cancer started into the lymph nodes.

‘Retroperitoneal’ refers to the location of these nodes. They are in the retroperitoneum, an area behind the bowel at the back of the abdomen where the main blood vessels are located.
What is retroperitoneal lymph node surgery?

Retroperitoneal lymph node dissection (RPLND) is a surgery that removes your retroperitoneal lymph nodes. RPLND is a treatment for testicular cancer because the retroperitoneal lymph nodes are usually the first place that testicular cancer spreads.

During your surgery, your surgeon will make an incision (surgical cut) from the bottom of your ribcage to your pubic area. They will remove your lymph nodes through this incision.
Before Your Surgery

In this section, you will learn about:

- Getting yourself ready
- Planning ahead
- Pre-Admission Clinic
Getting yourself ready

It is important for you to be in the best possible condition for your surgery. This will help you recover faster and decrease the chances of any problems.

The recommendations below are things you can do to help prepare yourself for surgery.

1. Be active

Exercise helps you be in the best shape possible before your surgery and can help speed up your recovery. You do not need to join a gym. Just going for a 15–30 minute walk is helpful. Talk to your doctor before starting an exercise plan. The mall is a good place to walk during the winter and summer months.

Exercising may:

- Build and maintain healthy bones, muscles and joints.
- Reduce feelings of depression and anxiety.
- Increase energy levels.

2. Breathe

Deep breathing opens up your lungs, exercises the lung muscles and improves oxygen delivery to your body.

Doing these exercises BEFORE surgery helps speed up your recovery AFTER surgery.

Do the deep breathing exercises on page 25 every hour:

- Start by placing your hands on your ribs.
- Take a deep breath slowly through your nose, expanding your lower chest until you feel your ribs push against your hands.
- Hold your breath for a count of 3.
- Breathe out slowly through your mouth.
- Repeat this 5 more times.
3. Smoking and tobacco use

Studies show us that people who stop smoking at least 1 month before surgery have fewer complications after surgery such as infections.

Patients concerned about the health risks related to vaping should consider refraining from using vaping products. However, if vaping nicotine-containing products is a way to quit smoking cigarettes, you should not return to smoking cigarettes.

a. For free nicotine patches, gum, lozenges, or inhaler:
   Visit your local pharmacy or call 8-1-1 (HealthLink BC). You do not need a prescription but you will need to sign a declaration form.

b. For smoking cessation prescription drugs: Ask your doctor for your options.

c. For more information visit the website: [www.gov.bc.ca/bcsmokingcessation](http://www.gov.bc.ca/bcsmokingcessation) or [www.quitnow.ca](http://www.quitnow.ca)

d. To attend the Vancouver General Hospital Smoking Cessation Clinic call: 604-875-4800 (select option 2)

For a video about quitting smoking, click the link [http://bit.ly/2wtpo7Q](http://bit.ly/2wtpo7Q) or scan the QR code.

For more information about vaping from the Health Canada website, click the link: [https://www.canada.ca/en/health-canada.html](https://www.canada.ca/en/health-canada.html) or scan the QR code.

4. Nutrition

Your body will need extra calories, protein and nutrients to heal. It is important that you be in the best nutritional shape that you can be in.

It may be helpful to speak to a dietitian if you have had any of the following:

- unexplained weight loss or weight gain in the past 6 weeks
- decrease in appetite
- overweight
- underweight

A dietitian can help you choose healthy foods that will help prepare you for surgery.

You can get a referral to see a dietitian from your family doctor or you can contact a dietitian by dialing 8-1-1 (HealthLink BC) on your phone. Be sure to tell them you are going for surgery.

For a video about the VCH Healthy Plate, click the link: [http://bit.ly/2Xh37WE](http://bit.ly/2Xh37WE) or scan the QR code.
5. Alcohol
Alcohol can interfere with your anesthetic and other medicines we give you during and after surgery. **Do not drink any alcohol for at least 48 hours** before your surgery.

6. Relax
It is very normal to feel anxious or worried before surgery. Having pain or trouble moving can affect your mood and disrupt your sleep. We also know that stress increases the release of hormones that can delay healing and recovery.

Exercise, meditation, relaxation and breathing exercises can help improve your outcomes after surgery. These can also help to reduce pain and promote sleep.

Try this focused breathing exercise:
• Sit or lie down in a quiet place
• Relax your muscles and be aware of feeling them 'let go'
• Take a slow deep breath in
• When you breathe out, focus on making it long, steady and slow

7. Improve anemia and iron stores
Anemia occurs when your red blood cell count (hemoglobin) is low. This impairs your body’s ability to adequately deliver oxygen to tissues. Anemia is commonly caused by bleeding or low iron stores.

Anemia is the greatest risk factor for needing a blood transfusion during surgery. Both anemia and blood transfusions are associated with a greater risk of complications in hospital.

Improving your hemoglobin will also allow you to heal better, and have more energy when you return home. If your hemoglobin or iron stores are low, you may be contacted by the Perioperative Blood Management Program (PBMP) with suggestions to help improve your hemoglobin and iron stores.

8. Blood sugar control
Your blood sugar will be checked with a blood test called HgA1C. If the result is high, you may be referred to an endocrinologist (diabetes doctor) to improve your blood sugars before surgery. Maintaining normal blood sugar is important for wound healing, especially after surgery.
Planning ahead

You are admitted to hospital on the morning of your surgery. You can expect to go home 4 to 5 days after your surgery but this varies with each person depending on the type of surgery you are having and your health. Most people are ready to go home at 10:00 in the morning. Please arrange for a ride home.

Before you come to the hospital, think about what you will need when you go home (or wherever you will be staying).

A Places to Stay Tip Sheet can be found on the CIBC Centre for Patients & Families website:

http://centreforpatients.vch.ca/accommodations

Your family members can also use this resource to locate a place to stay while you are in the hospital.

You may find it helpful to get things ready in advance so they are ready when you leave the hospital. For example: you may need help with meals, laundry, bathing, etc for the first week or so. Try to arrange for family and friends to help you. If you need help with wound care or other care, we will arrange this before you leave the hospital.

Fair PharmaCare Plan

We encourage all British Columbians with Medical Services Plan (MSP) coverage to register for Fair PharmaCare. Coverage under this plan is based on family net income.

It is available to single people or to families. You may be eligible to get your discharge prescription medications at reduced cost with Fair PharmaCare Plan. Ensure you have registered for Fair PharmaCare before your surgery at this link:

https://www2.gov.bc.ca/gov/content/health/health-drug-coverage/pharmacare-for-bc-residents/who-we-cover/fair-pharmacare-plan+
Pre-Admission Clinic

Depending on the kind of surgery you are having and your overall health, you will either come in to the Pre-Admission Clinic or have a telephone interview with a nurse.

If a Pre-Admission visit is required, you will be contacted by the Pre-Admission Clinic to schedule an appointment.

During your Pre-Admission Clinic visit, you meet with an anesthesiologist and a nurse. The anesthesiologist will talk with you about any specific health concerns, choices for anesthesia, and options for managing your pain during surgery. You might have blood work or other tests done while at the hospital.

To treat pain after surgery, you may be offered an epidural. An epidural is a small tube that is put in your back just prior to surgery. It delivers medicine that numbs the surgical area. Because it has fewer side effects than narcotics, such as morphine, it is the preferred method for pain control.

If you cannot have an epidural, the anesthesiologist will order you a Patient Controlled Analgesia (PCA) pump to manage your pain after surgery. A PCA pump is a computer controlled narcotic pump that is attached to your intravenous line. When you have pain, you can press a button to receive a dose of narcotic. The computer has a safety feature to prevent narcotic overdose, which makes PCA’s a very safe method of providing analgesia while allowing you better control of your pain.

Since we give you a lot of information during this visit, we encourage you to bring a family member or a friend with you.

This visit will be approximately 2 hours.

During this visit:

• We will take your blood pressure, heart rate, height, and weight.
• We will ask questions about your health and medical history.
• We will help guide you through the steps of your surgery.
• We will start planning for when you go home after surgery.
• We will tell you which medications, supplements and herbal products you are to take or stop taking before the surgery.
• We will review what you need to do to prepare for the surgery using this booklet and other pamphlets.
Preparations for Surgery

In this section, you will learn about:

- The week before your surgery
- The day before your surgery
- The day of your surgery
We have specific instructions for you on how to prepare for the surgery depending on what type of surgery you are having. Your surgeon might also give you other specific instructions.

**The week before your surgery**

**Medications**

- **DO NOT** take any non-prescription vitamins, supplements, herbal medications or herbal tea for **7 days** before your surgery.
- Follow the instructions from the anesthesiologist in the Pre-Admission clinic.

**The day before your surgery**

**Surgery time**

- Your surgeon’s office calls you to tell you what time you are having your surgery and what time you need to check into the hospital.
- Write this time on the inside cover of this booklet.
- If you have not heard from the office by 2:00 p.m., call the surgeon’s office to get this information.

Contact your surgeon’s office as soon as possible if:

- You feel sick (fever, cold, other infection e.g. bladder infection)
- For any reason you feel you need to cancel your surgery

**Preparing your skin**

Our hospitals are starting a new program to reduce the risk of infection after surgery. Follow the instructions in the pamphlet “Lowering Your Risk for a Surgical Infection”. This will be given to you at your Pre-Admission Clinic appointment.

- You may continue to use an electric razor to shave.
- Do not apply any lotions, moisturizers or makeup after washing your skin.
- Go to bed in clean, unused pyjamas and bed linens.
The Pre-Admission Clinic nurse will give you instructions on what to eat and drink before your surgery.

**Diet**

- Stop eating solid food at midnight, but you can continue to drink clear fluids up to 1 hour before your check-in time at the hospital.
- A clear fluid is water, apple juice, or red or white cranberry juice (but not alcohol).
- **Milk is not a clear fluid.**
The day of your surgery

Medications

The Pre-Admission Clinic anesthesiologist will tell you what medications to take on the day of surgery. You can take these medications in the morning with a small sip of water.

Carbohydrate loading for people without Diabetes and people with Diabetes but NOT on insulin

1 hour before your check-in time at the hospital, choose a drink from below.

<table>
<thead>
<tr>
<th>Choose one to drink:</th>
<th>Amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREcovery®</td>
<td>1 package (mix in 400ml of water and drink within 20 minutes)</td>
</tr>
<tr>
<td>Apple juice</td>
<td>250mL 1 cup</td>
</tr>
<tr>
<td>Cranberry juice (red or white)</td>
<td>250mL 1 cup</td>
</tr>
</tbody>
</table>

Stop drinking all fluids once you have finished this drink.

DO NOT drink this sugared drink if you have been told not to drink or eat after midnight.

PREcovery® is evidence supported to show improved patient outcomes during and after surgery. However, PREcovery®, apple juice, or cranberry juice are all recommended options. If you are interested in purchasing the PREcovery®, please ask the Pre-Admission Clinic nurse for further information.

Carbohydrate loading for people with Diabetes ON insulin

☐ 1 hour before your check-in time at the hospital, drink 250 mL (1 cup) of water. You may drink a clear juice instead (up to 250 mL) if you feel hypoglycemic.
At the hospital

- Go directly to the Admitting Department.
- We check you in and make sure all your preparations are complete.
- You will be asked to wash again with the chlorhexidine wipes and then change into a hospital gown.
- You can keep your glasses on, hearing aid(s), cochlear implant, and dentures in until we ask you to take them out.
- We might give you some medications to help prepare you for your surgery.
- We encourage you to leave your bag of clothes and other belongings with family.

My questions:

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Hand Washing

Washing your hands is the most important and effective way to prevent the spread of infection and to protect yourself and your loved ones.

There are two ways to clean your hands:

1. You may wash at the sink using soap and water - put soap on your hands and rub your hands for 15 seconds. Rinse with warm water.

2. You may use the alcohol-based hand sanitizier throughout the hospital - take one squirt and rub it over your hands for 15 seconds and allow to dry.

It is important to wash your hands:
- after using the washroom
- before eating
- when exiting or entering your room

It is okay to ask staff and visitors to wash their hands.
During Your Hospital Stay

In this section, you will learn about:

- The surgery
- Surgical waiting room
- Post-Anesthesia Care Unit
- High Acuity Unit
- Surgical Nursing Unit
- Pain control
- Nausea and vomiting
- Eating, drinking, and digestion
- Activity
- Deep breathing and coughing/iCOUGH
- Moving around in bed
- Leg exercises
- Blood clots
The surgery

We will take you into the operating room about an hour before your surgery.

You will meet with the anesthesiologist who will take care of you while you sleep through the surgery.

You will also meet the surgeons and may also meet the surgical learners (e.g. fellows, residents, and medical students).

We will insert an intravenous (IV) into your arm.

The anesthesiologist might also insert a small tube into your back called ‘an epidural’. We use this to give you pain medication to numb the surgery area to control your pain.

The anesthesiologist gives you the anesthetic and looks after you while you sleep through the surgery.

- **General Anesthesia:** The anesthesiologist gives you anesthetic drugs through your intravenous to help you sleep and manage pain during surgery. We also place a mask over your mouth and nose to give you oxygen and possibly other drugs to help with your breathing.

Surgical waiting room

Your family or friends can wait for you in the surgical waiting room.

Your visitors will not be able to see you until you have been moved to the nursing unit. We let you and your family know which unit you are going to.
**After surgery**

**Post-Anesthesia Care Unit**

When your surgery is finished, we will move you to the Post-Anesthesia Care Unit (PACU), often called the ‘recovery room’. You will wake up in the recovery room, although you may be drowsy.

You may have some or all of the following:

- An oxygen mask
- An intravenous (IV)
- An epidural in your back to help control pain
- A Patient-Controlled Analgesia (PCA) pump connected to your IV
- A urinary catheter to drain your bladder
- Calf compressors on your legs to prevent blood clots

The PACU nurse will:

- Check your blood pressure, pulse, and breathing rate
- Check your bandage (or dressing)
- Ask you about your pain and nausea

You can begin to have ice chips and gum to "wake up" your bowels. You can also begin to do your leg exercises (page 36).

When you are well enough to be cared for on the surgical nursing unit, we will move you to that unit. Your family and friends can visit once you are on the unit.

**High Acuity Unit**

Some people need to be watched for a longer period of time. If this is the case, you are moved to the High Acuity Unit. You can stay here overnight and up to several days. This may be because of other conditions you have or because of the type of surgery. When you are well enough, we move you to the surgical nursing unit.

**Surgical Nursing Unit**

You stay on this unit until you are ready to leave the hospital. Our goals are to control your pain, prevent complications, increase your activity, and return you to your normal diet. Most people will stay on the unit 4 to 5 days, but this varies with each person depending on the type of surgery you have had and your health. The team will keep you informed of your progress and anticipated discharge date.
Accommodations

There are private (one-person), semi-private (two-person), and shared (three-person) rooms on the unit.

It is not possible to guarantee that your room mate will be of the same gender; however, your privacy is important and every bedroom has privacy curtains.

Please contact the Admitting Department to inquire about requesting a private or semi-private room for an extra fee. We try our best to accommodate the requests; however, the care needs of patients take priority over room preferences.

In addition, family members or friends may not reside at the hospital during your stay.

Medications

While in hospital, your medications will be dispensed by our pharmacy and given to you by the nursing staff.

It is important that you only take medications that have been given to you by the nursing staff.

This is to protect you from any dangerous drug interactions. Sometimes you may be taking a medication that is not supplied by our pharmacy. In this case, the pharmacy will check them and the nursing staff will give you the medications and it will be returned to you before your discharge.
Pain control

Many people are concerned about pain after their surgery. Some people try to “grin and bear their pain” while others do not want to take pain medication because they are afraid of becoming addicted. When you take opioid medication for acute pain, such as the pain that happens after operations or accidents, the risk of addiction is low.

Adequate pain control is important to your recovery. Having your pain under control allows you to:

• breathe deeply to prevent lung infections
• move to prevent blood clots
• sleep well
• eat better for wound healing
• recover faster

We give you several different pain medications regularly. This helps give you better overall pain relief. You will receive these pain medications even if you are not in pain at the time. If you are asleep, the nurse will wake you to take these regular medications.

• You will get acetaminophen (Tylenol®) every 4 to 6 hours throughout your stay
• You may have a pain pump for you to give yourself pain medication (such as Patient-Controlled Analgesia [PCA]) or an epidural catheter
• You will get other pain medications as needed

Non medication therapy you can do to help ease the pain:

• listening to music
• doing slow and relaxed breathing
• heat or cold compresses
• positioning
• imagining peaceful situations
Your pain score
An important part of managing pain is monitoring how much pain you are having. The best way to monitor your pain over time is to use something to measure the amount of pain you have.

To help us assess your pain, and the effectiveness of pain medication, we use a pain rating scale. We will ask you to rate your pain on a scale of 0 – 10, where 0 means no pain at all and 10 is the worst pain ever.

Where we want your pain level to be:
• at a level less than 4 on the number scale, or
• at a comfortable level that allows you to carry out your normal activities such as washing up, sitting and walking

***Pain medication works best if it is taken BEFORE the pain becomes uncomfortable.***

It is important to know that pain medication will not make your recovery completely painless. The goal is to manage your pain and to help you resume your regular activities.

Let your nurse know if your pain does not get better with pain medication or is getting worse.

Nausea and vomiting
You might feel sick to your stomach (nauseated) or throw up (vomit) after surgery. You will get medication to prevent nausea every 8 hours for the first 1 to 2 days, and then as needed. Let your nurses know as soon as you feel sick to your stomach so we can give you medication right away and prevent it from getting worse. These medications work best if you take them before the nausea gets uncomfortable.

Other ways to help settle your stomach:
• Place a cool damp cloth on your face.
• Take some slow deep breaths.
• Take small sips of cold water or suck on ice chips.
• Try distracting yourself with music or watch TV.
Eating, drinking, and digestion

Every person’s recovery is different. After surgery, your body needs healthy foods with extra calories and protein to help you heal. It is normal for your bowels to move slower than normal after surgery.

Drinking and eating as soon as you can after surgery helps your bowels return to working normally. The healthcare team may recommend you follow a low fat diet for 6 weeks after surgery. Your health care team will also provide you with a low fat, high protein drink (e.g. Boost® Fruit Beverage) twice a day to supplement your diet.

The following describe what most people can expect following retroperitoneal lymph node surgery:

- On the day of your surgery, you will not be able to have anything to eat or drink. But you may have some ice chips or sips of water for comfort.
- The first day after your surgery onwards you can have a low fat diet. Boost® Fruit Beverage will also be provided twice a day. This type of drink is low in fat and high in protein and calories.

We ask you often if you are passing any gas. This is a sign your bowels are starting to ‘wake up’ after the surgery.

- Chewing sugar-free gum helps wake up your bowel faster. It can also help keep your mouth moist.
- You may chew gum for 15 to 60 minutes several times a day.
- Do not swallow the gum.
- Drinking coffee may also help wake up your bowels faster.

The stress of surgery can cause high blood sugars. Your blood sugar will be tested several times after surgery. Some patients temporarily need insulin to lower their blood sugar right after surgery.
Activity

It is important for you to get up and move around as soon as you can. Lying in bed leads to muscle weakness and can cause blood clots and lung infections.

Activity:
- increases strength
- prevent complications
- helps get your bowels moving

Remember to do your leg exercises (see page 36) while you are in bed. On the day of your surgery, your nurse or physiotherapist will get you up into a chair next to your bed. When you start to eat, try to sit up in the chair for all your meals.

As you improve each day, you will be able to do more for yourself. Keep your activities short and do them often rather than trying to do everything at once. We don’t want you to get too tired.

We will encourage you to get up and walk around the unit as soon as you can. Most people are up and walking the day after surgery.

Deep breathing and coughing/iCOUGH Protocol

After surgery, your lungs make extra mucus. Deep breathing and coughing exercises help to clear this mucus from your lungs and prevent lung infections. Deep breathing opens up your lungs and helps to loosen the mucus. Coughing helps remove the mucus from your lungs. The healthcare team may ask you to refer to your iCOUGH education booklet as well for additional strategies to prevent a lung infection.

Before doing these exercises, make sure your pain score is at a level that allows you to do these exercises. If needed, ask for pain medication at least one hour before doing these exercises.
Deep breathing exercise

Do **EVERY HOUR** while you are awake.

1. Start by placing your hands on your ribs.
2. Take a deep breath slowly **in through your nose**, expanding your lower chest until you feel your ribs push against your hands.
3. Hold your breath for a count of 3.
4. Breathe **out slowly through your mouth**.
5. Repeat this 5 more times.
   
* The nursing staff may provide you with an incentive spirometer to help you with your deep breathing exercises.

Coughing exercise

Do **EVERY 2 HOURS** while you are awake and after your deep breathing exercise.

1. Place a small pillow or blanket over your surgery area to protect or splint your incision. This helps decrease pain with coughing and allows a stronger cough.
2. Do your deep breathing exercises.
3. Cough several times.
Moving around in bed

Change position in bed at least **EVERY 2 HOURS**. This helps keep you from getting stiff and gets blood flowing to your arms, legs, and skin. You might find moving difficult because of incision pain.

**To move your body sideways:**
1. Lie on your back.
2. Bend your knees.
3. Lift your hips and shift them sideways.
4. Then follow with your shoulders.

**To roll onto your side:**
1. Bend your knees.
2. Support your incision with a pillow and one hand (the hand on the side you are rolling onto).
3. With the other hand, reach across to the bed side-rail.
4. Pull yourself onto your side, rolling like a log.

**To sit up on the side of the bed:**
1. Bend the knee on the side you are not turning onto.
2. Use your bent leg to help you log roll onto your side. Roll your whole body as one as much as possible.
3. Drop your legs over the edge of the bed.
4. Push yourself up with your arms.
**Leg exercises**

These leg exercises help keep the blood flowing through your legs, keep your muscles strong, and prevent stiff joints. These leg exercises reduce the chances of you getting a blood clot.

- Do all of these exercises **EVERY HOUR** while you are awake until you can get up and walk around the nursing unit.

**Ankle pumps**

1. Bend your foot up towards your head.
2. Bend your foot down towards the foot of the bed.
3. Repeat **5 times**.

**Ankle circles**

1. Move your feet around slowly in large circles.
2. Repeat **5 times in each direction**.

**Hip flexion**

1. Bend your knee by sliding your heel up toward your body as shown.
2. Slide your heel back down.
3. Repeat **5 times**.

**Thigh muscle contraction**

1. With your leg straight, tighten the muscles on the top of your thigh.
2. Press the back of your knee down.
3. Hold for **5 seconds**. Relax.
4. Repeat **5 times** then repeat this exercise with the other leg.
Blood Clots

Hospital patients are at risk of having a blood clot form in the leg veins. This is called a Deep Venous Thrombosis (DVT). Sometimes, the clot can break off and “travel” to the lungs, causing a Pulmonary Embolism (PE) which can make breathing difficult. Although it is rare, PE can be fatal.

Risk Factors for Blood Clots after Your Hospital Stay

The higher risk of DVT and PE persists for at least the first month after you go home from the hospital. The risk is particularly high if you:

• Just had surgery for cancer
• Have had previous DVT or PE
• Spend more than half the day in bed or sitting (when you were able to walk around before being hospitalized).
• Taking hormone drugs or chemotherapy

If your risk of DVT/PE remains high after you go home from hospital, your doctor may prescribe a blood thinner for you to take at home to lower your risk.

Signs and Symptoms of Blood Clots

It is important that you recognize the signs and symptoms of DVT and PE.

If you have DVT, you may experience any of these:

• Swelling, throbbing, cramping or redness in a leg or calf
• Pain in your leg when you stand or walk

If you have PE, you may experience any of these:

• Sudden shortness of breath that you can’t explain
• Sudden chest pain that feels sharp or gets worse when you take a deep breath
• Coughing up blood
• Heart palpitations or racing, especially if you also feel light-headed or faint
How Can You Reduce Your Risk of Blood Clots?

Effective ways to reduce your risk of DVT/PE:

- Take the injectable blood thinner (e.g. dalteparin, enoxaparin, heparin) if it is prescribed by your doctor.
- Walk and remain as active as possible as instructed by your doctor.
- Go to http://www.healthlinkbc.ca/healthguide.stm for information on leg exercises that you can do.
- Avoid getting dehydrated by drinking enough water and limiting alcohol intake.
- Some medications can increase the risk of DVT or PE, such as birth control pills or hormone replacement therapy. Speak with your doctor to find out if you should stop taking these.

Additional Information

- Please note: Your doctor may prescribe you an injectable blood thinner (e.g. dalteparin, enoxaparin, or heparin) to take once you are at home.
- If the doctor orders the injectable blood thinner prescription on discharge, training and education will be provided in hospital by the nursing staff.
- Please ask the healthcare team if you require any further information on self-injecting prior to going home.
- There may be an associated cost with the blood thinner (approximately $100/week).
- Depending on the surgery you had and your overall health, you may be on the injectable blood thinner for approximately a month.
What to Expect Each Day

In this section, you will learn about:

➤ Surgery day
➤ Day 1
➤ Day 2
➤ Day 3
➤ Day 4 until you leave the hospital
➤ Day you go home
➤ Follow-up visit
Every person’s recovery is different. These next pages describe what most people can expect following RPLND surgery.

If you like, you can check off ☑ each item that you complete each day in the check box □ provided.

Most people are ready to go home in 4 to 5 days after surgery. We use the guidelines below to help us decide when you are ready to go home. You are ready to go home when you meet the 5 criteria below:

1. Your pain is managed with pills only
2. You are able to eat food without pain or bloating
3. You are passing gas or have had a bowel movement
4. You are able to do your basic activities of daily living as you were before surgery
5. There is no sign of problems from your surgery

---

### Surgery day

<table>
<thead>
<tr>
<th>Topic</th>
<th>What to expect</th>
</tr>
</thead>
<tbody>
<tr>
<td>How will I feel?</td>
<td>You probably feel sleepy and need lots of rest.</td>
</tr>
<tr>
<td>What equipment do I have?</td>
<td>You might have several pieces of equipment and tubes. These are different for everybody but can include:</td>
</tr>
<tr>
<td></td>
<td>Intravenous for fluids</td>
</tr>
<tr>
<td></td>
<td>Pain pump – Epidural catheter or Patient-Control Analgesia (PCA) for pain control</td>
</tr>
<tr>
<td></td>
<td>Catheter into your bladder to empty and to measure the amount of urine</td>
</tr>
<tr>
<td></td>
<td>Dressing or bandage over your incision</td>
</tr>
</tbody>
</table>

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*Any time you have questions about your care and recovery, talk with your nurse, your surgeon, or other care providers.*
**Surgery Day, continued**

| How is my **pain** treated? | We treat your pain several ways:  
|-------------------------------|-----------------------------------------------------------------------------------|
| **If your pain score is more than 4 out of 10 on the pain scale, tell your nurse.** | Pain pump (Epidural pump and/or PCA Pump)  
|                               | Acetaminophen (Tylenol®) every 4 to 6 hours  
|                               | Other pain medications  
|                               | Relaxation techniques such as deep breathing, warm blankets, or listening to music. |

<table>
<thead>
<tr>
<th>My <strong>activity</strong> goals for today</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Keep the head of the bed elevated (30-45 degrees)</td>
</tr>
<tr>
<td>☐ Get up to a chair or sit on the edge of the bed with help, for 15 minutes at a time</td>
</tr>
</tbody>
</table>
| ☐ Every hour while awake:  
| Deep breathing and coughing |  
| Leg exercises when in bed |  
| ☐ At least every 2 hours:  
| Turn or change position in bed |  

| What can I **eat?** | Ice chips and sips of water for comfort. You will get nausea medication every 8 hours to prevent nausea.  
|---------------------|----------------------------------------------------------------------------------|
|                     | Let the nurse know if you pass gas or have a bowel movement.  
|                     | Your blood sugar will be tested regularly.  
| ☐                      | Start chewing gum for up to 15 minutes, 3 times a day.  

| Can I **wash?** | We may help you wash in the evening |

| Can I have **visitors?** | You can have visitors but remember you will be tired. Keep visits short. We suggest only close family visit you today. |

<table>
<thead>
<tr>
<th><strong>Notes:</strong></th>
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<tbody>
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</tbody>
</table>

**What to Expect Each Day**
### Day 1

<table>
<thead>
<tr>
<th>Topic</th>
<th>What to expect</th>
</tr>
</thead>
<tbody>
<tr>
<td>How will I feel?</td>
<td>You should feel stronger today but might still feel tired. Rest between activities.</td>
</tr>
<tr>
<td>What equipment do I have?</td>
<td>You could have several pieces of equipment and tubes.</td>
</tr>
<tr>
<td></td>
<td>- Intravenous – we may leave it in place if you are not drinking liquids or we are using it to give you medications</td>
</tr>
<tr>
<td></td>
<td>- Pain pump</td>
</tr>
<tr>
<td></td>
<td>- Catheter in your bladder</td>
</tr>
<tr>
<td></td>
<td>- Dressing over your incision</td>
</tr>
<tr>
<td>How is my pain treated?</td>
<td>We will ask you for your pain score at least every 4 hours. We treat your pain several ways:</td>
</tr>
<tr>
<td><strong>If your pain score is more than 4 out of 10 on the pain scale, tell your nurse.</strong></td>
<td>- Pain pump (Epidural pump and/or PCA Pump)</td>
</tr>
<tr>
<td></td>
<td>- Acetaminophen (Tylenol®) every 4 to 6 hours</td>
</tr>
<tr>
<td></td>
<td>- Other pain medications if needed</td>
</tr>
<tr>
<td></td>
<td>Relaxation techniques such as deep breathing, warm blankets, or listening to music.</td>
</tr>
<tr>
<td>My activity goals for today</td>
<td>☐ Get up to walk short distances with help (minimum 2 times a day)</td>
</tr>
<tr>
<td></td>
<td>☐ Walk to the bathroom with help</td>
</tr>
<tr>
<td></td>
<td>☐ Sit up in a chair (minimum three times)</td>
</tr>
<tr>
<td></td>
<td>☐ Every hour while awake:</td>
</tr>
<tr>
<td></td>
<td>- Deep breathing and coughing</td>
</tr>
<tr>
<td></td>
<td>- Leg exercises when in bed</td>
</tr>
<tr>
<td></td>
<td>☐ At least every 2 hours:</td>
</tr>
<tr>
<td></td>
<td>- Turn or change position in bed</td>
</tr>
</tbody>
</table>
Day 1, continued

What can I **eat**? You can eat low fat solid foods. We will also provide you with a low fat high protein drink twice a day (Boost® Fruit Beverage). Tell the nurse if you pass gas or have a bowel movement. Ensure you drink enough fluids (as recommended by dietitian) to prevent constipation. You will receive nausea medication if you need it.

- Chew gum for 15 minutes, three times a day

<table>
<thead>
<tr>
<th>Can I <strong>wash</strong>?</th>
<th>Wash at your bedside or in the bathroom. You might need some help to set up.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can I have <strong>visitors</strong>?</td>
<td>Yes. Ask your family and visitors to let you rest for 2 hours during the day.</td>
</tr>
<tr>
<td>When can I go <strong>home</strong>?</td>
<td>Plan to go home on day __________. Review this booklet, focusing on page 38 to help get ready for discharge.</td>
</tr>
</tbody>
</table>

**Notes:**

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# Day 2

<table>
<thead>
<tr>
<th>Topic</th>
<th>What to expect</th>
</tr>
</thead>
<tbody>
<tr>
<td>How will I feel?</td>
<td>You start feeling stronger today. Rest between activities.</td>
</tr>
<tr>
<td>What equipment do I have?</td>
<td>If not already taken out, we may remove the:</td>
</tr>
<tr>
<td></td>
<td>- Intravenous</td>
</tr>
<tr>
<td></td>
<td>- Pain pump</td>
</tr>
<tr>
<td></td>
<td>- Urinary catheter</td>
</tr>
<tr>
<td>How is my pain treated?</td>
<td>We treat your pain several ways:</td>
</tr>
<tr>
<td>If your pain score is more than 4</td>
<td>- Aetaminophen (Tylenol®) every 4 to 6 hours</td>
</tr>
<tr>
<td>out of 10 on the pain scale, tell</td>
<td>- Other pain medications if needed</td>
</tr>
<tr>
<td>your nurse.</td>
<td>Relaxation techniques such as deep breathing, warm blankets, or listening to</td>
</tr>
<tr>
<td></td>
<td>music.</td>
</tr>
<tr>
<td>My activity goals for today</td>
<td>☐ Get up to the chair without help</td>
</tr>
<tr>
<td></td>
<td>☐ Sit up in a chair for all meals</td>
</tr>
<tr>
<td></td>
<td>☐ Walk to the bathroom with someone standing by</td>
</tr>
<tr>
<td></td>
<td>☐ Every hour while awake:</td>
</tr>
<tr>
<td></td>
<td>- Deep breathing and coughing</td>
</tr>
<tr>
<td></td>
<td>- Leg exercises when in bed</td>
</tr>
<tr>
<td></td>
<td>☐ At least every 2 hours when in bed:</td>
</tr>
<tr>
<td></td>
<td>- Turn or change position</td>
</tr>
<tr>
<td></td>
<td>☐ At least 2 times a day, walk one circuit around the unit with someone</td>
</tr>
<tr>
<td></td>
<td>standing by</td>
</tr>
</tbody>
</table>

What to Expect Each Day | 49
Day 2, continued

| What can I eat? | You will continue to have low fat solid foods. We will also provide you with a low fat high protein drink twice a day (Boost® Fruit Beverage).  
Tell the nurse if you pass gas or have a bowel movement. Ensure you drink enough fluids (as recommended by dietitian) to prevent constipation.  
You will receive nausea medication if you need it.  
☐ Chew gum for 15 minutes, three times a day. |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Can I wash?</td>
<td>Wash at your bedside or in the bathroom.</td>
</tr>
</tbody>
</table>
| Can I have visitors? | Yes.  
Ask your family and visitors to let you rest for 2 hours during the day.                       |
| When can I go home? | Plan to go home on day _________.  
Review this booklet, focusing on page 38 to help get ready for discharge.  
If you need to take injectable blood thinners when you go home, we will start teaching you how to take it.  
Ensure that you are registered for Fair PharmaCare.  
If you need help or equipment at home, you talk to a social worker, an occupational therapist, and physiotherapist. |

Notes:
### Day 3

<table>
<thead>
<tr>
<th>Topic</th>
<th>What to expect</th>
</tr>
</thead>
<tbody>
<tr>
<td>How will I feel?</td>
<td>You feel stronger today. Continue to rest as required.</td>
</tr>
<tr>
<td>What equipment do I have?</td>
<td>We change the dressing over your incision. If the incision is dry and clean, we leave it uncovered. You will see staple, sutures or tapes along the incision line. All other equipment and tubes should be removed or stopped.</td>
</tr>
</tbody>
</table>
| How is my pain treated? | We treat your pain several ways:  
  - Acetaminophen (Tylenol®) every 4 to 6 hours  
  - Other pain medications if needed  
  Relaxation techniques such as deep breathing, warm blankets, or listening to music. |
| My activity goals for today |  
  - ☐ Walk to the bathroom without help  
  - ☐ Sit up in a chair for all meals  
  - ☐ Every hour while awake:  
    - Deep breathing and coughing  
    - Leg exercises when in bed  
  - ☐ At least every 2 hours when in bed:  
    - Turn or change position  
  - ☐ At least 2 times a day, walk one circuit around the unit on your own  
  - ☐ Change into your own clothes |
| What can I eat? | You will continue to have low fat solid foods. We will also provide you with a low fat high protein drink twice a day (Boost® Fruit Beverage).  
Ensure you drink enough fluids (as recommended by dietitian) to prevent constipation.  
Chew gum for 15 minutes, three times a day. |
Day 3, continued

Can I wash?  You can have a shower today. Try not to let the water spray on your incision.

Can I have visitors?  Yes.
Ask your family and visitors to let you rest for 2 hours during the day.

When can I go home?  Plan to go home on day _________.
Arrange for someone to pick you up by 10:00 a.m. on the day you go home.
Review this booklet, focusing on page 38 to help get ready for discharge.
If you need to take injectable blood thinners when you go home, we will continue teaching you how to take it.
Ensure that you are registered for Fair PharmaCare.

Notes:
## Day 4 until you leave the hospital

<table>
<thead>
<tr>
<th>Topic</th>
<th>What to expect</th>
</tr>
</thead>
<tbody>
<tr>
<td>How will I feel?</td>
<td>You continue to feel stronger. Continue to rest.</td>
</tr>
<tr>
<td>What equipment will be on me?</td>
<td>Your incision will be left open to air if there is no drainage. No other equipment or tubes.</td>
</tr>
<tr>
<td>How is my pain treated?</td>
<td>Use ways to relax and control the pain such as deep breathing, warm blankets, or listening to music.</td>
</tr>
<tr>
<td>If your pain score is more than 4 out of 10 on the pain scale, tell your nurse.</td>
<td>You will receive: Acetaminophen (Plain Tylenol®) every 4 to 6 hours Other pain medications as needed</td>
</tr>
</tbody>
</table>
| My activity goals for today                         | ☐ Sit up in a chair for all meals  
☐ Do deep breathing and coughing exercises  
☐ At least 2 times a day, walk one or more circuits around the unit. You can do all your activities on your own  
☐ We encourage you to chew gum for up to 15 minutes, 3 times a day  
☐ Change into your own clothes |
| What can I eat?                                     | You will continue to have low fat solid foods. We will also provide you with a low fat high protein drink twice a day (Boost® Fruit Beverage).  
Ensure you drink enough fluids (as recommended by dietitian) to prevent constipation.  
Chew gum for 15 minutes, three times a day. |
| Can I wash?                                         | You can take a shower.                                                                                                                         |
| Can I have visitors?                                | Yes.  
Ask your family and visitors to let you rest for 2 hours during the day.                                                                   |
Day 4 until you leave the hospital, continued

When can I go home?

Plan to go home on day ________.
Review The Day You Go Home on the next page of this booklet.
If you need to take injectable blood thinners when you go home, we will continue teaching you how to take it.
Before you leave, if you still have questions, take time to ask us.

Notes

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________________________________________________________________________
The day you go home

How you know you are ready to go home

Everybody recovers at a different pace depending on their general health, any existing health conditions, and the type of surgery. Generally, you are ready to leave the hospital when:

• your blood tests are normal or close to normal
• your blood pressure, heart rate, and temperature are normal for you
• your incision is healing
• your abdomen is soft and not bloated
• you have bowel activity (passing gas or having bowel movements)
• you are able to control your pain with just pain pills
• you are eating well enough
• you are able to walk around the unit and do most activities you could do before you had your surgery
• you can look after yourself at home (with help if needed)
• you can self inject your low molecular weight heparin (LMWH)

Your ride home

Most people are ready to go home at 10:00 a.m.

Ask the person picking you up to come and get you from the unit.

If you cannot get picked up by 10:00 a.m., we may ask you to wait in the Patient Lounge. We do this so we can get your bed cleaned, ready for the next patient.

If there is a problem getting a ride or getting home, you might need to stay in a local hotel for one or two nights. You cannot continue to stay in the hospital if we feel you are well enough to leave the hospital.
Follow-up visit
Your surgeon will discuss with you your plan for follow-up before you go home. Call your surgeon’s office before you leave the hospital to make a follow-up appointment. If you go home on the weekend, call the next day the office is open.

At the appointment, your surgeon reviews how you are recovering, talks with you about any test results from your surgery, and tells you if you need any further treatment.

If you are admitted to a different hospital related to a surgical complication, we would like to ask that a family member notify your surgeon’s office.

If you want, you can call and make an appointment to see your family doctor within a week of going home. This will allow your family doctor to review your postoperative baseline and general health status. If you happen to come across any complications, at least your family doctor has a baseline to compare you with.

Medications
Your surgeon may send you home with some medications. You will be provided with a prescription and be responsible for filling it from a drug store. Remember to take them as ordered and ask your pharmacist if you have any questions.

You will also be told whether you need to continue with your previous medications and when to re-start them. If by chance you are not told by the time you are discharged home, ask your family doctor.

Please **do not stop or change** your medications on your own. Your family doctor may change, re-order or stop them for you.

**Avoid** aspirin (in any form) as it can increase the chance of bleeding. If you usually take a regular low dose of ASA, ask your family doctor prior to taking it.

Please ask your surgeon and/or family doctor before taking any **herbal medications** (some of them can also cause a risk of bleeding).

**Do not** drink alcohol when taking any type of medication.
Caring for Yourself at Home

In this section, you will learn about:

- Pain
- Caring for your incision
- Low fat diet
- Food labelling
- Caring for your bowels
- Activity and exercise
- Emotions and feelings
- When to get help
It can take 6 to 8 weeks to recover from your surgery. Even when you are ‘healed’, it can still be several months before you feel completely recovered. There are some things you can do to help your recovery.

**Pain**

When you are discharged home, it is normal to have some abdominal pain for the first few weeks. Adequate pain control can help in your recovery so you can participate in physiotherapy and resume your regular activities. The goal is to take the least amount of medication, which will limit the side effects you may experience.

**How to manage pain:**

Remember to take your pain medication before activity or bedtime.

1. Use a pillow for support when you do your deep breathing and coughing exercises.

2. Try non medication therapy such as: heat or cold compresses, positioning, guided imagery, listening to music.

3. First taking acetaminophen (Tylenol®).

4. If Tylenol® alone is not enough to ease your pain, take ibuprofen (Advil®, Motrin®) or another non-steroidal anti-inflammatory medication.

5. If you’ve been prescribed opioid pain medication (e.g. hydromorphone, oxycodone, morphine), take this medication if the Tylenol® and ibuprofen does not help.

**Opioid pain medication**

They are sometimes called “narcotics.”

Commonly prescribed opioids include:

- Codeine: Tylenol 3
- Morphine: M-Eslon, MS Contin
- Tramacet/Tramadol
- Oxycodone: Percocet
- Hydromorphone: Dilaudid
Information on opioid pain medication

Can I get addicted to morphine-like medications?

When you take opioid medication for acute pain, such as the pain that happens after operations or accidents, the risk of addiction is low.

Taking opioid medication for an extended time can lead to dependence.

It is important to taper off opioid medication as your pain improves.

What are the side effects of opioid pain medication?

- Sleepiness
  ***Do NOT drive, use power tools, or operate machinery while taking opioids. **It is against the law to drive while taking opioids***
- Confusion
- Nausea
- Vomiting
- Constipation
- Itchiness
- Inability to urinate
- Slowed breathing

When do I start tapering off opioid medication?

When the surgical pain becomes manageable, you should start to reduce how much opioids you take.

How do I taper off opioid medication?

1. Reduce how much you are taking (the number of pills you take).
   For example: If you were taking 2 pills each time, start taking 1 pill to see if the pain is controlled. If it does, continue with 1 pill each time. Do this for 1–2 days.

2. Then reduce how often you are taking the medication.
   For example: If you are taking a dose every 4 hours, then take a dose every 6 hours instead for 1–2 days. Then take a dose every 8 hours for 1–2 days. Then consider stopping.
Can I go through withdrawal?

Withdrawal symptoms are a sign that your body is used to taking opioids regularly and that you need to reduce the opioids more slowly.

Withdrawal symptoms are:
- Sweating
- Fever
- Nausea
- Vomiting
- Feeling agitated or irritable

How do I store opioid medication?

These medications should be kept out of sight and ideally in a hidden or locked area. Make sure you keep your opioid medications safely out of reach of children and the elderly as taking these can cause harm to them.

How do I dispose of extra opioid medication?

If you have unused opioids, most pharmacies in British Columbia have a drug return program where they will properly dispose of extra medications. Never save medications, thinking you may use them at a later date. All medications have expiration dates and may not be safe to take later.
Caring for Your Incision

- The incision can be left open to air
- If you have staples or sutures, these can catch on your clothing; if this happens, place a light dressing over top
- **DO NOT** put on creams or lotions (such as Polysporin, Vitamin E) to the wound unless your surgeon tells you

**Washing:**

- You can gently wash your incision with soap and water
- Pat your incision dry with a clean towel
- **DO NOT** rub your incision
- You may shower the day after you go home, unless told otherwise (even with staples in place)
- The water can run on the incision but **NOT** directly spray the incision
- **DO NOT** soak in a bath, pool, hot tub, or lake until your surgeon or family doctor says it is safe to do so

As your incision heals it may become itchy. Avoid any rubbing or scratching as the itchiness is a normal part of the healing process.

**Staple removal:**

- Normally staples are removed **7 to 10** days after surgery.
- If you are sent home with staples, you will be informed who will remove them and when.
- You can still take a shower with the staples in-place.
- Slight numbness, swelling, tingling, bumpiness, firmness and discoloration around the incision site are normal findings after surgery. They will improve with time. If they persist with no improvement, inform your surgeon or family doctor.

[Call your family doctor to have your staples removed.]

- Your surgeon will tell you when to have your staples removed. If you cannot remember, call your surgeon’s office.
Low fat diet

You will be on a low fat diet for 6 weeks after your surgery. The dietitians and surgeons will review this special diet with you prior to leaving the hospital. For further information on this diet, you can always call 8-1-1 (HealthLink BC) and ask to speak to a dietitian.

What is low fat diet

A low fat diet has limited amounts of fat. It can include most foods:

- most fruits
- pasta
- rice
- lean meats
- fish
- vegetables
- cereals
- low fat dairy products
- poultry

Benefits of your low fat diet after RPLND Surgery:

- Limiting fat intake may help prevent absorption of fat in the lymphatic system.
- The dietitian will provide guidelines to help you eat enough calories, protein and nutrients to promote tissue healing and minimize weight loss after surgery.

Dietary recommendations for low fat diet for 6 weeks:

- Eat up to 50 grams of fat per day by:
  - Limiting added fats
  - Choosing to eat lean meats and meat alternates (limit to 170 grams/6 ounces per day)
  - Avoiding whole milk dairy products, high fat meats and alternates and other high fat foods
  - Medium chain triglycerides (MCT oil - e.g. coconut oil) are not restricted as a source of fat.
- Limit added fats (e.g. oil used in cooking, margarine, salad dressing, mayonnaise and gravy) to 3 servings per day. Examples of 1 serving are: 1 teaspoon (5 mL) of margarine or cooking oil, 1 tablespoon (15 mL) of salad dressing, 2 tablespoons (30 mL) of reduced fat salad dressing.
- Drink skim milk or plant based milk with less than 1 gram of fat/serving.
- Desserts and baked goods must have less than or equal to 3 grams of fat per serving.
- Read nutrition facts label of the food you are eating (see page 61 for more information)
- Aim to keep the daily value of fat to 5% or less
# How to choose foods lower in fat

<table>
<thead>
<tr>
<th>Type of Food</th>
<th>Foods Allowed</th>
<th>Foods Not Allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk and Milk Products</td>
<td><em>Less than 1 gram fat/serving:</em></td>
<td><em>Whole milk</em></td>
</tr>
<tr>
<td>(except Cheese)</td>
<td>• Skim milk</td>
<td>• 2% milk</td>
</tr>
<tr>
<td></td>
<td>• 1% milk</td>
<td>• 4% buttermilk</td>
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<tr>
<td></td>
<td>• 0-1% yogurt/greek yogurt</td>
<td>• Chocolate milk</td>
</tr>
<tr>
<td></td>
<td>• Evaporated skim milk</td>
<td>• 2% or whole milk yogurt</td>
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<tr>
<td></td>
<td></td>
<td>• Evaporated/condensed milk</td>
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<tr>
<td></td>
<td></td>
<td>• Half and half cream</td>
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<tr>
<td></td>
<td></td>
<td>• Non-dairy creamer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Whipping cream</td>
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<tr>
<td></td>
<td></td>
<td>• Sour cream</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Greater than 2.5g fat/serving almond milk, oat milk, or coconut milk</td>
</tr>
<tr>
<td>Breads and Cereals</td>
<td><em>Less than 1 gram fat/serving Cereals:</em></td>
<td>*Granola or other high fat cereals</td>
</tr>
<tr>
<td></td>
<td>• All cereals except those not allowed</td>
<td>*Muffins with more than 3g fat</td>
</tr>
<tr>
<td></td>
<td><em>Breads and Pastries:</em></td>
<td>*Other baked goods with more than 3g fat per serving (e.g. croissants, sweet rolls, danish pastries, doughnuts)</td>
</tr>
<tr>
<td></td>
<td>• Bread</td>
<td>• Pancakes</td>
</tr>
<tr>
<td></td>
<td>• Rolls</td>
<td>• Waffles</td>
</tr>
<tr>
<td></td>
<td>• Bagels</td>
<td>• High fat crackers (e.g. cheese/snack crackers)</td>
</tr>
<tr>
<td></td>
<td>• Pita bread</td>
<td>• Pastry (e.g. pies, turnovers)</td>
</tr>
<tr>
<td></td>
<td>• English muffins</td>
<td>• Pasta made with high fat filling (e.g. tortellini or ravioli)</td>
</tr>
<tr>
<td></td>
<td>• Tortilla</td>
<td>• Pasta with cream, cheese, oil or pesto sauces</td>
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<tr>
<td></td>
<td>• Roti</td>
<td></td>
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<tr>
<td></td>
<td>• Chapati</td>
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<tr>
<td></td>
<td><em>Others:</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Pasta noodles made without egg</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Rice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Low fat crackers</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Rice cakes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Melba toast</td>
<td></td>
</tr>
<tr>
<td>Type of Food</td>
<td>Foods Allowed</td>
<td>Foods Not Allowed</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Meat, Fish, Poultry and Alternates</td>
<td>Limit to 5-6 ounces/day or equal to or less than 170 grams/day:</td>
<td>• High fat meats&lt;br&gt;• Organ meats, skin&lt;br&gt;• Poultry skin&lt;br&gt;• High fat cold cuts (e.g. bologna, salami) &lt;br&gt;• Bacon&lt;br&gt;• Sausages&lt;br&gt;• Wieners/hot dogs&lt;br&gt;• Commercially breaded and fried meat/poultry/fish&lt;br&gt;• Fish canned in oil&lt;br&gt;• Greater than 7% or 3g fat/30g serving cheese&lt;br&gt;• Peanut butter&lt;br&gt;• Quiches&lt;br&gt;• Frittatas&lt;br&gt;• Tourtiere</td>
</tr>
<tr>
<td><strong>Meat and Poultry:</strong></td>
<td>• Lean trimmed meats&lt;br&gt;• Chicken, turkey without skin</td>
<td></td>
</tr>
<tr>
<td><strong>Fish:</strong></td>
<td>• Fresh, frozen, canned in water&lt;br&gt;• Shellfish</td>
<td></td>
</tr>
<tr>
<td><strong>Cheese:</strong></td>
<td>• Cottage cheese (2% or less)</td>
<td></td>
</tr>
<tr>
<td><strong>Eggs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Alternates:</strong></td>
<td>• Legumes (e.g. split peas, garbanzo, kidney beans, soybeans, lentils)&lt;br&gt;• Tofu</td>
<td></td>
</tr>
<tr>
<td>Fruits and Vegetables</td>
<td><strong>Less than 1 gram fat/serving:</strong></td>
<td>• Avocado&lt;br&gt;• Coconut&lt;br&gt;• Olives&lt;br&gt;• Vegetables prepared in butter, cream, sauces</td>
</tr>
<tr>
<td></td>
<td>• Fresh, frozen, canned fruits/vegetables&lt;br&gt;• Juices</td>
<td></td>
</tr>
<tr>
<td>Soups</td>
<td><strong>Less than 1 gram fat/serving:</strong></td>
<td>• Soups made with cream, whole milk, 2% milk</td>
</tr>
<tr>
<td></td>
<td>• Consommé, broth, soups made from allowed ingredients</td>
<td></td>
</tr>
<tr>
<td>Fats and Oils</td>
<td><strong>Less than 5 grams fat/serving:</strong></td>
<td>• Salad dressing made with cheese, sour cream&lt;br&gt;• Gravy, gravy mixes, sauces</td>
</tr>
<tr>
<td></td>
<td>3 servings/day: • 1 tsp butter&lt;br&gt;• 1 tsp margarine&lt;br&gt;• 1 tsp vegetable oil&lt;br&gt;• 1 tsp mayonnaise&lt;br&gt;• 1 tbsp salad dressing&lt;br&gt;• Calorie reduced/oil free salad dressings&lt;br&gt;• Low fat or fat free gravy</td>
<td></td>
</tr>
<tr>
<td>Type of Food</td>
<td>Foods Allowed</td>
<td>Foods Not Allowed</td>
</tr>
<tr>
<td>-------------------</td>
<td>---------------------------------------------------</td>
<td>-------------------------------------------------------</td>
</tr>
<tr>
<td>Desserts and Sweets</td>
<td><strong>Less than 3 grams fat/serving:</strong></td>
<td>Less than 3 grams fat/serving dessert</td>
</tr>
<tr>
<td></td>
<td>• &lt;3g fat/serving dessert</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Sugar</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Honey</td>
<td></td>
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<tr>
<td></td>
<td>• Jams</td>
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<tr>
<td></td>
<td>• Jellies</td>
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</tr>
<tr>
<td></td>
<td>• Marmalade</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Maple syrup</td>
<td></td>
</tr>
<tr>
<td>Beverages</td>
<td><strong>Less than 1 grams fat/serving:</strong></td>
<td>Beverages containing egg yolk, whole milk, low fat milk, reduced fat milk, coconut, palm oil (e.g. eggnog, regular hot chocolate, flavoured instant coffee) or containing cream or chocolate</td>
</tr>
<tr>
<td></td>
<td>• Coffee</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Tea</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Herbal tea</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Grain based coffee alternatives (e.g. Postum)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Pure cocoa</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>• Ketchup</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Horseradish</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Relish</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Mustard</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Salsa</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Vinegar</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Herbs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Mrs. Dash</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Spices</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Soy sauce</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Pickles</td>
<td></td>
</tr>
</tbody>
</table>
How to read food labels

Nutrition labels are the best way to see how much fat is in the food you are about to eat. See the example below for how to read a nutrition label.

Keep in mind that foods labelled with the claim “low fat” have 3 grams or less of fat per serving. Try to aim to choose foods that are labeled with “low fat”, “lean meat” and/or “extra lean meat”.

For a quick reference you can look at the % Daily Value on the label and choose food items that contain 5% or less daily value of fat.

### Pumpkin Seed + Flax Granola

<table>
<thead>
<tr>
<th>Nutrition Facts</th>
<th>1 per ¾ Cup (55g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount</td>
<td>Calories 260</td>
</tr>
<tr>
<td></td>
<td>% Daily Value</td>
</tr>
<tr>
<td>Fat</td>
<td>10g</td>
</tr>
<tr>
<td>Saturated</td>
<td>1.5g</td>
</tr>
<tr>
<td>Trans</td>
<td>0g</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>0mg</td>
</tr>
<tr>
<td>Sodium</td>
<td>45mg</td>
</tr>
<tr>
<td>Carbohydrate</td>
<td>37mg</td>
</tr>
<tr>
<td>Fibre</td>
<td>5g</td>
</tr>
<tr>
<td>Sugar</td>
<td>10g</td>
</tr>
<tr>
<td>Protein</td>
<td>6g</td>
</tr>
<tr>
<td>Vitamin A</td>
<td>0%</td>
</tr>
<tr>
<td>Vitamin C</td>
<td>0%</td>
</tr>
<tr>
<td>Calcium</td>
<td>2%</td>
</tr>
<tr>
<td>Iron</td>
<td>10%</td>
</tr>
</tbody>
</table>

### Raisin Bran

<table>
<thead>
<tr>
<th>Nutrition Facts</th>
<th>1 per 1 Cup (59g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount</td>
<td>Calories 190</td>
</tr>
<tr>
<td></td>
<td>% Daily Value</td>
</tr>
<tr>
<td>Fat</td>
<td>1g</td>
</tr>
<tr>
<td>Saturated</td>
<td>0.2g</td>
</tr>
<tr>
<td>Trans</td>
<td>0g</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>0mg</td>
</tr>
<tr>
<td>Sodium</td>
<td>230mg</td>
</tr>
<tr>
<td>Carbohydrate</td>
<td>46mg</td>
</tr>
<tr>
<td>Fibre</td>
<td>8g</td>
</tr>
<tr>
<td>Sugar</td>
<td>21g</td>
</tr>
<tr>
<td>Protein</td>
<td>5g</td>
</tr>
<tr>
<td>Vitamin A</td>
<td>0%</td>
</tr>
<tr>
<td>Vitamin C</td>
<td>0%</td>
</tr>
<tr>
<td>Calcium</td>
<td>2%</td>
</tr>
<tr>
<td>Iron</td>
<td>60%</td>
</tr>
</tbody>
</table>

#### Term | Example | Amount of fat per serving
---|---------|------------------
Fat free | Skim milk, salad dressing, and pudding | Less than 0.5g fat
Low fat | Low-fat cheese | Less than or equal to 3g fat
Extra lean | Extra-lean pork and beef | Less than 5g fat
Lean | Pork, beef, and poultry | Less than 10g fat
Less or reduced | Less-fat or reduced-fat salad dressing | 25% less than the regular equivalent
Light | Light margarine or salad dressing | 50% less than the regular equivalent
Caring for your bowels

You might find your bowels do not work the same way they did before your surgery. It can take a few weeks for your bowels to work normally.

**Constipation**

- This can be from your pain medication, especially if you are taking opioids.
- To prevent constipation:
  - Drink at least 6 to 8 glasses (1.5 to 2L) of water each day unless you have been told differently because of a medical condition.
  - Include fruits, vegetables, dried peas, beans, lentils and whole grains in your diet each day. These foods are high in fibre.
  - Drink prune juice.
  - Keep active. Go for a walk every day.
- To treat constipation, talk to your pharmacist about a mild laxative or stool softener. Do not use an enema or suppository without checking with your surgeon first.

**Diarrhea**

- Persistent severe diarrhea is not normal and should be brought to your surgeon’s attention.
Activity and exercise

Rest

• Rest is important for your recovery. Your body does its healing when you are resting.
• Try to get at least 8 hours of sleep each night.
• Take naps or rest breaks frequently during the day.

Exercise

• Exercise helps build your strength, improves your circulation, and generally makes you feel better.
• Be careful not to tire yourself out. Slowly increase your activity. Let pain be a general guide to what you do and how often you do it.
• When you get home you may be surprised by how tired you feel. This is a normal feeling. Your energy level will improve over the next few weeks.

These are only general guidelines. Please confirm them with your surgeon.

• Plan your day to allow time for both rest and activity.
• Continue with your deep breathing and coughing exercises.
• Begin with taking short walks, gradually increasing how far you walk.

• For the first 4 to 6 weeks after your surgery:
  DO NOT lift, push, or pull anything over 4 to 5 kg (10 pounds).
  This includes carrying children and groceries.
  Use your legs when you lift.
  DO NOT do any activities that pull on your incision and abdominal muscles such as:
    vacuuming
    raking
    painting walls
    reaching for things in high places
• For at least 8 to 12 weeks after surgery:
  DO NOT do anything that puts extra stress on your stomach muscles such as doing sit-ups.

Listen to your body. It will tell you if you are doing too much too soon.

These activities can delay your healing and possibly lead to a hernia (an opening in a muscle that lets a part of your bowel stick out).
Driving a car
Before you start driving, check with your doctor to make sure it is okay.

- Only drive if you are able to:
  
  - Put pressure to the brake quickly and without pain.
  - Safely do a shoulder-check.
  - Wear your seatbelt.

- You can drive if you are ONLY taking Plain Tylenol or ibuprofen.
  
  Do not drive your car while you are still taking opioid pain medication.
  
  ***It is against the law to drive while taking opioids***

Sports
About 8 to 10 weeks after your surgery and if your surgeon says it is okay, you can go back to playing any sports that do not involve contact such as golf, running, and tennis. Ask your surgeon when it is safe for you to play contact sports such as hockey or football.

Sexual activity
Some people find they do not have the same interest in sex as they had before surgery. This is normal and interest usually increases as you feel stronger. You can resume sexual activity when you feel you have enough strength and your pain is under control. If you have difficulties, more time may be required. If problems persist, speak to your urologist.

Going back to work
Always check with your surgeon or family doctor before going back to work. Some people return to work 6 to 8 weeks after surgery. When you go back to work depends on the type of work you do and the type of surgery you had. Sometimes it can take longer for you to recover enough to go back to work.
Emotions and feelings

If you have been given a diagnosis of cancer, this can be a devastating experience. Some of the emotions you may feel are anger, anxiety, fear, despair or hope, sadness or depression or acceptance. Some experience changes in their sleeping habits, concentrating and remembering. This can happen in hospital or after going home.

This is common and may last a few days or sometimes a few weeks. Family members may also feel a range of emotions.

Each person’s recovery is unique, and there is no right or wrong way to cope with it. Many people find by sharing and talking about their concerns with their family members, friends or surgeon helps. And others find attending support groups helps. Ask your family doctor and/or surgeon about any support groups that may be available.

BC Cancer has several support services. You can contact them at 604-877-6000.
When to get help

Contact your surgeon, family doctor, or go to the emergency room if any of the following happens:

- Your pain gets worse or does not go away with pain medication.
- You have a fever over 38.5° C (101.3° F).
- Your incision becomes red, swollen, or hot to touch.
- You notice foul smelling liquid coming from your incision.
- You start bleeding from your incision.
- Difficulties with swallowing resulting in decrease appetite and constant weight loss.
- You feel sick to your stomach (nauseated) or throw up (vomit) often for more that 24 hours.
- You have diarrhea that lasts for more than 2 days.
- No bowel function for 48 hours.
- If you experience any pain, aching or redness in your calves and/or swelling of the legs.
- You have difficulty breathing.

If you are not able to contact your surgeon or family doctor, go to the nearest Emergency Department, or call HealthLink BC at 8-1-1 to talk to a registered nurse. Be sure to tell them about your recent surgery.
Resources
Resources

Vancouver Coastal Health

Admitting Department
Vancouver General Hospital
– Jim Pattison Pavilion
899 West 12th Avenue
Jim Pattison Pavilion,
1st Floor
604-875-4300
604-875-4937 (Sunday and statutory holidays from 9:30-12:30)

BC Cancer Agency
BC Cancer – Vancouver
600 West 10th Avenue
Vancouver, BC, V5Z 4E6
604-877-6000
Toll-free (within BC): 1-800-663-3333
www.bccancer.bc.ca

CIBC Centre for Patients and Families
Vancouver General Hospital
– Jim Pattison Pavilion
899 West 12th Avenue
604-875-5887
Resource centre for patients and family.
centreforpatients.vch.ca

Pre-Admission Clinic
Gordon and Leslie Diamond Health Care Centre
2775 Laurel Street
3rd Floor
604-675-3675

Health Professionals

Dietitians of Canada
www.dietitians.ca

HealthLinkBC
8-1-1
Non-emergency health information provided by a nurse, pharmacist or dietitian.
healthlinkbc.ca

Health Canada
1-866-225-0709
Resource for general health information.
https://www.canada.ca/en/health-canada.html

Pain BC
1-844-880-7846
Resource for pain management.
painbc.ca

Physiotherapy
Association of British Columbia (PABC)
– to find a physiotherapist in your area
bcphysio.org

QuitNow
1-877-455-2233
Resource for quitting smoking.
quitnow.ca

Accommodations

Government of British Columbia
Hotel accommodation for patients (and accompanying family members) requiring out-of-town Medical Services
csa.pss.gov.bc.ca/medicaltravel/

Equipment

Red Cross
redcross.ca
1-800-565-8000
or check local listings for phone number

Transportation

HandyDART
Provided by local bus services throughout BC (check your local listings for phone numbers)
In Lower Mainland:
604-575-6600
translink.ca/Rider-Guide/Accessible-Transit/HandyDART.aspx

TAP (Travel Assistance Program)
1-800-661-2668
health.gov.bc.ca/tapbc
Acknowledgements


We hope you found the information in this booklet helpful.
If you would like to provide feedback on the booklet, please email us at: eras@vch.ca

“Tylenol” is a registered trademark of McNeil Consumer Healthcare, a subsidiary of Johnson & Johnson, Inc.
“Voltaren” is a registered trademark of Novartis Pharmaceuticals Canada Inc.
Hospital language I need explained: