Colorectal Cancer Care

PATIENT GUIDE

NORTH YORK GENERAL

Colorectal Cancer Care at North York General Hospital

At North York General Hospital (NYGH) we strive to put patients first in everything we do. Our goal is to provide excellent patient and family-centered care throughout your stay or visit at the Hospital.

Colorectal Cancer Care, at NYGH, is provided through an Integrated Care Collaborative (ICC). An ICC is a system of health care providers, clinics and services focused on colorectal cancer patients and their families. This focus means that patients receive evidence-based care, following best practices in a multi-disciplinary, collaborative environment. Here at NYGH, we offer a personalized approach through our patient navigator who will support you every step of the way.

CONTENTS

Care Delivery Cycle

Colorectal cancer is a complex disease that will affect 6% of Canadians during their lifetime. As part of the Integrated Care Collaborative you may be seen at the Hospital during different phases in your care. The activities involved in each phase will be based on your treatment plan and will be discussed with you and your family by a health care provider. Your patient navigator will be there to support you every step of your journey.

At NYGH, education, support and coaching are provided for you and your family along the entire colorectal cancer journey.

PATIENT NAVIGATION

Navigating the complex health care system is not easy. At NYGH we want each patient to receive and understand the information needed to make good decisions about their care.

We encourage patients to ask questions and be engaged in their care. We believe that health care should be a partnership. Health care providers bring medical knowledge, but each patient brings their own unique expertise, including their family experiences and their needs to the partnership.

What is a Patient Navigator?

A Patient Navigator is a Registered Nurse who guides and supports patients through the health care system; connecting them with the right professionals and helping them gain access to available resources. The navigator is based at the hospital and is an ongoing resource for patients and families.

What does a Patient Navigator do?

- Guide patients through their colorectal cancer journey from diagnosis to recovery
- Arrange initial bloodwork and imaging tests
- Prepare patients for appointments and treatment
- Provide information and educational materials
- Coordinate care and liaise between all members of the healthcare team
- Help patients and families access and connect with community resources
- Enhance the patient experience through emotional support along the journey

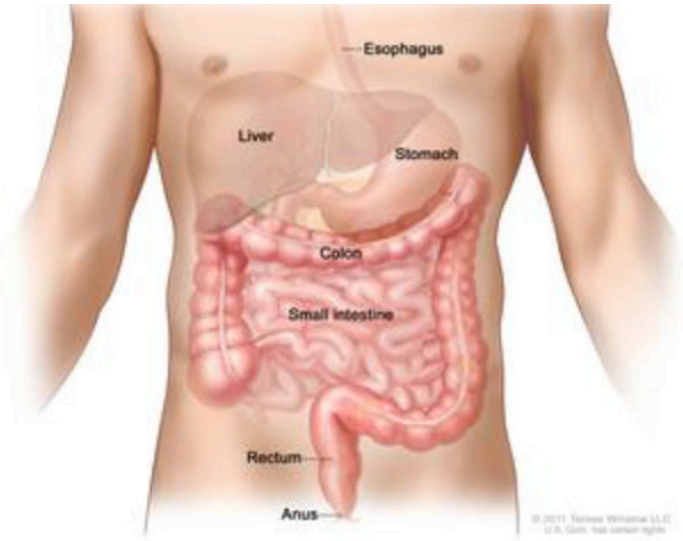
How do I contact a Patient Navigator?

Physician and self-referrals are both accepted. You can contact the patient navigator directly at:
Phone: 416.756.6000 ext. 4409
Fax: 416.756.6832
E-mail: colorectal.navigator@nygh.on.ca

Receiving a Colorectal Cancer Diagnosis

What is the Colon and Rectum?

When food is ingested through the mouth, it first enters the stomach for initial digestion. The food is then passed to your small intestine where almost all of the nutrients are absorbed. The remaining food then passes to your colon. The colon is also known as the large intestine and it is about five feet long. The main function of the colon is to absorb water and some salts before storing the waste or feces and moving it along through to the rectum. The rectum is the lower 15 cm (about six inches) of the colon that stores the waste just before exiting from the body by way of the anus.



What is Cancer?

We are all made up of individual microscopic cells. Sometimes your body's cells changes in a way that cells become abnormal and start to grow uncontrollably. Cancer is the uncontrolled growth of abnormal cells.
In colon and rectal cancer, abnormal cells initially show up as polyps in the colon or rectum. Polyps are a small group of normal and/or abnormal cells that grow on the inner wall of the large intestine. Oftentimes polyps are detected and removed early before abnormal changes occur and they become cancerous.
Colorectal cancer is a cancerous tumour that starts in the cells of the colon or rectum that can spread, or metastasize, and invade nearby structures or spread through the blood stream and spread to other organs of the body.

Why do people get colon or rectal cancer?

In the majority of patients there is no specific reason as to why a person gets cancer. Cells have the possibility of mutating and when they do it is sometimes a random event that causes cancer to develop. Most patients who get colon or rectal cancer have not done anything wrong with their lifestyle to cause the illness.

There are some individuals who have a genetic predisposition to colon or rectal cancer. Overall 6% of Canadians will develop colon cancer at some time in their lives. If you have a parent or a sibling who have had colon cancer, your risk of developing colon cancer is increased to about 10-12%.

Patients with longstanding Ulcerative Colitis or Crohn's Colitis are at increased risk of developing colon cancer. Your gastroenterologist or surgeon is very familiar with these risks and will screen you appropriately.

There are certain genetic abnormalities which are passed down through families from a parent to a child. These conditions include Familial Adenomatous Polyposis, Lynch Syndrome and Gardner's Syndrome. They account for about 5% of patients with colon cancer. Families with these genetic tendencies will require special screening and will be referred to the Genetics Clinic at NYGH.

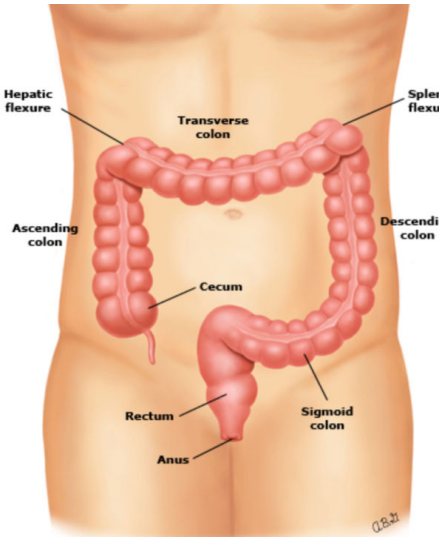
There is also some association with obesity and colorectal cancer. Regardless, we should all strive to maintain a normal body weight and increase our intake of fruits, vegetables and fiber in our diet.

What is the difference between rectal cancer and colon cancer?

The rectum is the lower 15 cm (about six inches) of the large intestine that stores the waste or feces just before exiting from the body by way of the anus. Although the cells of the colon and rectum are the same, because of the location along the digestive system, the treatment for colon cancer and rectal cancer is sometimes different.

If you have a rectal cancer, in addition to a Computerized Tomography (CT) scan, you will also undergo a Magnetic Resonance Imaging (MRI) to assess how deeply the tumour is growing into the wall of the large intestine. Depending on the growth pattern of the tumour, sometimes you will be recommended to receive radiation and/or chemotherapy to shrink the tumour, prior to having surgery to remove the tumour.

These decisions are made at our Multidisciplinary Case Conference where surgeons, medical oncologists, radiation oncologists, radiologists and pathologists will discuss your situation to come up with a treatment plan that is appropriate for you.



BIOPSY

A biopsy is a procedure where a tissue sample from the colon or rectum is removed and sent to the laboratory. The tissue is examined by a pathologist to determine whether or not cancerous cells are present. Most times your physician will perform a biopsy of the polyp or tumour during your colonoscopy or flexible sigmoidoscopy procedure. On occasion there may be a need to repeat your colonoscopy or flexible sigmoidoscopy procedure to plan for your surgery. If this is needed, your surgeon will discuss this with you.

PREPARING FOR YOUR BIOPSY

Your biopsy will be performed at our Leslie Street General site.

WHAT TO EXPECT:	☐ You will be given the time and preparation instructions prior to coming to the hospital for your appointment. This will include information on fasting and bowel preparation prior to your procedure. ☐ You will be given instructions on when to stop taking your medications before your appointment. This will depend on the type of medications you normally take. ☐ You will meet a nurse who will go through some safety questions and explain the procedure. ☐ You will be given a hospital gown and asked to change. It is strongly recommended that you do not bring any valuable pieces of jewelry with you because you will need to remove and place all jewelry in a locker. ☐ You may have an IV started in your hand for medications to be injected through. ☐ Generally there is no discomfort from biopsies of the colon or rectum. You may need some sedation for the colonoscopy or flexible sigmoidoscopy procedure. If you are going to have sedation for your procedure, you must have someone come and pick you up from the hospital. ☐ Your appointment is expected to last about 1 – 2 hours.
WHAT/WHO TO BRING:	☐ Your health card. ☐ A family member or friend to come pick you up from the hospital.

Questions? *Please contact your patient navigator (416.756.6000 ext. 4409) if you have any questions.*

MEDICAL IMAGING

Confirming a diagnosis of cancer involves a number of tests and scans that may include blood tests, biopsy, computerized tomography (CT) scans and magnetic resonance imaging (MRI) scans. These tests provide information about the size and location of the tumour and whether or not the cancer has spread to other parts of your body.

You will be referred to North York General's Medical Imaging Services depending on your specific needs.

Computerized Tomography (CT)
You will have a CT scan of your chest, abdomen and pelvis. The CT scans takes detailed images of the tumour and the organs in your chest, abdomen and pelvis. This is used for staging the cancer.

PREPARING FOR YOUR COMPUTERIZED TOMOGRAPHY (CT) Your CT scan will be performed at our Leslie Street General Site – First Floor.	
WHAT TO EXPECT:	☐ You will be given the time and preparation instructions prior to coming to the hospital for your appointment. ☐ You will be asked to not eat any food for at least 4 hours prior to your appointment. ☐ You can drink clear fluids only 4 hours prior to your appointment. ☐ You will meet a CT technologist or nurse who will go through some safety questions and explain the procedure. ☐ You will be given a hospital gown and asked to change. It is strongly recommended that you do not bring any valuables with you. ☐ You may be given a CT contrast to drink prior to the scans. ☐ You may have an IV started in your hand or arm for medications to be injected through. ☐ Your CT appointment is expected to last about 1-2 hours.
WHAT TO BRING:	☐ Your health card. ☐ A list of medications you may be taking, especially if you are diabetic. ☐ A family member or friend who can be your support person or interpret for you if you are not fluent in English.

Questions? *Please contact your patient navigator (416.756.6000 ext. 4409) if you have any questions.*

Magnetic Resonance Imaging (MRI)

You will have an MRI scan of your pelvis if you have rectal cancer. MRI uses magnets and radio waves to produce detailed 2-D and 3-D images of the tumour and the organs in your pelvis. This is a non-invasive procedure, which does not involve radiation.

PREPARING FOR YOUR MAGNETIC RESONANCE IMAGING (MRI) Your MRI will be performed at our Leslie Street General site – First Floor.	
WHAT TO EXPECT:	☐ You will be given the time and preparation instructions prior to coming to the hospital for your appointment. ☐ You may be asked to administer 1- 2 fleet enema(s) 1 hour prior to leaving home for the appointment. ☐ You will be asked to not eat any food for at least 4 hours prior to your appointment. ☐ If you have claustrophobia, please discuss with your physician whether or not you will need a sedative during the MRI scan. ☐ You will meet an MRI technologist or nurse who will go through some safety questions and explain the procedure. ☐ If you have a Pacemaker of Programmable shunt, an MRI cannot be done. ☐ If you have an implanted device, please provide this information before arriving for your appointment: make and model of implant, manufacturer of implant, and date of surgery for the implant. Examples of implanted devices include: aneurysm clips, heart valves, breast tissue expander, cochlear implants, eye implants, stents, stimulator devices, porta catheter or any type of pump. ☐ If you have worked with, or around metal, and had an injury to your eyes with metal you will need to have your eyes x-rayed before having an MRI. ☐ You will be given a hospital gown and asked to change at the appointment. You will be asked to remove anything metallic such as jewelry and belts. It is strongly recommended that you do not bring any valuables with you. ☐ Before the MRI begins, the technologist will give you earplugs to reduce the loud thumping noise created by the MRI machine. ☐ During the MRI, you must lie still. ☐ You may have an IV started in your hand or arm for medications to be injected through. This helps with the clarity of the MRI images. Although rare, some people have temporary discomfort during this infusion. You will be given a call bell to alert the technologist if you are not feeling well. ☐ Your MRI appointment is expected to last 1-2 hours.
WHAT TO BRING:	☐ Your health card. ☐ A list of medications you may be currently taking. ☐ A family member or friend who can be your support person or interpret for you if you are not fluent in English.

Questions? *Please contact your patient navigator (416.756.6000 ext. 4409) if you have any questions.*

GENETIC ASSESSMENT AND COUNSELLING

Most cases of colon and rectal cancer are not hereditary. However, about 5-10% of the time cancer happens because of a genetic change inherited from a parent. When this occurs we say there is a ‘hereditary’ cause to the cancer.

Patients who have a strong family history of colorectal cancer, cancer that present at a very young age or have certain features on their biopsy may be referred for a genetics assessment. Genetic counselling and risk assessment aims to identify people with an increased risk for inherited cancer. Genetic testing provides information that may help individuals and their care providers determine the best treatment options.

If this is applicable to you, your doctor will refer you to the Genetics Clinic at North York General Hospital.

Planning Your Treatment

After being diagnosed with colorectal cancer, you and your surgeon will make a treatment plan. The treatment plan may involve one or more specific treatments to target the cancer cells in different ways. The goal is to treat the current cancer and to prevent the cancer from growing again.

The primary treatment for most colon and rectal cancer is the surgical removal of the tumour. Some patients with rectal cancer will receive radiation and chemotherapy to shrink the tumour before your surgery. Depending on the stage of the tumour, some patients will be offered chemotherapy after surgery. The sequence of your treatment will depend on your particular situation and this will be discussed with you by your surgeon.

PREPARING FOR YOUR VISIT WITH YOUR SURGEON	
WHAT TO EXPECT:	☐ Your surgeon will review your test results with you that may include biopsy, CT and/or MRI. ☐ Discussion with your surgeon about treatment options available and what treatments are most appropriate based on the characteristics of your cancer, your life, work, and personal preference.
QUESTIONS FOR YOUR SURGEON:	☐ Where is the cancer and has the cancer spread? ☐ What can be done to treat the cancer? ☐ What type of surgery will I have? Will I require an ostomy? ☐ Why is surgery recommended? Are there other options available? ☐ Will I be referred to any other specialists? ☐ What are the risks and potential complications? How do these risks compare to the benefit of me having surgery? ☐ Do I have to decide on the treatment right away or can I look for more information and think about it? Where can I get more information? ☐ If I would like a second opinion, will you be able to arrange one for me? ☐ What are the chances that the cancer will come back? ☐ If I choose not to have treatment, what will happen? ☐ Will treatment affect my fertility? ☐ How long will I be in the hospital? ☐ When can I return to work and resume my normal daily activities?
WHAT/WHO TO BRING:	☐ Your health card. ☐ A family member or friend who can be your support person.

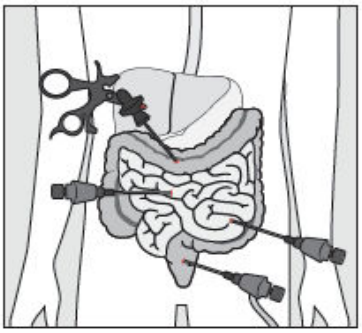
Questions? *Please contact your patient navigator (416.756.6000 ext. 4409) if you have any questions.*

SURGERY

The main treatment for colorectal cancer is surgery. This is the removal of the diseased section of the intestine between your stomach and your anus. Your surgeon will speak with you to find the best option for you given the characteristics of your cancer and your preference. You will require hospitalization for surgery, however in some circumstances your surgery may be performed as a day out-patient procedure. Your surgery will be performed while you are under general anesthesia.

Your surgery can be done in 2 ways:

Laparoscopic (Minimally Invasive Surgery)

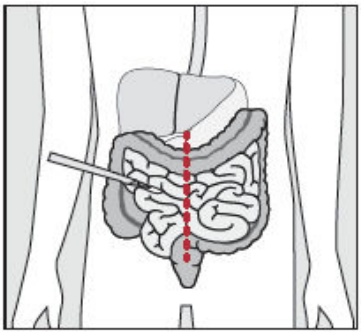


If your surgery will be done laparoscopically, the surgeon will make 4 to 6 small incisions in your abdomen.

Your surgeon will use instruments and a camera to loosen the diseased bowel and then make a small incision to remove it. The healthy ends of your bowel will then be sewn or stapled back together or a stoma will be created.

Using laparoscopy in colorectal cancer helps to reduce postoperative pain and allows for a quicker recovery while maintaining the quality of the cancer operation.

Open

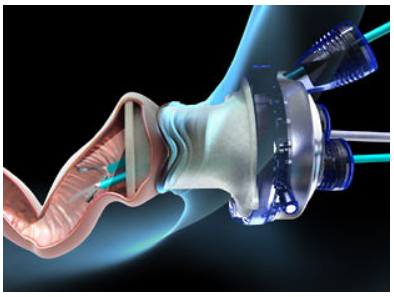


If the surgery is done openly, your surgeon will make one incision in your abdomen to perform the surgery. The surgeon will remove the diseased bowel and sew the healthy ends of your bowel back together or a stoma will be created.

Whether your operation is done laparoscopically or open depends on technical issues which your surgeon will discuss with you.

Transanal Minimally Invasive Surgery (TAMIS)

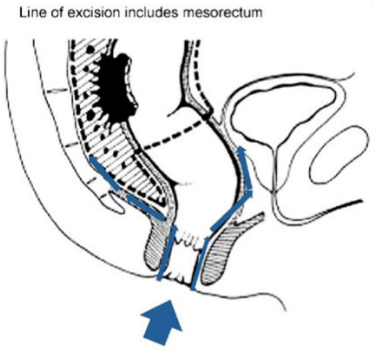
For patients with polyps in the low rectum, Transanal Minimally Invasive Surgery (TAMIS) may be used to remove the polyp. This is a relatively new procedure which allows the surgeon to achieve a better view in the low rectum.



When you are asleep, a flexible port is inserted transanally along with laparoscopic instruments to remove the polyp without making any external incisions on your abdomen. Patients often have minimal pain after surgery, and most often do not require an overnight hospital stay.

Transanal Minimally Invasive Surgery for Total Mesorectal Excision (TAMIS-TME)

This is a new surgical approach that is being offered at NYGH for selected cancers in the low rectum. This technique combines laparoscopy with transanal surgery to remove the tumour in the rectum along with any surrounding lymph nodes. For some patients with tumours particularly close to the sphincter muscle, this approach may help avoid a permanent stoma.



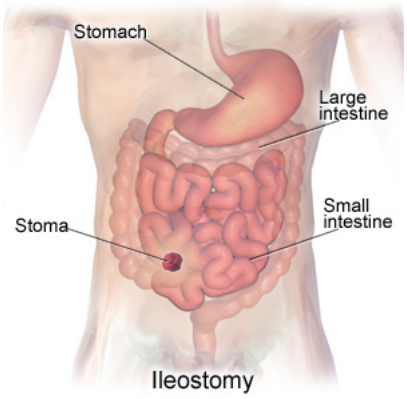
What is an ostomy and will I need a bag to collect my waste?

When a section of the bowel is removed during surgery, it is not always possible to reconnect the healthy parts of the bowel together during the surgery. If this is the case, your surgeon will create a new path for waste to leave your body. To create a stoma, your surgeon will bring a portion of the bowel to an opening (stoma) on your abdomen. A drainage bag will fit over the stoma to collect your waste.

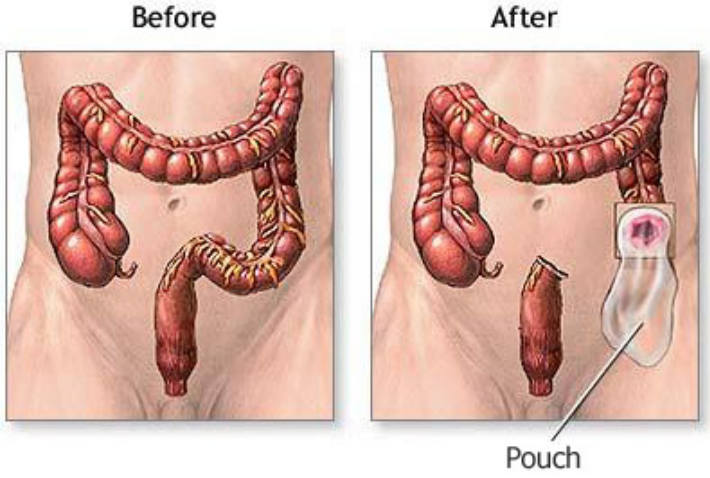
For most patients stomas are **not** required. Some patients with rectal cancer may require a stoma temporarily to allow the surgical site extra time to heal. Very few patients require a permanent stoma to treat colon or rectal cancer.

There are 2 types of stomas:

1 Ileostomy: An opening of the small intestine through the abdominal wall may be created and stitched in place. In most cases, the ***ileostomy*** is temporary and can be closed with another operation at a later date.



2 Colostomy: In cases where the anus must be removed (for some very low rectal cancers) then a permanent opening is created in the large intestine.



Your surgeon will discuss at length with you during your preoperative visit if you require one temporarily or permanently. If you require a stoma, we will involve a nurse specialist (enterostomal therapist) to help you learn how to empty and change the bag and take care of your skin surrounding the stoma to prevent skin irritation. Many people learn to live with an ostomy and still enjoy all their regular activities, including swimming.

Once you and your surgeon decide that you are a candidate for surgery, you will sign the following forms with your surgeon:

- Consent for surgery
- Consent for blood transfusion or blood products
- Contact by our Research Coordinator to see if you can participate in clinical trials

PRE-OPERATIVE ASSESSMENT

You will be scheduled to attend a Pre-Op Assessment appointment several days or weeks before your surgery. This is a place where information is shared: we will learn more about you and your health, and you will learn more about your surgery.

PREPARING FOR YOUR PRE-OP ASSESSMENT CLINIC VISIT

The Pre-Op Assessment Clinic is located at our Leslie Street General site – Fourth Floor.

You will register at Patient Registration Office first (located on the Ground floor across from the Gift Shop) before you go to the Pre-Operative Assessment Clinic (located on the 4th floor, south wing).

WHAT TO EXPECT:	☐ You will meet with a **nurse** to review all of your completed forms, have your blood tested, and have an electrocardiogram (ECG) completed. The nurse will review information about bowel preparation, body hair removal, diet and fasting requirements. ☐ You will meet with a **pharmacist** to review your current medications, including vitamins, minerals, supplements or naturopathic remedies. ☐ You will meet with an **anaesthesiologist** to review the options for pain management, including which anesthetic will be given to put you to sleep during your surgery, and the type of pain medications to decrease and prevent you from feeling pain during and after surgery. ☐ You will meet with a **medical doctor** (if needed). ☐ You will meet with an **enterostomal therapist** (if needed). ☐ You may meet with a **research assistant** to learn about participating in a Clinical Trial ☐ Information you may receive: • Inpatient Information brochure • "*A Guide to Enhancing your Recovery After Bowel Surgery"* booklet • Central Community Care Access Centre (CCAC) Pamphlets ☐ If you smoke, we strongly suggest that you stop smoking completely for 3 weeks before your surgery. This will reduce the risk of lung problems and improve wound healing after your surgery. Talk to the nurse or pharmacist if you would like information on resources to help you quit smoking. ☐ Your appointment is expected to last about 2 – 4 hours.
QUESTIONS TO ASK:	☐ What should I do days before surgery and what happens after surgery? ☐ How long will I be in the hospital? ☐ Do I need a bowel preparation before surgery? ☐ What medications should I start or stop before, on the day of, and after my surgery?
WHAT/WHO TO BRING:	☐ Your health card. ☐ Your list of medications, including vitamins, minerals, supplements or naturopathic remedies you may be taking. ☐ A snack (especially if you are diabetic). ☐ Your specialists' names and contact information and recent test results and consultation notes (if available) ☐ A family member or friend who can be your support person (if your family member or friend is not available and you require an interpreter; please notify us ahead of time).

Questions? *Please contact your patient navigator (416.756.6000 ext. 4409) if you have any questions.*

PREPARING FOR YOUR SURGERY

It is important that you prepare for surgery, and participate in your recovery because this will ensure the best outcome for you. Make sure that you know who is going to take you home. Also, make sure that everything is ready for you when you go home after your surgery. You may need help with driving, preparing meals, laundry, cleaning, caring for your pet and self-care. You should be able to walk, eat food and care for yourself as usual. You will likely need some help from family and friends when you first get home from the hospital.

If you do not feel well within 72 hours before surgery i.e. cold, flu, please call your surgeon for further instructions.

ON THE DAY OF YOUR SURGERY

Your surgery will be performed at our Leslie Street General site.

Plan to arrive two hours before the time of your surgery. You will register at the Patient Registration Office first (located on the Ground floor across from the Gift Shop) before you go to the Day surgery registration on the first floor across from the Orthopaedic and Plastics Centre.

WHAT TO EXPECT:	When you arrive in the Day Surgery Unit: • You will meet with a nurse to re-check all your medical records, ask you a few questions to make sure you are safe to have your surgery, check your vital signs (e.g. pulse, heart rate etc.), and answer any questions you may have. • You will change into a hospital gown, remove jewellery, dentures, glasses, etc. It is strongly recommended that you do not bring any valuable pieces of jewelry with you because you will need to remove and leave all valuables with Security. • You maybe given pain medication to take by mouth before your surgery • You will walk into the operating room to meet your surgeon and anesthesiologist. When your surgery is completed: • You will be taken to the Recovery Room • You will have an intravenous (IV) drip in your arm to give you fluid and medicine, face mask to receive oxygen and maybe a catheter to drain the urine out of your bladder • Nurses will check your vital signs and ask about your pain level. Please tell the nurse if your pain changes or gets worse. Nurses will give you medications for pain, if you need it. • Nurses will check your bandages and encourage you to take deep breaths and to move your ankles and feet. • If you are having Day Surgery, your family member or friend will come get you to take you home when you are you are awake, breathing properly and your pain is well managed. • If you are being admitted, you will be transferred to your room on the inpatient unit on the Fifth Floor when you are ready. Your family members and friends can see you on the inpatient unit.
WHAT/WHO TO BRING:	**Day Surgery:** • Your health card • Change of clothes. Leave valuables (large amounts of money, jewellery, including rings) at home. North York General is not responsible for any lost valuables. • A family member or friend to take you home after your surgery. **In-patient Surgery:** • Your health card and insurance information • You medications, including vitamins, you are currently taking (if you were told to do so) • A robe and loose comfortable clothing. A credit card (if you want to rent a television or telephone in your room) Non-slip slippers or shoes Reading glasses, magazines or books to read • Dentures (if you need them) in a case labelled with your name Personal hygiene items (e.g. toothbrush, toothpaste, hair brush, mouthwash, deodorant, lip balm and hand cream) • Cane, crutch or walker if you use these for walking. Label them with your name. • A sleep apnea machine if you use it for sleeping. Label it with your name. • Non-perishable, easily digestible food like cookies, crackers, cereal or pudding

	cups. Do not bring food that needs to be refrigerated as it will go bad. • 2 packs of chewing gum. Chewing gum will help you recover from your colorectal surgery. • Leave valuables (large amounts of money, jewellery, including rings) at home. North York General is not responsible for any lost valuables.

Questions? *Please contact your patient navigator (416.756.6000 ext. 4409) if you have any questions.*

YOUR HOSPITAL STAY

It is important that you actively participate in your recovery after surgery because this will ensure the best outcome for you. Your healthcare team will provide optimal pain management and encourage you to perform activities that are based on best practices shown to decrease postoperative complications and speed your recovery.

ENHANCED RECOVERY AFTER SURGERY

Your healthcare team will work with you to make sure you participate in the activities below to improve your recovery so you can go home sooner.

WHAT TO EXPECT:	• Nurses will check your vital signs (e.g. pulse, heart rate etc.) frequently. You will be asked to rate your pain using a pain scale frequently. The pain scale from 0 to 10 lets the nurse know how much pain you are having. Your pain level should be less than 4. If your pain is 4 or more you should let the nurse know so you can receive pain medication to treat your pain. • Nurses will check your bandages, intravenous (IV) drip, and your stoma (if you have one) frequently. • Your urine catheter will be removed the next day after surgery if you had colon surgery. The urine catheter will be removed the third day after surgery if you had rectal surgery. • You will be encouraged you to take deep breaths and to move your ankles and feet while lying in bed. • In the evening after your surgery the nurse will assist you to sit at the side of your bed and dangle your feet. This will prepare you for the next day when your nurse or a physiotherapist will assist you to walk in the hallways. Walking is the best way to encourage your bowels to start working again after surgery. This also prevents other problems like pneumonia, skin breakdown, blood clots and muscle weakness. • You will be able to have clear fluids the night of your surgery. • You will be given your first meal the day after your surgery. You will sit in a chair for all your meals. • You should chew gum starting the day after your surgery. You should chew one stick of gum, for at least 5 minutes, 3 times per day. Chewing gum after surgery will help you pass gas, which is a sign that your bowels are working.

PREPARING TO GO HOME AFTER SURGERY

If you had colon surgery, you can expect to go home **2-4 days** after your surgery. If you had rectal surgery you can expect to go home **4-5 days** after your surgery.

Plan to go home before **10:00 am** on the day of your discharge.

WHAT TO EXPECT:	☐ You should have no nausea or vomiting ☐ You should be able to eat and drink as usual ☐ You should be passing gas ☐ You do not have to have a bowel movement before you go home ☐ You should be passing your urine well ☐ You should be able to resume your usual activity like you did before surgery. You may not be able to walk far and that is fine. ☐ You should have everything organized at home (for example, food to eat) ☐ All of your questions or concerns about your ongoing recovery at home have been answered by your healthcare team.

AT HOME AFTER YOUR SURGERY

WHAT TO EXPECT:

- **Diet:** You may resume your regular diet unless your healthcare team told you differently. Eat frequent small meals and drink four to six extra glasses of fluid per day. You may start drinking a meal supplement like ***Boost***, ***Ensure***, or ***Carnation Instant Breakfast***.

- **Bowel Movements:** It is common to have changes in your bowels for the first two months after surgery. The pain medication may make you constipated so you will be discharged home with a stool softener or laxative that you should take between 1 and 3 times per day while you are on the pain medicine. In addition, one dose of **Metamucil** should be taken every day for 1 month following surgery. The goal is to have at least one formed bowel movement a day. If you have had rectal surgery you should not use a suppository. After rectal surgery, you may experience frequent diarrhea. If the movements become more than 12 per day, call your surgeon's office to discuss.

- **Showers:** Daily showers are permitted starting your first day home and a bath after 3 weeks. You do not need to cover your surgical incision. Do not scrub the incision. Pat dry the incision with a clean towel after your shower. Do not use any creams or ointments for at least a month. The incision will become firm over the first few months and then it will start to soften. It will take a year for the scar to mature completely. If you suntan your stomach make sure you cover the scar with sunscreen as it will tan very deeply and will remain dark.

- **Surgical Incision Care:** You might go home with staples in your skin that hold your surgical incision together, or the incision might be covered with steristrips (paper tape). The steristrips will begin to fall off on their own 7-10 days after discharge. You surgeon or family physician will take the staples out when you return for your follow up appointment within two to four weeks.
- **Energy Level and Mood:** Remember that surgery is a big stress on the body. Expect to feel more tired than usual, especially for the first two weeks after you get home. Gradually increase your activity level over the next several weeks. Listen to your body and take frequent rest breaks as needed throughout the day. Keeping a positive attitude is also very helpful. It is understandable that you feel scared and maybe overwhelmed with the news of your diagnosis. It is healthy to express those feelings but it is important not to let them take over.

- **Leisure and Sport Activities:** You can resume physical activity as you feel better. The only limitation is **no lifting more than 20 pounds for 6 weeks**. This also includes any other activity that would stress your abdomen, like rowing or cycling against resistance. Do not do abdominal exercises, high intensity aerobic activities or weight training for 6 weeks after surgery. The reason for this restriction is to prevent the incision from becoming weak resulting in an ***incisional hernia*** (a defect in the muscles and tissues under the skin). The incision will pull a little and make you walk a bit hunched over. The incision may also burn and pull a little – this is normal. This causes strain on the back so make an extra effort to walk straight.

- **Sexual Activity:** Sexual activity can resume when you feel comfortable with this. Remember to avoid any position that causes you pain. Discuss any questions you may have at your follow up visit with your surgeon.

- **Driving:** In general, you may start to drive when you are no longer taking strong opioid pain medicine. However, you may feel weaker than normal for awhile. Your surgeon will tell you at your follow up appointment if it is safe for you to start driving again.

- **Returning to Work:** Discuss with your surgeon about your expected return to work date. This will depend on your recovery and your type of work. If you need chemotherapy, you will start that within 8-10 weeks of the surgery. In these cases you should not go back to work until you see how you respond to the chemotherapy. Some patients feel well enough to work during chemotherapy but others do not.

WHAT TO EXPECT:	**Diet:** You may resume your regular diet unless your healthcare team told you differently. Eat frequent small meals and drink four to six extra glasses of fluid per day. You may start drinking a meal supplement like ***Boost***, ***Ensure***, or ***Carnation Instant Breakfast***.

Questions? *Please contact your patient navigator (416.756.6000 ext. 4409) if you have any questions.*

PATHOLOGY REPORTS

The tumour that is removed during your surgery is sent to our pathologists. It will take about 1-2 weeks for them to process the tumour. The pathology report will describe the characteristics of the cancerous cells that were found. These include the size of the tumour, the depth of the tumour, and if there are any lymph node involvement.

Your first follow up visit with your surgeon will be two to four weeks after surgery. Your surgeon will see how you are recovering, how your incision is healing, and discuss the results of the pathology report with you and your family during this follow-up visit. The pathology report will help determine whether or not any post-operative therapy (chemotherapy or radiotherapy) will be needed.

CHEMOTHERAPY

Chemotherapy destroys cancer cells that may have spread from the colon or rectum to other parts of the body and reduces the chance of your cancer growing again. Chemotherapy may be given prior to surgery to help shrink the tumour and allow for easier removal of the tumour in the colon or rectum, or after surgery for patients who are at increased risk of recurrence. Depending on your particular situation, your surgeon will refer you to a medical oncologist to determine if you require chemotherapy.

Chemotherapy can consist of one or more medications that are given either through an intravenous infusion or orally by a pill. Chemotherapy can cause a number of different side effects. People can experience different side effects even with the same chemotherapy treatment. It is important that you tell your oncology team about any concerns you have so we can address and/or minimize these side effects.

If you require chemotherapy, your chemotherapy treatment will either take place at the Anne Tanenbaum Chemotherapy Centre on the 8th floor in the General site of the hospital or at an offsite cancer center if you are also receiving radiation as part of your treatment.

Before your chemotherapy treatment you will be asked to attend a new patient orientation in the Academic Centre (ground floor) at North York General Hospital. This orientation will prepare you for treatment, introduce you to your inter-professional team and give you an opportunity to ask questions.

PREPARING FOR YOUR CHEMOTHERAPY TREATMENT	
WHAT TO EXPECT:	☐ You will receive education on your first visit to the oncology clinic from the oncology pharmacist/nurse. A folder containing useful information will be given to you at the new patient orientation session. ☐ You may be asked to start pre-chemotherapy medications the day prior to your chemotherapy treatment. ☐ You will need to have blood drawn in the lab on the 4th floor, the day before chemotherapy. ☐ You will need to register at the Chemotherapy Centre when you arrive for your treatment. ☐ Please arrive 15 minutes before your appointment time to complete symptom assessment screening. ☐ The length of your visit for chemotherapy will vary depending on the treatment you will be receiving.
WHAT YOU NEED TO BRING:	☐ Your health card. ☐ Anti-nausea medications that your medical oncologist has prescribed. ☐ Food/beverages. ☐ Books or other entertainment while you wait or are receiving chemotherapy.
QUESTIONS FOR YOUR MEDICAL ONCOLOGIST:	☐ How will chemotherapy help me? ☐ What are the benefits and risks involved with the specific chemotherapy medications I am receiving? ☐ What are some of the side effects and how are they managed? ☐ How will treatment affect my daily activities or work schedules? ☐ Are there any special instructions I should follow before, during, and after the chemotherapy treatments? ☐ Do I need any vaccinations before my chemotherapy treatment? ☐ Can I bring someone with me? ☐ May I continue to take my regular medications (including vitamins, minerals or naturopathic remedies)?

Questions? *Please contact the Anne Tanenbaum Chemotherapy Centre (416.756.6704) if you are experiencing any side effects. Contact your medical oncologist if you have any questions or concerns regarding your treatment.*

RADIATION THERAPY

Radiation therapy (radiotherapy) involves the use of high energy x-rays, to destroy cancer cells and prevent them from re-growing. It is commonly used to treat some rectal cancers.

If radiation is part of your treatment plan, it usually happens before surgery together with chemotherapy and will take place at an offsite regional cancer centre. Depending on your particular situation, your surgeon will refer you to a radiation oncologist if you require radiation therapy.

PREPARING FOR YOUR RADIATION TREATMENT	
WHAT TO EXPECT:	☐ Radiation therapy will occur at an offsite regional cancer centre ☐ Radiation usually occurs daily (Monday through Friday) ☐ The number of treatments will vary depending on your particular situation
QUESTIONS FOR YOUR RADIATION ONCOLOGIST:	☐ What are the benefits and risks of having radiation therapy? ☐ What type of radiation therapy will I be getting? ☐ What are some of the side effects and how are they managed? ☐ How will the radiation treatment affect my daily activities or work schedules? ☐ Are there any special instructions I should follow before, during, and after radiation? ☐ Can I bring someone with me? ☐ May I continue to take my regular medications (including vitamins, minerals or naturopathic remedies)?

Questions? *Please contact your radiation oncologist if you have any questions or concerns regarding your treatment.*

WELLBEING DURING & AFTER TREATMENT

“Wellness” addresses elements of the body, mind and spirit which contribute to your wellbeing in general. These elements can include nutrition, exercise, emotional wellbeing, social and community connections, sexuality and spirituality. Positive lifestyle practices increase your feeling of wellbeing, both during and after treatment. There are a number of programs and supports available to you that aim to optimize your wellbeing during and after treatment.

Maintaining a good diet and exercising during treatment will help improve your overall health and energy levels. These lifestyle choices will help you better cope with your diagnosis and the side effects from treatment. Eating and exercise can be a challenge during treatment and modifications may be necessary. Speak to your health care team if you have concerns about eating and exercise during treatment. If you are experiencing side effects from your treatment, speak to your physician about how to manage these symptoms.

Questions? *Please contact your patient navigator (416.756.6000 ext. 4409) if you have any questions.*

Survivorship

An individual is considered a cancer survivor from the time of diagnosis, through the balance of his or her life. Family members, friends, and care-givers are also impacted by the survivorship experience and are therefore included in this definition.

– National Coalition for Cancer Survivorship

Survivors and their families face many challenges following a diagnosis and treatment of colorectal cancer. The National Coalition for Cancer Survivorship recognizes that there are different needs experienced by survivors across the course of their illness and recovery. Quality of life issues are different for survivors than for patients at the point of diagnosis and treatment.

At NYGH, we feel that survivorship is an important part of the cancer journey and we work to provide the best support and resources for you and your family.

MONITORING YOUR HEALTH

The majority of colon and rectal cancer patients will be cured. Some colorectal cancer patients may develop a recurrence. If colorectal cancer patients develop a recurrence, their symptoms present within the first three years. The risk of colorectal cancer coming back after five years is quite small. You will be referred to the North York Family Health Team (NYFHT) Colorectal Survivorship Program after you have finished your treatment. We follow the Cancer Care Ontario standards and guidelines to outline your follow-up care. Do expect to have follow up every 6 months. You will meet with a physician and a nurse practitioner to plan your regular check-ups.

Follow-up care is usually shared among your medical oncologist, surgeon, and family physician. The frequency and length of time you are monitored depends on your individual situation. The follow-up tests will depend on the cancer stage and the results of your previous tests. The follow-up tests may consist of a CT scan, colonoscopy and blood tests.

The NYFHT Colorectal Survivorship Program provides a holistic approach to survivorship care since the impact of cancer treatment can affect many areas of one's life. It is the link between treatment and recovery. We provide an interdisciplinary (physician, pharmacy, social work, community resources) approach which addresses short & long term side effects to cancer treatment. This includes physical and psychosocial assessment and management. For example, health promotion (smoking cessation, nutrition), anxiety/depression, finances (back to work resources) and post op symptoms management. Our goal is for survivors and their families to attain their best quality of life and return to their community and lives.

Palliative Care

Palliative care, also known as supportive care, is specialized medical care for people living with serious illnesses. It is focused on providing patients with relief from the symptoms of a serious illness. The goal is to improve quality of life for both the patient and family. Whether you are newly diagnosed, undergoing treatment, or living with chronic disease, it is appropriate to meet our palliative care team. Our interdisciplinary team provides comprehensive consultation and follow -up care.

The Freeman Centre for the Advancement of Palliative Care at NYGH offers care in multiple settings to meet your needs. We will help determine which service is most appropriate for you. This may include:

1. Outpatient Pain and Symptom Management Clinic (Phone: 416.756.6529)
2. Inpatient palliative care consultation service for in-hospital patients
3. In-home care from a Freeman Centre outreach physician with the support of a Clinical Nurse Specialist and other community supports as needed

PREPARING FOR YOUR PAIN AND SYMPTOM MANAGEMENT CLINIC CARE VISIT	
WHAT TO EXPECT:	☐ You will receive expert care from the team to relieve pain and other distressing physical symptoms. ☐ Assistance with spiritual, psychosocial, and emotional symptoms at every stage of living with cancer, including end-of-life. ☐ Education and assistance with treatment choices and decisions. ☐ Coordination of support services to facilitate care at home, in hospital, or in other settings. ☐ Counselling and support.
QUESTIONS FOR YOUR MEDICAL ONCOLOGIST:	☐ What is the benefit of having the palliative care team involved in my care? ☐ When is a good time to consider having the palliative team involved in my care? ☐ Will I still receive chemotherapy if palliative care is involved in my care?

Questions? *Please contact your patient navigator (416.756.6000 ext 4409) if you have any questions.*

Support and Counselling

A diagnosis of colorectal cancer and coping with treatment is difficult for most patients and their family members. The need for support can begin even before diagnosis and continue to the end of treatment and beyond. In addition to family and friends, many patients find it helpful to receive support and/or counselling from other sources such as their family physician, support groups, colorectal cancer survivors, nurses/navigators, social workers, psychotherapists or psychiatrists specialized in addressing the needs of cancer patients.

There are many support and counselling services available in the community to help patients and their family members deal with the challenges they may face.

SOCIAL SERVICES IN THE COMMUNITY

Many social services are offered in the community to help you with the challenges of a colorectal cancer diagnosis, treatment and survivorship. You may wish to address some of your concerns with your primary care physician or specialist. Alternatively, there are other trained health care professionals such as social workers, psychologists and psychiatrists available to help you meet these challenges.

EMOTIONAL SUPPORT

Colorectal cancer is a life-altering experience for patients and their families. There are several kinds of emotional support services available. Peer support offers the opportunity to talk with other people who have gone through similar experiences with colorectal cancer. Peer support can occur in a one-to-one setting or in groups. Support groups, provided through community organizations, are facilitated either by a peer or by a health care professional.

Wellspring is a cancer support organization that provides programs and support to cancer patients. North York General Hospital and Wellspring have partnered to provide on-site support and information to patients and families and are available to meet in the Anne Tanenbaum Chemotherapy Centre (416.756.6704).

ASSISTANCE

Patients often have questions or need help regarding financial challenges, transportation, and lodging services for family near treatment centres. Several organizations are available to help connect you to the assistance you are looking for.

Questions? *Please contact your patient navigator (416.756.6000 ext 4409) if you have any questions.*

Resources

NORTH YORK GENERAL

COLORECTAL CANCER WEBSITE:

www.NYGH.on.ca/colorectal

COLORECTAL CANCER PATIENT NAVIGATOR

North York General
4001 Leslie Street
Toronto, ON M2K 1E1
T: 416.756.6000 ext. 4409
F: 416.756.6832
Colorectal.navigator@nygh.on.ca

ANNE TANENBAUM CHEMOTHERAPY CENTRE

North York General, General Site
4001 Leslie Street, 8th Floor South
Toronto, ON M2K 1E1
Oncology desk: 416.756.6519
Chemotherapy/treatment clinic: 416.756.6704

PRE-OPERATIVE ASSESSMENT CLINIC

North York General, General Site
4001 Leslie Street, 4th Floor
Toronto, ON M2K 1E1
T: 416.756.6836
F: 416.756.6727

GENETICS CLINIC

North York General, General Site
4001 Leslie Street, 3rd Floor
Toronto, ON M2K 1E1
T: 416.756.6836
F: 416.756.6727

PAIN AND SYMPTOM MANAGEMENT CLINIC

North York General, General Site
4001 Leslie Street, 8th Floor South, Room 126
Toronto, ON M2K 1E1
T: 416.756.6529
F: 416.756.6833

GENERAL SURGERY INPATIENT UNIT

North York General, General Site
4001 Leslie Street, 5th Floor North & South
Toronto, ON M2K 1E1
T: 416.756.6395/416.756.6324

ONCOLOGY INPATIENT UNIT & FREEMAN CENTRE FOR THE ADVANCEMENT OF PALLIATIVE CARE

North York General, General Site
4001 Leslie Street, 3rd Floor West
Toronto, ON M2K 1E1
T: 416.756.6617

CHARLOTTE & LEWIS STEINBERG EMERGENCY DEPARTMENT:

If you are seriously ill or injured, or have a life-threatening condition, go to our Emergency.
Note: People with worrisome chest pains, signs of stroke or severe breathing difficulties should call 911 for immediate care.

North York General, General Site
4001 Leslie Street
(Leslie Street south of Sheppard Avenue East)
Toronto, ON M2K 1E1

Open 24 hours a day, 7 days a week

COMMUNITY SUPPORT

WELLSPRING CANCER SUPPORT NETWORK

A network of community-based centres that offer programs providing support, coping skills, and education to cancer patients and their families.

Wellspring Downtown Toronto Office
4 Charles Street East, Suite 300
Toronto, ON M4Y 1T1
T: 416.961.1928
F: 416.961.3721
www.wellspring.ca

Wellspring Westerkirk House at Sunnybrook
2075 Bayview Avenue
Toronto, ON M4N 3M5
T: 416.480.4440
F: 416.480.4496
www.wellspring.ca

CANADIAN CANCER SOCIETY

A national, community-based organization of voluntaries, whose Mission is the eradication of cancer and the enhancement of the quality of life of people living with cancer.

Canadian Cancer Society Ontario Division
55 St. Clair Avenue West, Suite 500
Toronto, ON M4V 2Y7
T: 416.488.5400
TF: 1.800.268.8874
F: 416.488.2872
www.cancer.ca

COMMUNITY CARE ACCESS CENTRE

Information and locations of community and health care services, long-term care placement and referrals.

Ontario Association for
Community Care Access Centres
130 Bloor Street West, Suite 200
Toronto, ON M5S 1N5
T: 416.310.CCAC (2222)
www.ccac-ont.ca

Central CCAC – Sheppard Site
45 Sheppard Avenue East, Suite 700
North York, ON M2N 5W9
T: 416.222.2241
TF: 1.888.470.2222
TTY: 416.222.0876
F: 416.222.6517
E: info@central.ccac-ont.ca

NURSE PRACTITIONERS' ASSOCIATION OF ONTARIO

Information about what a Nurse Practitioner is and what they do.

Nurse Practitioners' Association of Ontario
1 Yonge Street – Suite 1801
Toronto, ON M5E 1W7
T: 416.593.9779
F: 416.369.0515
www.npao.org

PHYSICIAN/NURSE PRACTITIONER INFO

Please write in the contact information for your physicians/nurse practitioner in the space below:

Surgeon:

Telephone #:

Address:

Medical Oncologist:

Telephone #:

Address:

Radiation Oncologist:

Telephone #:

Address:

Nurse Practitioner:

Telephone #:

Address:

Specialist:

Telephone #:

Address:

MY APPOINTMENTS

- If your health changes, or you develop a cough, cold, fever or any other illness, within one week before your surgery, call your surgeon as soon as possible.
- If you have a cough, cold or fever, please call to reschedule your appointments.
- If your family member or friend cannot come with you to any of your appointments and you require an interpreter, please inform us ahead of time.

1. Appointment with your surgeon.
Date: _____ Time: _____

2. Tests appointments.
Date: _____ Time: _____
Location: _____
Date: _____ Time: _____
Location: _____
Date: _____ Time: _____
Location: _____

3. Specialists appointments.
Date: _____ Time: _____
Location: _____
Date: _____ Time: _____
Location: _____

4. Pre-operative Assessment appointment: Your surgeon's office will notify you of your Pre-operative Assessment appointment and your surgical date.
Date: _____ Time: _____
Location: Pre-Operative Assessment Clinic, General Site, 4001 Leslie Street, 4 South.

5. Surgery
Date: _____ Time: _____
Location: Patient Registration, General Site, 4001 Leslie Street, Ground Floor.

6. Follow-up visit with your surgeon (two to four weeks after surgery).
Date: _____ Time: _____

7. Follow-up visits with your specialists.
Date: _____ Time: _____
Location: _____
Date: _____ Time: _____
Location: _____

Notes

www.nygh.on.ca/colorectalcare

NYGH – GENERAL SITE
4001 Leslie Street
Toronto, ON M2K 1E1
T: 416.756.6000