

Colorectal Surgery

PATIENT HANDBOOK/JOURNAL

 **PROVIDENCE**
Tarzana
Medical Center



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As you get ready for colon or rectal surgery, chances are you have a number of questions. This journal will help answer some of your questions and guide you through the entire surgical process. It will give you the information you need to prepare for your surgery, the recovery process and your transition home to recovery.



IMPORTANT

The information in this workbook is designed as a general guide, while the information provided by your doctor is specific to your individual needs.

YOU SHOULD ALWAYS FOLLOW THE INSTRUCTIONS PROVIDED BY YOUR MEDICAL TEAM, even when they are different from the instructions found in this publication.

Notes:

Learning About Colorectal Cancer

WHAT IS COLORECTAL CANCER?

Colorectal cancer is cancer that occurs in the colon or rectum. The large intestine or large bowel is another name for the colon. Partially digested food enters the colon from the small intestine. The colon absorbs nutrients and water from your food and what remains turns into stool. The rectum stores stool and connects the large intestine to the anus. Although, it is often referred to as colorectal cancer, treatment can vary depending on the location of the cancer within the colon or the rectum.



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WHAT ARE THE RISK FACTORS OF COLORECTAL CANCER?

The exact cause of colorectal cancer is unknown. Certain risk factors have been identified that increase the chances of developing colorectal cancer.

The following have been identified as risk factors for colorectal cancer:

- Age over 50.
- Presence of colorectal polyps.
- Family history of colorectal cancer.
- Certain genetic syndromes.
- Personal history of cancer.
- Crohn's disease or ulcerative colitis.

HOW IS COLORECTAL CANCER DETECTED AND DIAGNOSED?

Colorectal Cancer Symptoms

Colorectal cancer may not always have symptoms, especially at first. Common symptoms may include:

- Bloody stool.
- Change in bowel habits (constipation, diarrhea, stool that is narrower than usual).
- Abdominal pain.
- Unintentional weight loss.



These symptoms are also common for other health problems that are unrelated to cancer. If you experience them, they should be reported to your doctor for further evaluation.

Screening for Colorectal Cancer Can Save Lives

People 50 or older should be routinely screened for colorectal cancer. People with risk factors for colorectal cancer may need to be screened earlier than 50. Remember, if you have colorectal cancer, your children, brothers, sisters, and parents, are at higher risk for colorectal cancer and may need to be screened earlier than 50. They should discuss with their doctor when to start screening for colorectal cancer.

Types of Screening Tests

Screening tests can be done alone or in combination. The most widely used screening tests are the fecal occult blood test (FOBT), the sigmoidoscopy, and the colonoscopy.

- **Fecal occult blood test (FOBT):** Sometimes cancerous polyps or tumors can cause blood in your stool. The FOBT tests for blood in the stool that may not be seen by the naked eye. Other non-cancerous conditions, such as hemorrhoids, can also cause blood in your stool.
- **Sigmoidoscopy:** During this test, the doctor checks the lower portion of the colon for cancer and polyps with a lighted tube. If polyps are found, usually they can be removed



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during this procedure and tested for cancer. This test can be performed while the patient is awake.

- **Colonoscopy:** This test is similar to the sigmoidoscopy but it checks the entire length of the colon with a flexible, lighted tube. If polyps are found, usually they can be removed during this procedure and tested for cancer. Sedation is used to keep the patient comfortable during the exam.
- **Physical Exam of the Rectum:** Some, but not all, rectal cancers can be discovered by your doctor during a rectal exam. During this exam, your doctor inserts a gloved and lubricated finger into your rectum to palpate (feel) for any abnormal masses.

Diagnosis and Staging

If a polyp or tumor is found during the colonoscopy, tissue samples will be collected through a biopsy. This will determine if the polyp is cancerous (malignant). If a biopsy shows cancer is present in the colon or rectum, the next step is to stage the cancer. Staging helps doctors to determine if the cancer has grown or spread to nearby lymph nodes, organs or to other parts of your body. This will help your doctor in preparing your treatment plan.

Staging usually occurs before and after surgery. Staging determined before surgery is called the *clinical stage*. The clinical stage is based on

physical examination and imaging studies, which will determine if treatment is needed before surgery.

Once the tumor is removed during surgery, the tissue can be examined by a pathologist and the *pathologic stage* is determined. The pathologist will examine how far the tumor has spread through the five layers of the colon or rectum and if cancer is found in nearby lymph nodes.

Your pathologic stage may be different than your pre-surgical clinical stage because a biopsy only examines a small sample of your tumor. After surgery, a pathologist will examine your entire tumor and determine how far it has spread into the layers of your colon or rectum. Surrounding lymph nodes will also be tested for cancerous cells. This information helps determine your pathologic stage and the need for further treatment after surgery.

Further tests to determine staging may include a combination of the following:

- **Medical and family history:** Risk factors and current symptoms.
- **Physical exam:** Rectal exam, exam of your stomach to feel for masses or enlarged organs, and a general physical exam.
- **A colonoscopy with a biopsy:** *If not already done.*
- **Blood work:** To check for anemia (tumors often bleed and can cause blood loss) and liver

function tests (cancer that spreads to the liver can cause changes to liver function).

- **Tumor marker:** Some types of colorectal cancer produce carcino-embryonic antigen (CEA) that can be found in the blood stream. Your CEA level will be tested upon diagnosis and will be regularly monitored after you complete your treatment. A rise in CEA levels can indicate the return of colorectal cancer.
- **Imaging Studies:** Help to show if cancer has spread to nearby lymph nodes, organs or other parts of your body.

Chest x-ray: This may show if cancer has spread to the lungs.

Endorectal Ultrasound: *This test is used to help stage rectal cancer only.* A lubricated ultrasound probe is inserted into the rectum. The probe sends off sound waves that bounce off the tissue of your rectum to create an image. This image can show how deep the rectal cancer goes and if it has spread to nearby organs. It can also help to detect any enlarged lymph

nodes surrounding your rectum. This test can be especially helpful to stage rectal cancer before surgery.

Computed tomography (CT scan): This test uses an x-ray beam to show a detailed series of images inside your body. A CT scan can help detect cancer that has spread to the liver, lungs, or other organs.

Magnetic resonance imaging (MRI): This test uses powerful magnetic fields to create detailed images inside the body. A MRI provides images from several angles and can help identify metastases (cancer that has spread) that can be difficult to discover with standard x-rays or CT scans.

Positron emission tomography (PET scan): This test uses radioactive glucose (sugar) and detects where cancer has absorbed the glucose. The PET scan is sometimes used when metastasis is suspected but not seen on other tests such as the CT scan or MRI.

Categories for Staging Colorectal Cancer	
<p>T Categories: describes how far the tumor (cancer) has spread through the five layers of the colon or rectum</p>	<p>T1: Earliest stage. The tumor has not grown beyond the 1st inner layer (mucosa) within the colon or rectum</p> <p>T1: The tumor has grown through 1st layer (mucosa) and into the 2nd layer (submucosa)</p> <p>T2: The tumor has grown through the 1st layer and 2nd layer and into the 3rd layer (musclaris propria – thick muscle layer)</p> <p>T3: The tumor has grown through the 1st, 2nd, and 3rd layers and into the 4th layer (subserosa)</p> <p>T4: The tumor has spread completely through the wall of the colon or rectum into nearby tissues or organs</p>
<p>N Categories: describes the spread of the cancer to nearby lymph nodes</p>	<p>N0: No lymph node involvement</p> <p>N1: Cancer cells found in 1 to 3 nearby lymph nodes</p> <p>N2: Cancer cells found in 4 or more nearby lymph nodes</p>
<p>M Categories: describes if the cancer has spread (metastasized) to distant organs</p>	<p>M0: No cancer has been found to spread to distant organs</p> <p>M1: Cancer has spread to distant organs</p>



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After your T, N, M categories have been determined, this information is used to decide the stage of your colorectal cancer. Stage 0 is the least advanced and stage IV is the most advanced.

Determining Your Cancer Stage

Stage	TNM Category	Further Description
Stage 0:	Tis, N0, M0	No lymph node involvement or metastasis (spread to distant organs)
Stage I:	T1, N0, M0 T2, N0, M0	
Stage IIA: Stage IIB:	T3, N0, M0 T4, N0, M0	
Stage IIIA: Stage IIIB: Stage IIIC:	T1-T2, N1, M0 T3-T4, N1, M0 Any T, N2, M0	Lymph node involvement, no metastasis
Stage IV:	Any T, Any N, M1	Possible lymph node involvement, metastasis found



My pre-surgical
(clinical) stage is: _____

T: _____

N: _____

M: _____

Date: _____

My post-surgical
(pathologic) stage is: _____

T: _____

N: _____

M: _____

Date: _____

HOW IS COLORECTAL CANCER TREATED?

Treatment of colorectal cancer requires a team approach. At Providence Tarzana Medical Center our specialists work together to ensure that every stage of your treatment plan is seamless.

Our team members include:

- Gastroenterologists
- General and Colorectal Surgeons
- Medical Oncologists
- Radiation Oncologists
- Pathologists
- Radiologists
- Nurses
- Certified Ostomy Nurses
- Nurse Navigator
- Social Workers
- Spiritual Care Team

The nurse navigator will be by your side, guiding you through your treatment plan, if your screening reveals something that requires further attention. You can take comfort in knowing this nurse will assist you in coordinating, explaining and easing your way through the entire care process.

Treatment Methods

Most often, the location of your cancer within the colon or rectum and its stage will help your clinical care team determine the best treatment for you. Treatment can include a combination of the following: surgery, chemotherapy, radiation therapy, and immunotherapy.



My Care Team

Primary Care Physician

Name: _____

Phone: _____

Gastroenterologist

Name: _____

Phone: _____

Surgeon

Name: _____

Phone: _____

Medical Oncologist

Name: _____

Phone: _____

Radiation Oncologist

Name: _____

Phone: _____

Nurse Navigator

Name: _____

Phone: _____



Learning About Colorectal Cancer

Colon cancer and rectal cancer are treated differently.

Colon Cancer Treatment. Most commonly, patients with colon cancer are treated with surgery. Some patients will also receive chemotherapy after surgery. Those patients with more advanced cancer may receive immunotherapy, a treatment that uses your body's own immune system to help fight cancer. It is uncommon for patients to receive radiation therapy.

Rectal Cancer Treatment. Surgery is also the most common treatment for rectal cancer. Patients may also receive radiation therapy and/or chemotherapy. These treatments often occur before surgery but can also be used after surgery as well.

Surgery

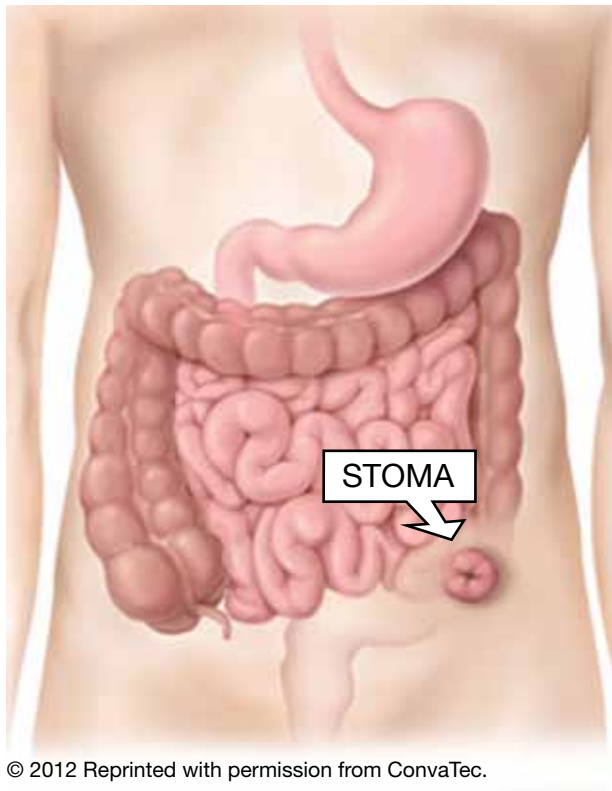
Colon surgery. During surgery, the cancerous tumor and a portion of healthy tissue on each side is removed from the colon (large intestine). This is to help ensure that the entire tumor is removed and “clean margins” are the result. Nearby lymph nodes are also removed. Then, the healthy intestinal tissue is reattached. This type of surgery is usually called a *segmental resection* or a *partial colectomy*. Usually patients with colon cancer will not require a colostomy. A colostomy is a surgical operation in which a piece of the colon is diverted to an artificial

opening in the abdominal wall to carry stool out of the body.

Rectal surgery. Similar to colon surgery, the cancerous tumor and a portion of healthy tissue on each side is removed, but from the rectum. This is to help ensure that the entire tumor is removed and “clean margins” are the result. Nearby lymph nodes are also removed. Then, the healthy intestinal or rectal tissue is reattached. Your surgeon will consider the size of your tumor and its location to determine which type of rectal surgery is best for you. The most common surgeries for removal of rectal cancer are either a *low anterior resection (LAR)* or *abdominoperineal resection (APR)*.

The LAR is often used for cancers found in the upper portion of the rectum near the end of the colon. The tumor and part of the upper rectum is removed. The healthy portion of the colon is reattached to the rectum. Often patients will require a temporary ileostomy to help with healing. See the *Ostomy Surgery* on page 12 for more information.

The APR is needed for rectal cancers located in the lower rectum close to the anus. Since the cancer is close to the anus, it must also be removed. A permanent colostomy will be needed when the anus and the sphincter muscles that control bowel movements must be removed, and incontinence is the result.



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Ostomy surgery. Some patients who undergo surgery to remove colorectal cancer will also need to have an ostomy (also called a stoma). This is more common for rectal cancer patients than colon cancer patients. An ostomy is a surgically created opening made to divert stool to the outside of the abdomen. When an ostomy is made, a portion of intestine is pulled through the abdomen and secured to the abdomen with stitches. Then, an ostomy appliance is applied and stool will be collected in the ostomy pouch.

Ileostomies and colostomies can be either temporary or permanent, often depending on the location of the cancer that needs to be removed. An ileostomy is a stoma made from the last portion of the small intestine. A colostomy is a stoma made from the colon. Temporary stomas divert stool from the site where the cancer was removed and the bowel was stitched back together. This allows the area to heal and helps to prevent infection.

Temporary stomas can be common for patients with rectal cancer. Depending on the stage of rectal cancer, patients often receive radiation as part of their pre-operative treatment. Radiated tissue is more delicate and often needs to be protected during the healing process.

In some cases a temporary stoma is necessary for colon cancer patients, such as when the tumor causes an intestinal obstruction. A permanent colostomy is uncommon for colon cancer patients but may be necessary for some advanced colon cancers. Low-lying rectal cancer can result in a permanent colostomy.

Reversal of Your Temporary Ostomy.

Approximately 6 weeks (or more after surgery), a gastrografin enema is performed to be certain that the rectum is fully healed. During this procedure, liquid is inserted into the rectum and an x-ray image is taken. If the image shows leakage of liquid outside of the rectum, more time is needed for healing. If no leakage is found, then surgery can be scheduled to remove the temporary ileostomy. This is sometimes referred to as a “reversal” or “take-down” procedure. In general, you should expect to spend three to five nights in the hospital for this procedure.

Although this surgery is less invasive than your initial ostomy surgery, your digestive system will still need time to adjust. Just like your first surgery, your surgeon will progress your diet from ice chips to clear liquids to full liquids to soft foods as your body allows. Before going home, your digestive system needs to be working again, your pain must be managed on oral medication, and you must be on your way to resuming activities normal for you.



Learning About **Colorectal Cancer**

Pre-Operative Counseling and Site Marking.

If your surgery may result in an ostomy, ask your surgeon if you should be scheduled to meet with a certified ostomy nurse for pre-operative counseling, education, and site marking (determining the best location for your ostomy). Typically, the best time to meet with the ostomy nurse is within one week of surgery. **To make a pre-operative appointment, call the Colorectal Cancer Program office at (818) 757-8826.**

Adjuvant Therapy

Radiation Therapy. Radiation therapy is rarely used for colon cancer because the colon moves around in the abdomen and cannot be fixed in place for the precise targeting required for radiation treatment. Rectal cancer patients usually will receive radiation therapy unless the tumor is found very early (stage I or less). Radiation therapy uses high-energy x-rays to kill cancer cells. The treatment is usually given by external beam radiation for five days a week for several weeks. Radiation can be given before surgery to help shrink the tumor or after surgery if there is a high risk of the tumor coming back. Chemotherapy is often given at the same time as radiation therapy to increase the effectiveness of radiation therapy.

Side effects depend upon how much radiation is given. Radiation therapy to the pelvic region can cause gastrointestinal symptoms (nausea, vomiting, bloody stools, diarrhea, and urgent

stools) and skin irritation around the anus (redness, dryness, and tenderness). It is also common to be tired during your treatment, especially during later stages of treatment. Be sure to rest when needed.

Chemotherapy. Chemotherapy uses cancer-fighting drugs to kill cancer cells. Chemotherapy drugs travel through the blood stream to kill cancer cells throughout the body. It can be taken by mouth or inserted through a vein. Usually it is given at home or at a doctor's office. There are several different chemotherapy drugs that can be used to treat colorectal cancer. Side effects will depend on the specific drug and dose used. Some possible side effects can include: bruising or bleeding easily, feeling weak and tired, being more susceptible to infection, hair loss (not as common), skin on palms of hands and bottoms of feet to be red and painful, and gastrointestinal symptoms (poor appetite, nausea, vomiting, diarrhea, sores on lips or in mouth). Most side effects will resolve after treatment ends. Newer chemotherapy drugs are being used more often with fewer side effects.

Immunotherapy. Immunotherapy, also called biological therapy, uses monoclonal antibodies to help kill cancer cells, slow their growth, or help to activate the patient's immune system to better fight the cancer. Immunotherapy may be used to treat advanced or metastatic colorectal cancer.



Treatment BEFORE Surgery

Neo-Adjuvant Therapy

Chemotherapy

Drug: _____

Start date: _____

End date: _____

Drug: _____

Start date: _____

End date: _____

Radiation

Type: _____

Sites: _____

Total dose: _____

Start date: _____

End date: _____



Treatment AFTER Surgery

Adjuvant Therapy

Chemotherapy

Drug: _____

Start date: _____

End date: _____

Drug: _____

Start date: _____

End date: _____

Radiation

Type: _____

Sites: _____

Total dose: _____

Start date: _____

End date: _____

Colorectal Surgery

Preparing for Surgery

Prior to any kind of surgery, the most important thing to remember is to PREPARE. Doing everything you can to ensure your body is in its best possible condition should be a top priority. This includes good nutrition, rest, and exercise as tolerated.

Always follow the advice of your physician as you prepare for surgery. In some cases, exercise such as walking, may be advised. If you cycle, swim or participate in other exercises, by all means continue these activities between now and the time of your surgery.

Good eating habits are important as you prepare for your surgery, as good nutrition is essential in the healing process. In the time leading up to your surgery, be sure to eat a well-balanced diet. Try to eat *nutrient-dense* foods that provide good sources of vitamins and minerals. Nutrient-dense foods and beverages are lean and low in solid fats, added sugars, refined starches, and sodium. Try to increase your vegetable, fruit, and whole grain intake. Choose a wide variety of lean protein-rich foods. Guard against excessive fat intake by selecting dairy products marked “low fat”



Nutrient-Dense Foods

- Vegetables
- Fruits
- Whole grains
- Seafood
- Eggs
- Beans and peas
- Unsalted nuts and seeds
- Fat-free and low-fat dairy products
- Lean meats and poultry

or “no fat,” and by choosing the leanest cuts of meat.

Stay Hydrated. Drinking enough fluids is also important to maintaining good health. Water and other fluids help to flush toxins from your body, transport nutrients to your cells, and keep you hydrated. Even mild dehydration can drain your energy and make you feel tired. The amount of fluid a person should drink each day depends on their overall health, amount of activity, and the climate. In general, adults should drink at least eight 8-ounce glasses of fluids each day.



IMPORTANT

Be sure to eat one to two servings of protein-rich food at each meal. It'll help you build the energy you need for recovery, promote healthy healing, and boost your immune system.



PLEASE STOP SMOKING:

Smoking causes damage to the heart and lungs. It raises blood pressure, narrows blood vessels and causes the lungs to secrete mucus. Smoking is associated with many after surgery complications, such as delayed healing. Your physician can recommend resources and a plan that can help you quit smoking.



Colorectal Surgery

Current Medications

Be sure to tell your physician of any medications, vitamins and/or supplements you're taking, so that he or she can review them carefully. Usually patients should stop taking any anti-inflammatory drugs or aspirin products one week prior to surgery. Please remember to ask your surgeon if this applies to you.



LIST YOUR CURRENT MEDICATIONS AND SHARE THIS LIST WITH YOUR PHYSICIAN:

Name of Drug/Vitamin/Supplement

Dosage

Frequency

Name of Drug/Vitamin/Supplement	Dosage	Frequency

General Pre-Operative Appointment

Pre-surgical tests provide vital information to your medical team. *Please be sure to have all of your tests completed on schedule.*

Please follow the pre-surgical admissions instructions provided to you by your physician's office. For example, you'll need to schedule a variety of tests in preparation for your surgery, including laboratory tests, EKG, and a chest x-ray. You'll also need to schedule a pre-surgical

visit at Providence Tarzana Medical Center. Approximately one to two weeks before your scheduled surgery, a nurse from the Pre-operative Assessment & Center for Education (PACE) will contact you. The nurse will have pre-operative screening questions for you and will schedule you for a pre-operative appointment at PTMC. Some of the questions will be about your medical history, anesthesia record, and so on. At this visit, you'll be asked to fill out a number of forms. *Please bring glasses*



- General pre-operative appointment scheduled (one week or less before surgery).

Date: _____

Time: _____

- All my pre-surgical tests have been completed.

if you need them. Also, don't forget to bring your insurance card and photo identification with you to this visit.

Ostomy Pre-Operative Appointment (if applicable)

If your surgery could result in an ostomy, contact an ostomy nurse recommended by your surgeon for pre-operative counseling and site marking. This appointment should occur approximately 1 week before your surgery.

- Ostomy pre-operative appointment scheduled (approximately 1 week before surgery)

Ostomy Nurse: _____

Date: _____

Time: _____

Phone: _____

Location: _____

Notes: _____

Pre-Surgery Checklist

- Complete **bowel preparation** per your doctor's orders, usually beginning the day before surgery.
- Follow **dietary restrictions** per your doctor's orders, usually clear liquids only the day before surgery and **nothing to eat or drink after midnight (including water, gum, or candy)**.
- Ask your doctor if you should take your **routine medication** (prescription and over-the-counter) the day of surgery (with a small sip of water).
- Do not drink any **alcoholic beverages** 24 hours before surgery.
- Do not use **tobacco** (smoking, chewing tobacco, etc.) 24 hours before surgery. It is recommended to avoid tobacco products within 30 days (or more) before surgery.
- Arrange for someone to take you home on discharge day. You will not be allowed to leave alone.

ON THE DAY OF YOUR SURGERY

Follow the directions you were given about bathing the morning of surgery. You may take any medications your surgeon told you to take with a sip of water, but otherwise **DO NOT EAT OR DRINK ANYTHING.**

Name of surgical procedure: _____

Surgery date: _____

Arrival time: _____

On the day of your surgery, you will want to check in with the information desk in the main lobby at Providence Tarzana Medical Center two hours prior to your scheduled surgery. A hospital



Colorectal Surgery

representative will direct you to the pre-operative unit if you have completed the pre-admission process. If not, you will be directed to admitting. When you are taken into the operating room, your guest and any other visitors may wait in the hospital's main lobby waiting area.



Because jewelry and other valuables (e.g., money, credit cards, etc.) cannot be taken into surgery with you, do **NOT** bring them with you. If you wish, a family member or friend may bring any personal belongings you need **after** your operation.

Pre-Operative Unit

Upon arrival in the pre-operative unit, you will be asked to change into a hospital gown. Your belongings will be placed in a plastic bag, and it is recommended a family member hold them for you while you are in surgery. You can continue to wear glasses, dentures and hearing aids until you are taken into the operating room. A family member (or other designated person) is welcome to stay with you, although they may be asked to step away for a few moments during certain procedures.



What to bring on the day of your surgery:

- Pack a small bag with personal items, such as a robe, slippers and toiletries.
- Wear comfortable clothes such as a sweat suit or t-shirt and loose-fitting pants to go home in.
- Glasses, dentures, and hearing aids with their cases (do not wear contact lenses the day of surgery).
- Copy of advanced directives **(very important)**.
- Do not apply makeup or any hair products (including hairspray or gel).
- Photo identification and insurance cards.
- Accurate list of medication (including doses) and allergies.
- Leave all valuable items at home.

You can also expect the following to occur during this time:

- A registered nurse will take your vital signs (blood pressure, heart rate, breathing rate, temperature), ask you questions about your medical history, and have you sign the consent forms for your surgery.
- An intravenous (IV) catheter may be placed at this time or once you are in the operating room. During your surgery, you will receive fluids and medications through your IV.
- You may notice that members of the healthcare team will ask you many of the same questions. Please be patient as this is for your safety.

Once your surgical suite in the operating room is ready, you will be wheeled in for your procedure. At this time, your family member or friend will be asked to wait in the main lobby waiting area. **Keep in mind that the waiting time will be longer than the estimated surgery time as the surgery will not begin the moment the patient enters the operating room.**

Operating Room (OR)

Upon entering the operating room, you will meet with your anesthesiologist who may give you some medication to help you relax as you wait for your surgery to begin. It is normal to feel a little bit nervous before your surgery.

Sometimes the operating room can be cool, so don't hesitate to ask for a warmed blanket to keep you comfortable. A registered nurse will be caring for you before and during your surgery.

You will be transferred from your gurney to the operating table. At this point your surgery is about to begin and you will be given medicine

that will make you drowsy. The anesthesiologist will put you to sleep and then insert a tube into your airway to help you breathe during surgery. Sometimes, you may feel a little hoarse as a result, but this will resolve quickly.

Information for Family

Please let the representative at the main information desk know you are in the main lobby, and who you are waiting for, so they can provide any updates from the physician. After your surgery, your surgeon will look for your family in the main lobby to discuss the surgery and your condition.

The **hospital cafeteria** is located on the first floor. Follow the signs to the left of the information desk in the main lobby. There is also a food and beverage kiosk located outside the main entrance of the main lobby and numerous restaurants and grocery stores within walking distance. **Wi-Fi access** is available throughout the hospital campus. The **hospital chapel** can be found immediately to the right after entering the main lobby (across from the gift shop).

Post-Anesthesia Care Unit (PACU)

After your surgery, you will be moved to the Post-Anesthesia Care Unit where you will be closely monitored by registered nurses. Your level of pain will be evaluated and appropriate pain medication will be provided. You will remain in the PACU for approximately one to two hours or until you are ready to be transferred to the nursing unit. Our hospital representative at the information desk in the main lobby will notify your family when you are moved to the nursing unit. At that time, your loved ones can then meet you in your room.

Recovering from Colorectal Surgery

RECOVERY DURING YOUR HOSPITAL STAY

Each person's recovery from surgery is unique. It will take time for your body to recover and adjust to the changes from your surgery. Your recovery plan will be individualized to meet your needs. In general, people who have undergone major abdominal surgery will stay in the hospital for an average of five to seven nights but everyone recovers at their own rate.

A Typical Day

- Your nurse will monitor your daily care and activities.
- With your input, your nurse will establish pain management, activity, and other care goals each shift.
- Your doctors will visit you daily.
- Your family and friends can visit during general visiting hours (11 a.m. – 8 p.m.).
- Visiting hours are extended for your significant other or immediate family member(s). Please let your nurse know if a family member or caregiver will be staying overnight in the room with you. (Note: No overnight visitors are allowed in the Intensive Care Unit (ICU) but there is an ICU waiting area that can be accessed 24 hours a day.)
- Coughing and deep breathing exercises.



Remember to do your breathing exercises every two hours each day to help your lungs remain healthy after anesthesia.

Pain Management

Almost everyone has some pain after such an important surgery. At Providence Tarzana, your doctors and nurses are very concerned with keeping you as comfortable as possible. You will be given information about pain control.

Several different medications are available to help you. Good pain control will allow you to participate in the breathing exercises and walking activities that are crucial in preventing complications and speeding your recovery time.

What is pain?

Pain refers to discomfort anywhere in your body. It also means aching or hurting. Pain can include stabbing feelings, burning, pulling, tightness or any other unpleasant sensations.

- **How can pain affect my recovery?** It is important to adequately treat your pain with medication so you can be comfortable, sleep, visit with others, and participate in your recovery.



- **How will others know how much pain I have?** Your nurse will ask you to rate your pain on a scale from 0 (no pain) to 10 (worst pain you can imagine).

Patient-Controlled Analgesia (PCA)

If your doctor prescribes a PCA, then you will be able to self-administer your pain medication. Your PCA will give you pain medication through a pump into your IV line. You press the button to give yourself a dose of pain medication when you hurt. Pain is more difficult to treat when it becomes severe. It is better to “stay on top” of your pain. Press your PCA button when you feel discomfort and then wait a few minutes to see if it helped. If your pain is not better, press the PCA button again. Please let your nurse

know if you have any trouble controlling your pain.

As you recover, your pain will decrease and you will not need to use your PCA as often. The dose and interval will gradually be decreased until you no longer need the PCA. You will then transition to oral pain medication, which means you are closer to discharge!

Is the PCA safe?

Your PCA pump will be programmed to give you a safe dose at a safe time between doses, so you cannot give yourself too much pain medicine too often. If you feel that it is too strong, the dose of medication can be reduced.



Recovering from **Colorectal Surgery**

THE PCA PUMP IS FOR PATIENT USE ONLY. Only you know how much pain you are having and when to push the button. You are the only one allowed to push the PCA button. Family, friends, or staff should not push it for you because it can be dangerous. If you or your family has concerns about your pain management, please let your nurse know.

Are there side effects to using the PCA?

Itching is fairly common but not considered an allergic reaction. Ask your nurse for medication to help ease the itching, if needed. Excessive drowsiness and respiratory depression (breathing that is too slow) are the most serious but least common adverse effects of using pain medicine. Usually, these symptoms come on slowly and your nurse will be regularly checking your breathing and level of sedation (drowsiness). These symptoms are rare but can be easily treated. Let your nurse know if you feel too sleepy.



You may experience some cramping and bloating as your digestive system starts to work again. This is normal but can be uncomfortable. Many patients find walking helpful.

Incisional Pain Medication

Depending on your type of surgery, your surgeon may treat your wound incision pain with a continuous local anesthetic. At the end of surgery, your surgeon will place two small catheters into your skin surrounding your surgical incision. These catheters will be attached to a plastic ball filled with pain medication. It is pre-set to continuously infuse numbing medication into the skin and help with your incisional pain. This will be removed before you go home.

Nutrition: Fluids and Food

Your surgeon will prescribe your diet (liquids and solids) after surgery. Usually patients are not allowed anything by mouth (NPO) immediately after surgery. You will have intravenous (IV) fluids for three to four days (or more) after surgery. Once you are able to tolerate full liquids by mouth, your surgeon will begin to discontinue your IV fluids.

In most cases, your surgeon will start your diet with ice chips and then progress to clear liquids. If you tolerate clear liquids well, you will progress to all liquids and then soft foods. A soft diet consists of easy to digest foods that are relatively low in fiber. Foods with fiber (whole grains, raw fruits and vegetables, nuts) can be difficult to digest right after surgery and can increase gas, cramping and bloating.

It is important to start slowly and give your body a chance to adjust. Remember, your digestive system has just been through major surgery! At first, eat and drink in small amounts. Chew your food well.

Activity

Please ask your nurse for assistance to get out of bed. Nursing staff will help to organize your IV tubing, urinary catheter, and any other tubing and cords for your safety.

Your level of activity will be adjusted to meet your specific needs. In some cases, physical therapy will visit to help you out of bed and walk in the hallways. Generally, the goal of your first post-operative day is to be assisted out of bed and into a chair in your room.

Walking is good for you, if you feel up to it, as it helps clear the anesthesia from your lungs and can help prevent pneumonia. Walking is good for your circulation and can help prevent clots in your legs. It also helps to rebuild your strength after surgery.

Your nurse will teach you how to do deep breathing and coughing exercises.



Religious and Spiritual Care

Chaplains are present in the hospital seven days a week. Please let your nurse know if you would like a visit from a member of the spiritual care team. You can also dial "0" to call the hospital operator and ask for the chaplain on-call.

Personal Care

You and your family can assist with your personal care. Nursing staff can give you the supplies you need and help set up for bathing, brushing teeth, and other personal hygiene activities.

Urination: You will have a urinary catheter in place after surgery. Your bladder is located close to your intestines and rectum and also needs time to recover from surgery.

Passing stool: If your surgery resulted in an ostomy see the next section called "Ostomy Care." If your surgery did not result in an ostomy, typically you will pass stool by the 4th or 5th post-operative day. Your stool will be softer and more frequent than usual at first. As you resume your normal diet and recover from surgery, your bowel movements will become more formed and decrease in number.

Ostomy Care (if applicable)

Providence Tarzana has certified ostomy nurses who specialize in caring for patients with an ostomy. An ostomy nurse will meet with you and your designated caregiver to teach you how to care for your new ostomy and answer any questions you may have. Your ostomy nurse understands that having an ostomy is a significant adjustment and is there to support you.

After surgery, your ostomy pouch is positioned to the side to make it easier for the nursing staff to empty it. When you go home, it should be positioned downward so you can empty it into the toilet.



Recovering from Colorectal Surgery

If you feel any itching or burning under your ostomy skin barrier, please tell your nurse. This can be a sign that your ostomy pouch is leaking and should be changed to avoid skin irritation. See “Home Ostomy Care” for further information on ostomy care.

YOUR DISCHARGE PLAN

A discharge planner will speak with you and your doctor to help plan your care after you return home. If your doctor decides that you need additional care at home (such as home health nursing care), the discharge planner will work with your insurance company to coordinate this care. Your discharge instructions will be reviewed with you (and designated caregiver) before you leave the hospital. You will also be given a copy of these instructions that will include information about necessary follow up appointments, diet and nutrition, activities, medication, and symptoms to report to your physician.

In order to be discharged from the hospital, usually the following must occur:

- **Your digestive system must be working.** This means that you are able to tolerate liquids and solid foods by mouth and are passing gas (also called flatus) and/or are passing stool. If your surgery resulted in an ostomy, it needs to be functioning before discharge. It will begin by

passing fluids and eventually stool.

- **Oral pain medication is managing your pain.** Depending on your surgical procedure, you may have had a patient-controlled anesthesia (PCA) pump during your hospital stay. As your pain improves, you will no longer need the PCA pump and will take pain medication by mouth.
- **You must be on your way to resuming physical activity typical for you.** Usually this means, if you were moderately active before surgery, you need to be out of bed and walking with minimal assistance.



Within 1 week of discharge, you should visit your primary care physician and surgeon.

I've made a follow up appointment with my **primary care physician**:

Date: _____

Time: _____

I've made a follow up appointment with my **surgeon**:

Date: _____

Time: _____

Returning Home



You should begin to feel better day-by-day, but remember you are still recovering from major surgery. You will probably tire easily and will need to rebuild your stamina. It is important to continue to take your pain medication if you are still experiencing pain or discomfort.

Diet Choices (For patients with or without an ostomy)

Always follow your surgeon's recommendations regarding food choices after colorectal surgery. Patients often find eating a "soft diet" for the first 2 weeks following colorectal surgery to be helpful. These foods are gentle to the digestive system and are often the foods your body is craving after surgery. Once you resume your

regular diet, take it slow. Reintroduce the "possibly problematic foods" (listed on the next page) slowly and eat small portion sizes. **Chew your food well and take your time at meals.** Avoid or limit foods that cause you discomfort. Also, it is important that you drink plenty of fluids (unless you are under a fluid restriction by your doctor).

Activity

- No heavy lifting (more than 10 pounds) or strenuous exercise for the first six weeks after surgery.
- Gradually increase your activities as recommended by your doctor.
- You may find that you tire easily. Be sure to



Returning Home

Soft Diet Foods	Possibly Problematic Foods	Foods to Help Thicken Stool
<p>Cooked vegetables</p> <p>Canned fruit or fruit with skins removed</p> <p>Soft meats such as chicken and fish</p> <p>Refined starches such as white bread, pasta, mashed or boiled potatoes</p> <p>Milk, yogurt, mild cheeses</p>	<p>Raw, crunchy vegetables</p> <p>Fruit with skins or dried fruits</p> <p>Whole grains, cereals and fiber</p> <p>Steak or any meat that is stringy or tough</p> <p>Nuts, seeds, and popcorn</p> <p>Fried and other foods high in fat</p> <p>Strong or spicy seasonings</p> <p>Excessive amounts of sugar, caffeine, or alcohol (can increase stools & provide little nutritional value)</p>	<p>Applesauce</p> <p>Bananas</p> <p>Pasta</p> <p>Peanut butter</p> <p>Pretzels</p> <p>Tapioca</p> <p>White rice</p> <p>White toast</p>

give yourself time to rest in between activities. It is good to keep active but listen to your body.

- Discuss with your doctor when you can begin driving again. You should not drive while taking pain medication.
- Discuss with your doctor your plan for returning to work.

Medication

- Take your medication as prescribed.
- If you require additional medication for pain, be sure to contact your doctor.

Skin/Wound Care

- Inspect your surgical incision for redness or increased drainage.

- Change the wound dressing as prescribed by your doctor.
- You may shower unless your doctor tells you not to.
- Do not rub your incision but pat it dry.

Signs and Symptoms to Report to Your Doctor:

- Redness and increased drainage from your surgical incision.
- Increasing pain.
- Fever (101°F or greater).
- Discomfort in the calves of your legs.
- See the “Home Ostomy Care” for ostomy specific information.

Perianal Skin Care

(No ostomy or ostomy reversal)

After colorectal surgery, it is common to have frequent bowel movements. As a result, frequent wiping and stool coming into contact with your skin can cause irritation. If you have had surgery that did not require an ostomy or recently had your ostomy “reversed,” please consider these guidelines for perianal (skin around the anus) skin care. Please take these steps to **prevent** skin irritation and do not wait until your skin becomes irritated.

Tips

- Cleanse perianal area with warm water after each bowel movement as needed.
- Gently pat dry, do not rub.
- After cleansing after each bowel movement, apply a protective skin barrier to perianal area.
- Wear comfortable cotton underwear and use an incontinent pad if needed. Sometimes, nighttime incontinence is common following colorectal surgery but usually resolves as your stool becomes more formed.

- If your stool is excessively frequent or liquid, contact your surgeon. Your surgeon may prescribe medication that will help decrease and bulk up your stool.

What to avoid?

- Foods that may loosen your stool – see “Managing Your Diet to Meet Your Needs” on page 31.
- Scratching, rubbing, or scrubbing the perianal skin.
- Scented toilet paper and soap.

Perianal Skin Barriers: Typically skin barriers that contain the ingredient *zinc oxide* (Calmospetine, Desitin) will provide a thick barrier to protect your skin. *Petrolatum-based barriers* (such as vitamin A & D ointment) are easier to remove but may not provide as much protection. Choose the skin barrier that meets your needs.



Home Ostomy Care (if applicable)

My ostomy

Ostomy Type: _____

Measurement: _____

Recommended Ostomy Appliance and Product Codes: _____

Recommended Retail Supplier

Name: _____

Phone: _____

Home Health Agency

Name: _____

Phone: _____

Information on Getting Your Ostomy Supplies

Usually, the easiest way to obtain your ostomy supplies is through a mail-order retail supplier. Most regular pharmacies (such as CVS, Walgreens) do not carry ostomy supplies. Hospital-based pharmacies sometimes have a limited variety of ostomy supplies in stock but might be able to order your specific supplies for you. Keep in mind, prices can vary (sometimes significantly) between these suppliers.



Examples of mail-order retail suppliers for your convenience.

Byram Healthcare

(877) 902-9726

www.byramhealthcare.com

Edgepark Medical Supplies

(888) 394-5375

www.edgepark.com

Liberty Medical

(800) 379-9617

www.libertymedical.com

Shield HealthCare

(800) 765-8775

www.shieldhealthcare.com

Sterling Medical Services

(888) 907-8775

www.sterlingmedical.com

If you have home health nursing care, be sure that your home health nurse helps you order ostomy supplies before you are discharged from home health. Your nurse navigator can also help



you order supplies. Contact your nurse navigator at (818) 757-8826, if you need assistance **before** you run too low on supplies. Sometimes locating an in-network retail supplier and verifying your insurance benefits can take a few days.

If you do not have insurance coverage for ostomy supplies, contact your nurse navigator for assistance.

Tips About Ordering Your Supplies

- Check with your insurance company regarding your ostomy supply benefits.
- Find a retail supplier that is contracted with your insurance company as an in-network provider. You may have to contact more than one retailer to find one that accepts your insurance as an in-network provider.
- For your first order, ask for a 30-day supply (versus a 90-day supply) to be sure that your ostomy products are right for you.

Skin Care Tips

- **Cleanse the skin around your stoma with warm water.** If you would like to use soap, use one without added moisturizers (such as Dial or Ivory). Moisturizers can interfere with your seal (how your ostomy appliance sticks to your skin).
- **Avoid using accessories (ostomy powder, skin barrier wipes, rings, adhesive removers, etc.) unless they are recommended by your ostomy nurse.** If they are not needed, they can interfere with your seal.
- **Do not use baby wipes.** They have moisturizers that can interfere with your seal.



Home Ostomy Care (if applicable)

- **Remember, no skin irritation is normal.** Contact your ostomy nurse if the skin around your stoma becomes irritated.
- **After you put on a new appliance, hold your hand over it for 5 minutes.** The warmth of your hand will help the ostomy skin barrier better stick to your skin.

How to Change Your Ostomy Appliance

1. Gather all the needed supplies.

2. Remove old appliance.

Tips:

- Don't throw away your clamp closure (if applicable).
- Wet the fabric tape around the skin barrier to ease removal.

3. Wash skin around stoma and dry well.

Tips:

- Wash skin with warm water.
- Soft paper towels work well to clean and dry around the stoma.
- Be sure skin around the stoma is completely dry. The skin barrier will not stick to anything wet.

4. Measure stoma.

5. Mold or cut skin barrier (about 1/16 to 1/8 inch larger than stoma but no larger).

6. Apply the ostomy appliance.

7. Hold your hand over the skin barrier for five minutes.

How often do I change my ostomy appliance?

The goal is to change your ostomy appliance on a schedule, before any leakage occurs. *Wear time* is the amount of time that you wear your appliance before changing it. Wear time will depend on ostomy type, stool consistency, and physical activity. In general, wear time ranges from three to five days. It is not recommended to wear an ostomy appliance longer than seven days. *Typically, the best time to change your ostomy appliance is first thing in the morning before you eat or drink anything.* Your digestive system is still asleep and will wake up when you begin to eat or drink. Start by changing your appliance every three days (or more often for signs of leakage). If you have no leakage and a good seal (appliance is sticking to your skin well), you can gradually extend the days between changing your appliance. With time, you will learn how long you can wear your ostomy appliance without worrying about leakage.

What are the signs of leakage?

If you have any signs of leakage, change your pouch. Do not reinforce your skin barrier with additional tape. You want to avoid stool coming into contact with your skin as that can cause skin irritation. *Always have at least one extra ostomy appliance with you at all times, just in case you have an urgent leakage.*



IS THAT NORMAL?

Normal

- Stomas should be dark pink to beefy red, moist, and firm.
- A small amount of bleeding from the stoma (this does not mean passing blood in the stool).
- Stomas shrink in size over six to eight weeks.
- Post-operative tenderness.



Should Report

- Stomas that are dusky, purple, or black.
- Bleeding that does not stop with firm pressure.
- Passing blood in the stool.
- New or worsening pain.
- Change in usual stoma output.
- Nausea, vomiting, or fever (101°F or greater).
- Persistent and/or symptomatic dehydration.
- Frequent leakage or poor wear time.



- Soft paper towels (wet and dry)
- Ostomy appliance (magic marker and scissors if it is cut to fit)
- Measuring guide
- Clamp closure (if applicable)
- Bag for trash
- Mirror

Signs of leakage can include:

- Itching or burning of the skin surrounding your stoma.
- Odor (when the pouch is closed).
- Visible “caking” or undermining of stool under the edge of the ostomy skin barrier.

Daily Living

- **Bathing:** You can shower or bathe with your ostomy appliance on or off.
- **Pouch disposal:** To dispose of your pouch, put it into a sealed plastic bag and put it into your outside trash.
- **Emptying your pouch:** Empty it when it is 1/3 to 1/2 full. Put some toilet tissue in the toilet to prevent splatter.
- **Clothing:** Usually you will only need slight modifications to clothing that you wore before surgery. Keep in mind that tight or constrictive clothing will not be comfortable for several weeks after surgery.
- **Swimming:** After your surgical incisions have healed, you can swim with your ostomy appliance but be sure to empty it first. Also, if your appliance is due for a change, do it the day before you plan to swim or at least several



Home Ostomy Care (if applicable)

Wear Time Log

Date	Ostomy Size	Products Used	Wear Time	Notes
1/1/12	1 1/8 in.	2-piece appliance	3 days	No leakage

hours before swimming to be sure you get a good seal.

- **Exercise:** You can slowly resume your regular exercise activities. Just avoid “contact sports” that could injure your stoma. Avoid strenuous exercise the first six weeks after surgery.
- **Intimacy:** There are special undergarments available that are specially made for individuals with an ostomy. Your ostomy nurse is a good source of information about any intimacy related questions.
- **Travel:** When traveling, be sure to bring ample supplies with you.

Colostomy Specific Care

The main concerns for colostomy patients are managing gas, odor, constipation, and less often diarrhea. Managing your diet can be a helpful tool for you. Here are some diet tips you may find useful:

Contact your ostomy nurse for advice on ostomy related products that can be helpful for these concerns:

Gas: Ostomy pouches are available with charcoal filters. The filter lets the air out of your pouch but keeps the smell inside. This can be helpful if your ostomy pouch often becomes puffy due to gas. You may also want to consider decreasing gas producing foods.

Odor: You should not notice any odor when your pouch is closed. If odor is problematic for you when you empty your pouch, you may benefit from some odor reducing drops that you put directly into your pouch. You may also want to consider decreasing odor producing foods.

Constipation: Constipation can be an issue for people with colostomies. Exercise, adequate fluid intake, and increasing your fiber intake all can help with constipation. If it becomes

problematic, contact your surgeon before it becomes severe.

Ileostomy Specific Care

The main concerns for ileostomy patients include dehydration, diarrhea, and less often food blockages. Understanding these conditions can help you prevent and treat them if they do occur.

Dehydration: This can occur from high ileostomy output, diarrhea, or vomiting. With an ileostomy, you are more susceptible to dehydration because your stool is diverted

before it enters the colon. Part of the job of the colon is to store stool and reabsorb fluid back into your body. With an ileostomy, you do not have this extra safety mechanism, so you need to be careful of dehydration. It is also normal for people with ileostomies to have almost continual output.

- Recognize signs of dehydration: thirst, weakness, light-headedness, and concentrated urine.
- Drink adequate fluids.
- Foods & fluids to replace electrolytes: sports drinks, bananas, broths, potatoes, crackers.

Managing Your Diet to Meet Your Needs

Gas producing foods, fluids, and behaviors	Alcoholic beverages, beans, brussel sprouts, cabbage, carbonated beverages, cauliflower, cucumbers, dairy products, drinking with a straw, gum chewing, nuts, onions, radishes, soy
Odor producing foods	Asparagus, beans, broccoli, cabbage, eggs, fish, garlic, onions, peanut butter, some spices, strong cheese
Foods and liquids that can increase stools	Alcoholic beverages, artificial sweeteners, caffeine, dairy products, fatty foods, fresh fruits, leafy greens, raw vegetables, spicy foods, sweets
Foods that can help "thicken" stool	Applesauce, bananas, cheese, pasta, peanut butter, pretzels, tapioca, white rice, white toast
Constipation relief	Adequate fluid intake and warm/hot beverages, fruits & vegetables, fruit juices, whole grains (breads, cereals, brown rice)
Foods that can contribute to a blockage (ileostomy)	Nuts, seeds, popcorn, vegetable and fruit skins/peels, fibrous or stringy foods
Foods & fluids to replace electrolytes	Sports drinks, bananas, broths, potatoes, crackers



Home Ostomy Care (if applicable)

- Monitor the color of your urine. If it darkens, you probably need to drink more fluids.
- Report persistent & symptomatic dehydration to your surgeon. This can result in fluids and electrolyte imbalances which can be dangerous if not corrected.

Diarrhea: It is normal for your output to be soft and watery, similar to an applesauce consistency. If your output is almost all liquid, you may be experiencing diarrhea.

- Increase your fluid intake to prevent dehydration.
- Consume foods and fluids to help replace electrolytes.
- Consume foods to help thicken your stool: applesauce, bananas, pasta, peanut butter, tapioca, white rice, white toast.
- Contact your surgeon if diarrhea is persistent. You may be prescribed over the counter medication to help slow down your digestion or fiber to bulk up your stool.

Food Blockages: It is normal for your intestine and stoma to be swollen for the first six to eight weeks after surgery. It is rare but this can result in a food blockage. This can be avoided by chewing your food well and being aware of difficult to digest foods.

- Recognize symptoms of a food blockage: abdominal cramping, bloating, nausea, vomiting, watery diarrhea or no output, and swelling of the stoma.

- Try a warm bath (to help relax your abdomen) and try position changes. Sometimes drawing your knees up to your chest can be helpful.
- Chew your food well.
- Beware of difficult to digest foods: nuts, seeds, popcorn, skins or peels, fibrous or stringy foods.
- Report a complete blockage that does not resolve to your surgeon.

Medication: Avoid extended-release medication. These types of medications may not be adequately absorbed by the small intestine only. Review your medication list with your healthcare providers. Watch for pieces of pills when emptying your pouch. *Never take a laxative when you have an ileostomy.* This can lead to dehydration and fluid and electrolyte imbalances.

Skin irritation: Your stool output is especially irritating to your skin when you have an ileostomy. This is because there are still active digestive enzymes from your stomach in your stool. It is important to change your ostomy appliance at any sign of leakage and before leakage occurs. If you are experiencing any skin irritation, contact your ostomy nurse.

Ostomy Resources

As part of our comprehensive ostomy care, Providence Tarzana Medical Center has an **outpatient ostomy clinic** that is located close to

the hospital. The ostomy clinic provides ongoing education, support, and long-term access to certified ostomy nurses to meet your needs.

Expert guidance is provided to patients, families, and caregivers regarding:

- Routine stoma care.
- Ostomy appliance selection and application.
- Evaluation and treatment of skin and stoma related problems.
- Education regarding a wide variety of ostomy related products, including how to choose and access them.
- Management of common stoma related issues and how to prevent them.
- Nutritional counseling.
- Intimacy counseling.

Please call the Providence Tarzana Ostomy Clinic to speak to an ostomy nurse or to schedule an appointment at 818-757-8839.

ADJUSTING TO CHANGE

There is no doubt that undergoing surgery resulting in an ostomy is a big change and adjustment. Your nurse navigator or ostomy nurse is available to provide the education, support, and resources to address common concerns, such as:

- Not feeling complete as a person.
- General impact of stoma on your daily life.
- Feelings of not being in full control of your body.
- Other people's reaction to your stoma.
- Influence on intimacy & sexual function.
- Being able to deal with stoma care.
- Obtaining the supplies you need.

Adjusting to change can be difficult at first. Colorectal cancer treatment can temporarily or permanently change the way your body looks and functions. It is normal to experience feelings of denial, fear and sometimes even depression. However, these feelings do not, or should not last forever. It is important to remain encouraged and have a positive outlook for future progress. With time, you will find that you will be able to resume your normal life with some adjustments. However, if you feel you are having difficulty adjusting, please discuss your concerns with your healthcare provider.

United Ostomy Association of America

(UOAA): The UOAA is a non-profit, national organization to provide support, information and advocacy to ostomates and their caregivers. Contact the UOAA at (800) 826-0826 or at www.ostomy.org to locate a local chapter and support group near you. The UOAA website also offers a wide variety of ostomy educational materials as well.

Remember, you are not alone! UOAA members are eager to share their combined knowledge, experience, understanding and guidance to anyone who has or will have ostomy surgery.

If you are located in the Los Angeles area, your local chapter is the Ostomy Association of Los Angeles (OALA). Contact the OALA at (818) 337-8416 or at www.oa-la.com. They have monthly support groups in the Los Angeles area.

Life After Cancer Treatment

The term “cancer survivor” is used to describe anyone who has been diagnosed with cancer, from the time of diagnosis through the rest of his or her life. Family, friends, caregivers are also included in the survivorship experience. All cancer survivors should have regular follow-up appointments with their physician. Knowing what to expect after cancer treatment can assist you and your family in making lifestyle changes and important decisions. You will also be monitored for signs and symptoms of colorectal cancer recurrence. As a cancer survivor, it is especially important to take good care of yourself and make healthy choices to meet your physical, emotional, social, and spiritual needs.

Research has shown that unhealthy behaviors can increase the risk of your cancer returning.

Consider the following healthy choices:

- ✓ **Quit smoking or using tobacco.**
- ✓ **Cut down on how much alcohol you drink.**
- ✓ **Maintain a healthy weight.**
- ✓ **Eat a healthy well-balanced diet.** Talk to your doctor about any special nutritional needs you may have. In general, the American Cancer Society recommends the following nutritional guidelines:

- Consider foods, drinks, and portion sizes that will help you get to and maintain a healthy weight.
- Eat at least 2 ½ cups of fruits and vegetables each day.
- Choose whole grains over refined and processed products.
- Limit amount of processed and red meat you eat.

- ✓ **Exercise and stay active.** Check with your doctor before starting a new exercise program and start slow. If possible, limit sedentary behavior such as sitting, lying down, and watching TV. Try to get a total of at least 150 minutes of moderate exercise each week. Increasing your physical activity by any amount can have health benefits. Exercise can also help to:
 - Reduce anxiety and depression.
 - Improve mood and boost self-esteem.
 - Reduce fatigue, nausea, pain, and diarrhea.

Emotional & Spiritual Health

Each person’s experience with cancer is unique. As treatment ends, it is important to take good care of yourself, both physically and emotionally. It is not uncommon to feel angry, alone, or to reflect upon your spirituality or religious beliefs. Everyone copes differently with emotions, feelings and fears related to cancer treatment and



recovery. You will need time to heal and recover emotionally and spiritually. It is important to find ways to cope and seek support that is right for you. Some suggestions include:

- **Find activities that help you reduce stress and relax** (such as exercise, meditation, prayer, art, music, dance).
- **Embrace humor and laughing.**
- **Consider support services that are right for you** (such as joining a cancer support group, friends & family, clergy members).
- **Seek personal meaning within your faith, religion, or sense of spirituality.**
- **Express your feelings** (talk to family or friends, other cancer survivors, or a counselor;

if you prefer not to discuss your feelings and experiences with others, consider keeping a journal to help sort out your feelings).

- **Take an active part in your recovery** (stay informed about your illness and recovery, make healthy lifestyle changes, seek the help and support that you need).

Follow-Up for Colon or Rectal Cancer

It is important to keep your follow-up appointments with your healthcare team, even if you are feeling well. Your team will develop a follow-up plan based on your individual situation and established treatment guidelines.



Life After **Cancer Treatment**

General Follow-Up Plan for Colorectal Cancer

History and Physical: Every three to six months for two to three years, then every six months for five years.

CEA (Tumor Marker) Test: Baseline and every three to six months for two years, then every six months for five years.

Colonoscopy: At one year post-surgery, repeat at three years, then every five years thereafter (more frequent colonoscopies may be indicated in certain situations, such as diagnosis before 50 years of age or certain types of cancer).

CT Scan: Every year for first three years for patients at high risk of cancer reoccurring.

Signs of recurrence

Recurrent colorectal cancer may not always have symptoms, especially at first. Common symptoms may include:

- Belly pain.
- Blood in your stool or very dark stools.
- Change in bowel habits, such as more diarrhea, constipation, thinner stools, or feeling of incomplete emptying of your bowels.
- Loss of appetite.
- Fatigue and constant tiredness.
- If cancer spreads, you may have other symptoms related to where the cancer has spread.

Report these symptoms or any other concerning symptoms to your healthcare team.

Risk of Colorectal Cancer for Close Family Members

In general, your close family members are at an increased risk for colorectal cancer. Close family members include children, brothers, sisters, and parents. People with a family history of colorectal cancer should discuss with their doctors if they need screening before the standard age of 50. Often screening for these individuals will begin at age 40 or 10 years earlier than the age at which their relative was diagnosed with cancer, whichever is earlier.

RESOURCES

Providence Tarzana Medical Center

18432 Clark Street
Tarzana, CA 91356
(818) 881-0800

Colorectal Cancer Program & Nurse Navigator Services - PTMC

18411 Clark Street, Suite 301
Tarzana, CA 91356
(818) 757-8826

Outpatient Ostomy Clinic - PTMC

18411 Clark Street, Suite 301
Tarzana, CA 91356
(818) 757-8839

American Cancer Society

(800) 277-2345

www.cancer.org

American Society of Colon and Rectal Surgeons

(800) 791-0001

www.fascrs.org

Cancer Care

(800) 813-4673

www.cancercares.org

Cancer Support Community

530 Hampshire Road

Westlake Village, CA 91361

Also located in Cathedral City, Pasadena,

Redondo Beach and West Los Angeles

(888) 557-3177

www.cancersupportsocal.org

Colorectal Cancer Coalition

(877) 4CRC-111

www.fightcolorectalcancer.org

LiveStrong

(855) 220-7777

www.livestrong.org

National Cancer Institute

(800) 422-6237

www.cancer.gov

Ostomy Association of Los Angeles

(818) 337-8416

www.oe-la.com

United Ostomy Association of America

(800) 826-0826

www.ostomy.org

WeSpark Cancer Support Center

Sherman Oaks, CA 91423

(818) 906-3022

www.wespark.org





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