Lung Surgery:
Care of Lung Nodules and Lung Cancer
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Introduction

At Kaiser Permanente, we understand the complexity of your situation and how it may affect you and those close to you. To give you the best possible care, we have brought together a team of specialists. Our specialists work with you to develop a treatment plan that meets your needs. This team will help you throughout your treatment and recovery.

You are the center of your care.

We created this booklet to support you and your loved ones. It provides information about lung nodules, lung cancer, and lung surgery. It also explains your treatment options so you can make choices about your care.

The following features will help guide you through the booklet:

- **Notes sections**—Many people find it helpful to take notes during a visit.
- **Diagrams**—These help your physician explain your personal care plan.

You can refer to this booklet at any time. If you would like to read only certain sections, you may flip ahead. You can also read the entire booklet. This booklet is for YOU.

Note to Family and Friends

Having a loved one go through this type of care may affect you too. At Kaiser Permanente we want to provide you with resources to help.

Throughout this booklet you will see special sections to help guide you through your loved one’s experience and how you can best support them.
Your Care Team

**Pulmonologist:** A doctor who specializes in treating diseases of the lungs.

- **Thoracic Surgeon:** A surgeon who specializes in treating diseases of the chest, including disorders of the lungs and other organs in the chest.
- **Medical Oncologist:** A medical doctor who specializes in treating cancer with drugs, such as chemotherapy, targeted therapy, and immunotherapy.
- **Radiation Oncologist:** A doctor who specializes in the use of radiation to treat cancer.
- **Interventional Radiologist:** A doctor who specializes in image-guided procedures to treat and diagnose diseases, such as CT-guided biopsies of the lung.

**Other health care professionals may include:**

- **Oncology Nurse:** A nurse who specializes in caring for people who have cancer.
- **Physician’s Assistant:** A health professional who practices medicine under the supervision of a physician and is often a member of the thoracic surgery team.
- **Social Worker:** A health professional trained to talk with people and their families about emotional or physical needs, and to find them support services.

Your care team may consist of physicians and other medical professionals across different specialties.

This team works together to recommend the best plan for you.

- **Registered Dietician:** A health professional with special training in the use of diet and nutrition to keep the body healthy.
- **Respiratory Therapist:** A health professional who treats breathing problems and lung disorders, tests lung function, and cares for patients in the hospital.
- **Physical Therapist:** A health professional who specializes in helping patients improve their ability to move.
- **Patient Care Coordinator or Discharge Planner:** A health professional who coordinates discharge from the hospital. They arrange:
  - Equipment such as oxygen or walkers
  - Home health nurses or physical therapists
  - Transition to skilled nursing facilities or rehabilitation
Keeping track of your care team’s names and contact information can be difficult. To keep it all in one place, you can use the section below. Remember, you can always download our mobile app to easily exchange secure messages with your doctors—you can also do this at kp.org/mydoctor.

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td>Primary Care Physician</td>
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<td>Pulmonologist</td>
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<tr>
<td>Thoracic Surgeon</td>
<td></td>
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<tr>
<td>Medical Oncologist</td>
<td></td>
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<tr>
<td>Radiation Oncologist</td>
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</table>

Your lungs are a part of the respiratory (breathing) system and are a pair of organs in your chest (see Figures 1a and 1b).
Learning about Your Lungs

When you take a breath, air travels in the nose and mouth and down your windpipe (trachea).

Air then travels from the trachea through the bronchial tubes into your lungs. This causes the lungs to expand, like a balloon, and delivers oxygen to your body via the bloodstream.

Lungs are divided into separate sections called lobes.

- There are 3 lobes on the right lung and 2 in the left.
- Each lobe contains many microscopic air sacs called alveoli. The alveoli are where oxygen enters the bloodstream.

There is a lining around the lung called the pleura. The area between the chest wall and lungs is called the pleural space. It normally contains a small amount of fluid, but can fill with air or fluid.

The mediastinum is the area in the center of the chest between the lungs.

Lymph nodes are part of the immune system, which are normally found throughout the body.

Notes for you and your doctor:

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Notes for you and your doctor:
Lung Nodules

Lung nodules or masses are small spots seen on the lung.

When nodules or masses are seen on tests, they may be from scarring, infection, benign (not cancerous) tumors, or malignant (cancerous) tumors.

Are lung nodules always cancer?

Lung nodules can be cancerous, but most lung nodules are not.
Common Tests

Tests for Evaluating Lung Nodules

If a mass or nodule has been found, your doctor may run some of the following tests to help diagnose your condition.

These tests will help your care team determine the best treatment for you.

**Bronchoscopy**—This procedure gives the doctors a closer look at your breathing passages. A thin, lighted tube called a bronchoscope is inserted through the nose or mouth to examine the breathing passages at the entrance of your lungs.

**Endobronchial ultrasound (EBUS)**—This procedure is done through a bronchoscope where doctors can examine and biopsy other structures in the chest, especially lymph nodes.

**Computed tomography (CT scan or CAT scans)**—This localized scan combines a series of X-rays that are taken from multiple angles. This produces cross-sectional images that are more detailed than plain X-rays. Nodules and masses appear as white shadows in a CT scan.

**Positron emission tomography (PET scan)**—This whole-body scan helps determine whether the nodule may be cancerous, and looks for spread of the cancer to other parts of the body. It is combined with a CT scan and is also referred to as a PET/CT scan. Cancer, infection, and inflammation appear as bright spots on the scanned image.

**Magnetic resonance imaging (MRI)**—This noninvasive technique creates detailed images of the organs and tissues in your entire body. Some patients with lung cancer or lung nodules may have a brain MRI to look for spread of the tumor.

**Biopsy**—This procedure removes a sample (biopsy) of tissue from the body to examine whether the growth is benign (not cancerous) or malignant (cancerous). Not all lung nodules require biopsy. Biopsies can be performed under CT scan guidance by an interventional radiologist, during bronchoscopy, or in the operating room.

**Mediastinoscopy**—This procedure is done by a thoracic surgeon (see “Your Care Team” on page 2) to biopsy structures in the mediastinum, especially lymph nodes. These are often used for understanding more of the specifics of cancer. A tube is inserted through an incision above the breast bone to look at the area between the lungs.

Tests for Lung Health

**Pulmonary function test**—This test is performed by respiratory therapists or pulmonologists (see “Your Care Team” on page 2) and measures how well your lungs function. This can be used to diagnose lung conditions and help determine if any part of the lung can be safely removed in surgery.

**Quantitative lung perfusion study**—This test measures the pattern of blood and airflow in the lungs.
Learning more about lung cancer can help you play a more active role in your care and treatment decisions.

Your care team welcomes your questions. We can discuss your values, preferences, and emotional needs. We are also available to assist your family members and friends.

**What Is Lung Cancer?**

The body is made up of billions of specialized cells. These cells regularly go through a growth process so that old cells are replaced by new cells at a steady rate. Lung cancer develops when this regular growth pattern is disrupted and the cells grow out of control and build up. When they grow together in one area they can form a tumor.

Lung cancer is one of the most common cancers in the United States.

It is a broad category that refers to cancers that start in the lungs.

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**Main Types of Lung Cancer**

There are 2 main types of lung cancer: non-small cell and small cell (see Figure 2 below). About 7 out of every 8 people with lung cancer have non-small cell lung cancer. Each type is treated differently.

**Figure 2.**

Small cell and non-small cell lung cancer

- Normal cell growth.
- Non-small cell lung cancer.
- Small cell lung cancer.
# Things You Should Know about Lung Cancer

<table>
<thead>
<tr>
<th></th>
<th>You don’t have to smoke to get lung cancer.</th>
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<tbody>
<tr>
<td>1</td>
<td>Although the biggest cause of lung cancer is smoking, not all people with lung cancer are smokers. The most common type of non-small cell lung cancer occurs most often in people who have never smoked.</td>
</tr>
<tr>
<td></td>
<td><strong>Not all lung cancers are the same.</strong></td>
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<tr>
<td>2</td>
<td>Lung cancer is not just one disease. There are different types. They are classified by the specific tissue in the lung where they develop as well as the stage. (Learn more about staging on the next page.)</td>
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<tr>
<td></td>
<td><strong>Lung cancer treatment can be personalized.</strong></td>
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<tr>
<td>3</td>
<td>More research is being done every day. In fact, researchers are learning more about how genes within your cancer cells can be targeted by new drugs.</td>
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<tr>
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<td><strong>Side effects of treatment can be reduced.</strong></td>
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<tr>
<td>4</td>
<td>Many treatments for lung cancer can cause side effects. But there are many ways to manage these side effects now. Talk to your doctor about ways to prevent and manage your side effects.</td>
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<tr>
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<td><strong>YOU are the center of your care team.</strong></td>
</tr>
<tr>
<td>5</td>
<td>Talk to your doctor about your treatment options and make sure to state any preferences. Ask any questions you have. Do whatever it takes to feel physically and emotionally healthy.</td>
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Cancer Staging

When cancer is found, it is important to learn the stage (or extent) of the disease. Staging is a process to measure how advanced a cancer is, including:

- How large is the tumor or mass (nodule)?
- Have the lymph nodes been affected?
- Has the cancer metastasized or spread?

Stage I is the least advanced and Stage IV is the most advanced.

If your doctor suspects you may have lung cancer, they will order tests to determine the stage of the cancer.

Notes for you and your doctor:
Choosing the Treatment That Is Right for You

Doctors from multiple specialties make up your care team. They will work together to recommend a treatment plan for you. Treatment options include one or more of the following: surgery, chemotherapy, or radiation therapy.

The treatment plan that is right for you depends on:

- Your overall health and lung function
- Your treatment goals and wishes
- The size and location of the mass or tumor
- The stage of the cancer
- The type of cancer (if known)

Questions to Ask Your Doctor:

- What are my treatment options?
- Which do you recommend for me and why?
- What are the risks and possible side effects of each treatment?
- What can I do to prepare for treatment?
- Will I need to stay in the hospital? If so, how long?

Notes:

Share your hobbies and interests with your physician.

Your team cares about what is important to you and will consider this in determining your treatment options.

Discuss with your doctor what to expect from treatment and how it may affect your lifestyle in the future.
Is surgery right for you?
To determine if you’re a candidate for surgery, your doctor will consider your overall health, the health of your heart and lungs, and the extent of surgery required to treat your nodule or tumor. Your doctor may order pulmonary function tests (see “Tests for Lung Health” on page 7) or other tests to measure your heart health.

How much lung will be removed?
The amount of lung removed depends on your lung function, the type and location of your tumor, and your overall health. Removal of part or all the lung is called a resection. In many cases lymph nodes from the mediastinum (the middle part of the chest) will also be removed. Figure 3 shows the types of resections or surgeries.

Wedge resection
In this type of surgery, the surgeon removes a small wedge-shaped piece of the lung that contains the lung cancer, as well as a small margin of healthy tissue around the cancer. This surgery is most often performed when lung function would be seriously reduced by removing an entire lung.

Segment resection
The surgeon removes a segment of the lung that contains the cancer or nodule. This surgery may involve a larger portion of the lung than a wedge resection.

Lobectomy
The right lung has 3 lobes and the left lung has 2 lobes. A lobectomy removes the entire lobe of the lung containing the cancer. Your lungs can still function with the remaining lobes.

Pneumonectomy
In this procedure, the surgeon removes the entire lung containing the lung cancer, including all the lobes. This surgery is done only when needed, because it greatly reduces overall lung function.

Questions for your doctor before surgery:
• Where will the incision be?
• How will surgery affect my normal activities?

Notes:
Where will the incisions be? Am I a candidate for minimally invasive surgery?

There are 2 ways to enter the chest for lung surgery.

In thoracoscopy a surgeon makes small incisions in the chest to allow small cameras and instruments to pass between the ribs to perform the procedure. This is a less invasive approach and is also referred to as “video assisted thoracic surgery” or “VATS.”

Most lung resection is performed this way.

A thoracotomy involves a long incision on the side of the chest. The surgeon spreads the ribs apart to access the lungs and completes the procedure.

Your surgeon will discuss the best approach for you.

During these operations, the surgeon will place a tube in the chest between the lung and the chest wall to collect fluid or air. The chest tube is usually removed before leaving the hospital. In some cases, patients will go home with the tube and a small one-way valve, and then have the tube removed later by their doctor.
Preparing for Surgery

You should follow these guidelines to prepare for your lung surgery:

- Stay active. If you do not have a regular exercise program, start by taking a walk each day.
- You may have a phone or in-person preoperative medicine appointment (POM). This may be recommended by your doctor to make sure you are ready for surgery in every way possible.
- The POM clinician will review your medical history and medications. A physical exam may also be done if you are having an in-person appointment. Your care team will let you know if this is an appointment you should have.
- You may also be asked to learn to use your incentive spirometer. An incentive spirometer is a simple device that keeps your lungs healthy and helps you practice taking slow, deep breaths. Using the device before and after surgery helps prevent pneumonia.

**Smoking** is a leading cause of lung cancer. If you smoke, we strongly encourage you to quit. Continuing to smoke can make treatment side effects worse and jeopardize the success of your care.

Wellness coaching provides personalized support to help you quit. Get guidance and encouragement, develop a quit plan, and consider stopping smoking medications—all by phone!

To learn more or schedule an appointment, call 1-866-862-4295 or visit kp.org/mydoctor/wellnesscoaching.

**Having surgery can be stressful, both physically and emotionally.**

The Enhanced Recovery after Surgery (ERAS) program gets you back to full health as quickly as possible.

Visit kp.org/mydoctor/enhancedrecovery for more information.
General Anesthesia

The main purpose of general anesthesia is to prevent you from feeling any pain during your surgery and to keep all of your vital body functions stable.

Keeping your breathing, circulation, and other vital functions steady helps to prevent complications from surgery.

An anesthetist and/or nurse will administer anesthesia. These doctors and nurses have undergone extensive specialized training in this important field. The anesthetic can be given to you through an intravenous (IV) line, through a special mask that covers your nose and mouth, or both.

General anesthesia is considered very safe, particularly for people who are healthy. There is always a risk of complications from general anesthesia, some of which can be serious, but these are rare in healthy patients.

For more information, visit kpdoc.org/anesthesiaemmi.
Possible Complications after Lung Surgery

There can be complications from lung surgery, including the following:

- Bleeding
- Infection, especially pneumonia or urinary tract infection
- Need for oxygen
- Air leak (pneumothorax)
- Change in heart rhythm, most commonly atrial fibrillation
- Heart attack, stroke
- Blood clots
- Recurrence of disease
- Death

Will I Need a Blood Transfusion?

Most people who have lung surgery do not require blood products. Your physician team will discuss this with you in detail if they think you will need a blood transfusion.
**Pain Management and Recovery**

**Pain Management**

**During the procedure**
A combination of medications will be given to control any pain. In some situations, medication may be given through a small tube (catheter) to your spine for more ongoing pain control.

**After the procedure: From hospital to home**
In the hospital after surgery, an IV (intravenous) line will provide you with fluids and possibly pain medication. Your doctor may also prescribe oral pain medications (pills you swallow) to take after you leave the hospital.

**Recovery in the Hospital**
After surgery, you will wake up in the recovery area of the hospital. You may feel groggy and thirsty. The IV line provides you with fluids and possibly pain medication. Most people will have a chest tube in place that drains air and fluid from the space between the lung and the chest wall. There will be monitors around your bed that help your care team keep track of your heartbeat, blood pressure, and oxygen level.

You will also be taught coughing and breathing exercises to help keep your lungs clear and prevent inflammation (swelling).

For most patients, a nurse or therapist will help you get up and walk later in the day after your surgery. Walking not long after surgery is a good way to recover faster.

Everyone is different, so your hospital stay can range from 1 to 4 days or longer.

**Notes**
Ask your doctor if you have any questions regarding what you should or should not do in the first few weeks after recovery. Feel free to write down any extra recommendations your doctor may give you:

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Pain, bruising, numbness, and tingling of the chest wall is normal and expected.

The pain and numbness may occur in areas that are not directly below your incisions. Most often, this is because of irritation of a nerve that runs between each rib.

This will usually get better over weeks and months after surgery.
Recovery at Home
For several weeks after surgery you will notice you have more energy and strength each day. Follow the Do’s and Don’ts below to take care of yourself after surgery.

For the first 6 to 8 weeks
Do’s:
• Start walking, and slowly increase your activity level.
• Continue to use your incentive spirometer.
• Ask your doctor about sexual activity, driving, and when you should return to work.
• Return to your normal diet.
• Try to go back to your normal routine.

Don’ts:
• Avoid any strenuous activity like heavy lifting or yard work.
• Avoid driving if you are on pain medications.

Note to Family and Friends
The length of the surgery varies depending on the procedure. The amount of time scheduled is an estimate. It can change, even when things are going well. It may be helpful to plan activities to help you pass the time and stay calm while you wait.

After surgery, your loved one will be taken to a recovery area. The surgeon will meet with you immediately after the operation. The recovery nurses will keep you updated on when you can see your loved one.

When you visit, please be prepared to see your loved one surrounded by tubes and monitors. They may be pale and groggy. They will also be taking pain medications to help them feel more comfortable after surgery. This medicine may make them sleepy or confused, which is normal after a major operation.
Care for Your Incisions

Self-Care

Your doctor will tell you when you can shower.

When you shower, wash your incision gently with warm water and mild soap. Your incision site and chest wall will feel bruised, itchy, sore, tingly, or numb. This is normal for weeks or months after surgery. You may also have some fluid or a small amount of blood drain from your incisions.

Your doctor will tell you when to remove the dressings. If you have steri-strips over your incisions, you may shower over these gently. They will fall off on their own in 1 to 2 weeks.

Medication

Your doctor will prescribe pain medication and may prescribe other medicines.

Most people do not require extra oxygen when they leave the hospital. If necessary, your doctor will prescribe oxygen.

When to call your doctor:

Contact your doctor if you have any of these symptoms:

- Very red or draining incision
- Sudden, severe shortness of breath
- Sudden, sharp chest pain
- Fever over 101°F or 38.3°C
- Rapid heartbeat or “fluttering” in your chest
Life after Surgery

Your surgical team will arrange a follow-up telephone or in-person appointment to check on your recovery after surgery.

**Continuing Cancer Treatment or Follow-Up after Surgery**

After surgery, a specialized doctor called a pathologist will examine everything removed by the surgeon to determine the type and stage of the tumor. Results are usually available in about 5 days. Based on this information, the team may recommend other treatment.

Once surgery is completed and no additional treatment is required, your care team will refer you to a program that will check up on you regularly to see your progress.

**The Emotional Journey**

Recovering from major surgery may be difficult—emotionally and physically. It is common to feel stressed and concerned or depressed and anxious.

Kaiser Permanente provides additional services, including counseling, support groups, and psychiatric care. Talk to your doctor about your feelings and ask your friends and family for support through these times. Try not to withdraw from those around you.

**Tip!** Marking your calendar will help you remember your appointments. This will help you plan for those days in advance.

**Note to Family and Friends**

Your loved one might feel depressed, frustrated, or scared during their recovery. You might even feel that way yourself. Talk to each other about your feelings.

Let your loved one do what they are able to do as part of the healing and rehabilitation process. Offer encouragement and try not to be overprotective.

If your loved one had surgery for cancer, you may have concerns. Joining a support group can help both of you. Kaiser Permanente offers many support groups—contact your care team or visit your local Health Education Department or center for more information.
Chemotherapy is a way of treating cancer with medications. These medications kill cancer cells. Chemotherapy may be in pill form or may be given to you in an intravenous (IV) injection. Chemotherapy may be used before or after surgery. When given before surgery it helps to shrink the cancer to allow for a more successful surgery.

Chemotherapy also can be used to treat patients whose cancer cannot be surgically removed. In this case, chemotherapy may be given with radiation treatment.

Your treatment depends on the severity and type of your lung cancer.

**For some patients, targeted therapies are also an option.**

If you are a candidate for targeted therapies, your oncologist will discuss this with you.

**Side effects of chemotherapy**

Chemotherapy kills fast-growing cancer cells, but it can also harm other normal cells that happen to grow and divide rapidly too. These normal cells may be:

- **Blood cells**—When medicine lowers the number of healthy blood cells in your body, you may be more likely to get infections, bruise or bleed easily, and feel weak and tired. Your health care team will regularly check your blood cell level during treatment.

- **Cells in your hair roots**—Chemotherapy may cause hair loss. It will grow back after treatment, although it may look a bit different in color and texture. Your oncologist will inform you if the chemotherapy you receive has this side effect.

- **Cells that line your digestive tract**—The cells in your digestive tract also divide rapidly and your chemotherapy drugs may target them too. This may cause a poor appetite, nausea and vomiting, diarrhea, or mouth and lip sores. Your team will help you manage these symptoms.

There are many different types of chemotherapy drugs. The side effects depend on which drugs are given and the dose.
Instructions for chemotherapy patients

Follow these instructions while you’re on chemotherapy:

• Have blood tests done 2 days before each chemotherapy session. You can do this at any Kaiser Permanente Laboratory. Ask your doctor about getting your lab work done.

• Drink plenty of noncaffeinated, nonalcoholic beverages the day before treatment, the day of treatment, and during the 3 days following treatment. We recommend 64 ounces (about 2 liters), or 8 glasses, of fluid on each of those days.

Want to learn more?

Watch the Prepare for Chemotherapy online video (25 minutes).

It covers the basics of getting chemotherapy to treat cancer, including life during treatment, side effects, and common concerns.

Visit: kpdoc.org/chemotherapyemmi

Notes:

• Avoid high doses of over-the-counter pain medicines, unless your doctor says otherwise.

• Avoid people who are sick and wash your hands well after you contact anyone who is sick.
If You Have Radiation Therapy

Radiation therapy can be used as a treatment for localized tumors.

Radiation can be used as a stand-alone treatment or in combination with surgery and/or chemotherapy.

Kaiser Permanente provides highly specialized external beam radiation treatments, including stereotactic beam radiation treatments (SBRT). This uses invisible, high-energy rays to destroy cancer cells.

A radiation oncologist will oversee your therapy and a radiation therapist will deliver your treatment.

When radiation and chemotherapy are given at the same time, your side effects may be more pronounced. Your health care team will be there every step of the way and will suggest ways to control many of these problems. The side effects will go away after treatment ends.

Notes:

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Self-Care Guidelines for Managing Side Effects

You can follow these self-care guidelines to manage side effects of your treatment.

**To reduce fatigue:**
- Get plenty of rest.
- Try light exercise every day.
- Try relaxation techniques before bed to help you sleep better.

**To control stomach problems:**
- Drink plenty of water.
- Have someone else cook for you if preparing food makes you feel ill.
- Eat bland foods (bananas, rice, or toast) to control diarrhea.
- Eat high-fiber foods (bran or fruit) to limit constipation.
- Eat small meals throughout the day, instead of 3 meals a day.
- Take medications for nausea.

**To care for hair, skin, or mouth problems:**
- Brush your teeth with a soft toothbrush after each meal.
- Rinse your mouth with half a teaspoon of salt or baking soda mixed in a glass of water.

**To reduce the risk of infection:**
- Wash your hands often.
- Avoid contact with people who are currently sick, such as with a cold or flu.
Clinical trials are research studies that involve cancer patients. The studies test new ways to prevent, detect, diagnose, or treat cancer. People who take part in clinical trials have an opportunity to contribute to scientists’ knowledge about cancer and to help in the development of improved cancer prevention and treatments.

Kaiser Permanente has received national recognition for participating in numerous clinical trials with national and international organizations. All of our medical and radiation oncologists are investigators on our cancer research team.

We believe that you should understand all of your treatment options, including participation in a clinical trial. Feel free to talk about this option with your care team.
Emotional Support

Recovering from major surgery or treatment can be both physically and emotionally difficult. It’s common to feel anxious or even depressed after your cancer treatment. You may have trouble sleeping and eating. This is normal.

We encourage you to share and discuss your emotions with those around you and with your cancer care team. There are many people available to support you.

Kaiser Permanente offers support services, including counseling, support groups, and psychiatric care.

Please call your care team if you have:

- Loss of appetite or poor sleep that gets worse over time.
- Unusual difficulty communicating or making yourself understood.
- Decreased ability to pay attention to your surroundings.
- Ongoing feelings of sadness, grief, or hopelessness.
- Feelings that you don’t care about things over an extended period of time.
- Wide mood swings between happiness and despair.
- Feelings of isolation or loneliness that happen often or last a long time.
- Unusual difficulty in sexual relationships.
- Thoughts of hurting yourself.
Survivorship

You are a survivor when you learn you have cancer. Many people around you will be concerned with your physical well-being. The rest of your life can be affected by cancer too.

This means you will probably learn to live your life differently than you did before your diagnosis. Life will present new challenges as well as opportunities.

For many people experiencing cancer, reaching out to others with the same experience can be the best support. Feeling disappointed, alone, and anxious is normal, and other survivors can offer encouragement. People get through this even though it can be tough.

Much of your well-being may depend on the amount of support around you. Rely on that support. Let people take care of you. Stress and anxiety can delay recovery.

We want you to have as much control of your life as possible. Please let us know about symptoms or problems—whether you’re feeling better or worse, good or bad. Your care team can respond when you let us know what is happening in your life.

We encourage you to communicate what you feel and ask for what you need. You may want to bring a family member with you to appointments to help keep track of details. This can help them manage better as well. Keep a diary of treatments, medications, and side effects. Write questions for your doctor and care team so you won’t forget to ask them.

Remember, the goal of your treatment is to help you move forward with your life. Your treatment experience is temporary. It will probably slow you down for a while, but you can try to continue to do the things that you enjoy and look forward to.

We encourage you to live your life as normally as you can. This can help to keep the demands of treatment in perspective. You might feel ill, temporarily. You may need help, temporarily. Your schedule will change, temporarily. When treatment is past, and you’ve had time to recover and feel stronger again, it will be time to move forward with your life.
Care from others can be very helpful for coping with cancer. To varying degrees, spouses, partners, children, relatives, friends, and neighbors can play a vital role in giving you hands-on care, support, and encouragement.

Most people think first of giving physical care. Caregivers also provide support in many other ways during your cancer experience. A family caregiver may face the tough job of taking on new roles and challenges as your needs change over time.

Family members are affected directly, not just through giving support. They have their own feelings and experiences about cancer and the changes in everyone’s lives. Providing emotional support, taking over duties, and managing family schedules add complexities and stress to caregivers’ lives. They need support too.

We can help you offer support to your caregivers. This process is not easy for them either, and you can encourage them to take time for themselves. Remind yourself to try and enjoy their company, even when you may be feeling down or hurting from a recent treatment. Understand that they travel your path with you. As your care team, we want everyone to get the help they need to see you through.

Continue your daily routines and responsibilities as much as possible. You can keep track of medications, go to doctor visits, make appointments, fix meals, clean the house, run errands, and keep up with family activities.

If you’re a caregiver

Caring for a loved one can be both rewarding and stressful. It is easy to put your own needs aside while giving care to someone else.

Remember, you need to take care of yourself too. Know your limits, and know when to ask for help. Simple steps, such as setting aside time for yourself each day, journaling, talking to friends, and being active, are all ways to care for yourself.
Palliative care is specialized medical care for people with serious illness. Palliative care is appropriate for patients of any age and at any stage in a serious illness, and can be provided together with curative treatments such as chemotherapy, radiation, and surgery. This type of care is focused on providing patients relief from the symptoms, pain, and stress of cancer, and to help them live as well as possible while facing a serious illness. The goal of palliative care is to improve quality of life for patients and their families.

Oncology Supportive Care Clinic

What is provided?

- Extra support for you and your family during your cancer treatments.
- Expert management of pain and symptoms caused by cancer or its treatment.
- Guidance in medical decision making based on knowing your values, beliefs, and goals.
- Support from an interdisciplinary team, including a physician, nurse, social worker, and chaplain, to address emotional, psychological, and spiritual concerns.
Another resource available to patients is Life Care Planning. Life Care Planning is a service that assists you and your family in planning for future health care decisions.

When you are able to communicate for yourself, your health care team will always ask you directly about health care decisions. Life Care Planning involves considering a situation that leaves you unable to speak for yourself.

When considering these situations, two of the most important choices you can make are:

- Who would you like to speak for you if you could not communicate?
- What would you want that person to say?

This person is called your health care agent. Life Care Planning helps prepare your agent by allowing you to share your wishes with them.

All adults, including those with early stage cancer, are encouraged to start with My Values: First Steps in which you can begin the planning process by choosing a well-informed health care agent and sharing your wishes with him or her.

If cancer is metastatic or recurs, we recommend you have an additional conversation called My Choices: Next Steps. This involves exploring the type of treatment you would or would not want if you experienced a severe complication from cancer or its treatment. The best time to think about your treatment options is before a serious complication happens. During a Life Care Planning conversation, you, your chosen agent, and a specially trained Kaiser Permanente facilitator discuss your wishes.

The third step in Life Care Planning is for people with a serious illness who are nearing the end of life. As we age or become ill, the decisions we make for our health care become particularly important. In these conversations you will make informed, specific, and timely decisions about life-sustaining treatment options. My Care: Advanced Steps is a service for people who are frail, elderly, or nearing the end of life due to a serious illness.

Your written plan guides your medical care. It includes treatment decisions that match your personal goals.

Want to learn more?

To begin the first steps of your Life Care Plan, please visit kp.org/lifecareplan.
Facing a life-limiting illness is difficult. If you have been told that your condition is life limiting, this news may bring up a lot of emotions and questions for you and your loved ones. We are here to help you.

Hospice services provide support and care to people who are approaching the end of life. When your prognosis for survival is 6 months or less, you become eligible for hospice. Hospice is a visiting service whose primary goal is your comfort. Hospice staff who may visit you at home include a nurse, social worker, physician, home health aide, chaplain, and volunteers.

Hospice provides support to your family as they take care of you. Services can be provided in your home or a skilled nursing facility. If provided in a home, you must live with someone or have someone caring for you 24 hours a day. Assistance is provided for pain management, palliative care, bathing, counseling, as well as support for spiritual and emotional needs. Your physician can refer you to this program.
Insurance and Employment

Your treatment may affect your physical, mental, social, emotional, and financial well-being. The effects can change from day to day. For some, a serious concern may be whether you can maintain a normal work schedule. When possible, your care team can work with you to manage side effects so that your treatment does not disrupt your normal schedule.

If your treatment does affect your job schedule, we will work with you so that this occurs as little as possible. You may need to change your regular work schedule or take time away from work for recovery from treatments. There are insurance and employment resources to help manage changes. Primary concerns may be maintaining your income and health insurance. Ask your care team social worker for more information about California and federal regulations and programs, such as:

- State Disability Insurance (SDI)
- California Paid Family Leave Program
- Federal Family and Medical Leave Act (FMLA)

Member Services Department

Member Services will help answer your questions in person or by phone to obtain the services or assistance you may need, including:

- Health Plan benefits, premiums, and copay explanations
- Member’s enrollment status
- Registration on kp.org
- Getting or replacing a member ID card
- Advance Health Care Directives and Durable Powers of Attorney
- Kaiser Permanente Plan coverage while traveling out of the area
- Information regarding health plan documents

**Member Services Call Center:**
1-800-464-4000

**Senior Advantage and Medicare:**
1-800-443-0815

kp.org/memberservices
Release of Medical Information (ROMI) Department

The ROMI Department releases patient medical information by request of the patient.

To obtain information from your Kaiser Permanente (KP) medical record, you complete a request form identifying the specific information being requested. Only members or their legal agent may authorize release of personal medical information.

To forward non-KP records to your medical file, you request that information from the non-KP provider be sent to your Kaiser Permanente primary doctor (not to ROMI). The KP primary doctor reviews outside medical records before sending the information to your file.

KP members applying for disability insurance through the California Employment Development Department (EDD) may request copies of medical records to support their application. If you are seeking medically related time off from work or applying for Family Medical Leave (FMLA), you may request “Work Status Activity Forms” from your doctor.

Financial Services Department

The Financial Services Department helps Kaiser Permanente (KP) Health Plan members with questions regarding their medical bills, payments to their accounts, refunds, and any insurance-related issues or questions.

This department bills all non-KP plans for patients including: Medicare, Medi-Cal, Third Party Liability (TPL), Coordination of Benefits (COB), Health Maintenance Organization (HMO), and secondary insurance companies. Patient Financial Advisors are available to answer questions regarding alternative payment needs or to help locate resources and assist during and following a hospital stay.
Additional Resources

Kaiser Permanente Thoracic Surgery
thoracic-northerncalifornia.kaiserpermanente.org

Kaiser Permanente My Doctor Online
kp.org/mydoctor

Kaiser Permanente Cancer Care
kp.org/mydoctor/cancer

American Lung Association
lung.org

National Cancer Institute
cancer.gov

National Institutes of Health
nih.gov

American Cancer Society
cancer.org

Cancer Care
cancercare.org

This information is not intended to diagnose health problems or to take the place of medical advice or care you receive from your physician or other health care professional. If you have persistent health problems, or if you have additional questions, please consult your doctor. Kaiser Permanente does not endorse the medications or products mentioned. Any trade names listed are for easy identification only. Some photos may include models and not actual patients.

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