

Colorectal Cancer Information

Follow-Up Care Plan

► PART 2 OF 3

Information and resources for colorectal cancer patients in Manitoba after completion of treatment.



Moving *Forward*
after Colorectal Cancer

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Introduction

Moving Forward after Colorectal Cancer

This booklet is Part 2 (of 3) of the Follow-Up Care Plan package. It provides colorectal cancer specific information about follow up care, side effects you might be experiencing and what the best course of action might be, and post treatment programs you may be interested in.

Part 1 - the Personalized Follow-Up Care Plan and Treatment Summary outlines your personal follow up schedule (including necessary tests and appointments, what symptoms to watch for, and a summary of the treatments you received to treat your cancer). If you misplace your Part 1, please call your oncologist's office. A new copy can be provided to for you.

Part 3 - the General Moving Forward After Cancer Treatment booklet is a general resource focused on wellness and health promotion, reducing future risk, and resources and supports available in Manitoba after being treated for any type of cancer.

Part 2 and 3 are available online at www.movingforwardaftercancer.ca.

Moving Forward after Cancer Treatment



Follow-Up Care Plan

►PART 3 OF 3



Information and resources for
cancer patients in Manitoba
after completion of treatment.



Moving Forward
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Important Caution: This summary document does not prescribe or recommend any particular medical treatment or care for cancer or any other disease and does not substitute for the independent medical judgment of the treating professional.

Are You Worried Your Colorectal Cancer May Return?

What to Watch For:

You may be relieved to finish treatment, but find it hard not to worry about your cancer coming back. (When cancer comes back after treatment, it is called *recurrence*). This is a very common concern for people who have had cancer.

If colorectal cancer does return, it is usually within the first three years after diagnosis. This is why the follow-up testing you read about in Part 1 - Your Personalized Follow Up Care Plan and Treatment Summary is more frequent in the first three years. After three years, the chance of the cancer returning drops steadily year after year. Part of follow up is regular monitoring to ensure disease recurrence is detected early.

After treatment, your doctors will still want to monitor you closely. It is very important to attend all of your follow-up appointments. During these visits, your doctors will ask about any problems you may have, examine you, and may order lab tests or imaging tests to look for signs of cancer or treatment side effects.

If colorectal cancer returns, it is usually in the form of cancer cells that have spread to the liver or lungs. There is also a small risk of the cancer re-growing in the bowel where the surgery was done and of a new cancer growing in a different part of the colon (large intestine). This is why the recommended follow-up includes tests of the liver, lungs, and colon. It is possible to treat the cancer successfully if these new cancers are found early and can be removed by a surgeon. If they cannot be removed, cure is usually not possible, but chemotherapy is available that can greatly extend your life.

If your cancer returns, your primary care provider will refer you back to CancerCare Manitoba for consultation with an oncologist.

Be alert to the following signs:

Please notify your primary care provider if you notice any of these changes in your health **as soon as possible** as they may indicate a recurrence:

- blood in your stool
- blood that you cough up
- stool (bowel movement) that is very pale or black
- new lumps, especially in the neck area & groin
- blood or air in the urine
- stoma starting to stick out or protrude
- yellow eyes and/or skin (jaundice)

Notify your primary care provider team if these **symptoms last more than one week:**

- a change in your bowel movements, especially looser stools or constipation
- pain in your abdomen or rectal area (or where the rectum/anus used to be)
- unexplained or new pain that is persistent or worsening
- vomiting that lasts more than a few days
- shortness of breath
- cough
- nausea (feeling sick to the stomach)
- loss of appetite
- weight loss without trying
- large change in energy level or ability to be active
- bloating and increased abdominal size

Screening Recommendations For Family

It is important to talk to your family members about your diagnosis with colorectal cancer, since they may be at a higher risk for developing the disease. These recommendations will help in finding colorectal cancer early, when it is highly curable. Family members should talk to their primary care provider (family physician/nurse practitioner) about your diagnosis with cancer so the proper tests can be scheduled. Please note that these recommendations are for people with NO symptoms. If your family member has symptoms that may be cancer, they need to see their family physician or nurse practitioner.

For your parents, brothers, sisters, and children (first-degree relatives):

If you were diagnosed with colorectal cancer at the age of 60 or older, they need:

- Fecal Occult Blood Test (FOBT) every 2 years starting at age 40
- On an individual basis, other screening test may be appropriate, such as colonoscopy every 10 years or flexible sigmoidoscopy every 5 years, with or without FOBT

If you were diagnosed with colorectal cancer before the age of 60, they need:

- Colonoscopy every 5 years beginning at 40 years of age or 10 years earlier than the youngest diagnosis for colorectal cancer or polyps in the family, whichever is earlier.

If you and at least one other close family member were diagnosed with colorectal cancer or adenomatous polyps at any age, they need:

- Colonoscopy every 5 years beginning at 40 years of age or 10 years earlier than the youngest diagnosis for colorectal cancer or polyps in the family, whichever is earlier.

Don't have a family physician or nurse practitioner?

Family Doctor Connection Program - Ph: 204-786-7111 or 1-866-690-8260

Talk to Your Primary Care Provider If.....

Talk to your primary care provider about the possibility of an inherited (genetic) cancer syndrome if your family has:

- multiple family members with disease (ovarian, fallopian tube, peritoneal, endometrial, breast, or colorectal cancer or adenomatous polyps)
- multiple family members with a history of hereditary cancer syndrome or of Ashkenazi Jewish ancestry
- disease at a younger age (less than 45 years old)
- many cancers in multiple generations

Your primary care provider may consider a referral for genetic testing.

What to Expect After Colorectal Cancer & Treatment

The unexpected effects of cancer are not always physical problems. There are also emotional and psychological impacts of cancer and treatment.

You may (or may not) experience some of the following effects after treatment for colorectal cancer. You may experience other symptoms not listed below, as everyone's experience is unique. Some of these problems may start immediately while some may take months or even years before they appear.

Improvement or resolution may take time and you may need to work with your health care team to try various strategies, medications, and therapies. Some side effects will improve on their own, while others may go on for a significant period.

If any of these effects are a problem or are stopping you from doing your usual activities, **talk about them with your health care provider.**

Detailed resource and contact information can be found in the "Colorectal Cancer Support and Resources" section of this book.

Problem or Effect	What You Can Do At Home	Who Can Help You with the Problem
<p>Anxiety - feeling worried and unable to relax</p> <p>It is very common to experience increased anxiety during and after treatment as you cope with many life changes, decisions, and challenges.</p>	<ul style="list-style-type: none"> • Learn what triggers your anxiety and what helps you relax • Seek support from your family, friends, spiritual or religious groups, support groups, and counsellors. • Practice mind body activities, such as breathing techniques, restorative yoga, meditation, guided imagery, soothing music, and mindfulness 	<ul style="list-style-type: none"> • Talk to your primary care provider about how you are feeling • Call CancerCare Manitoba's Patient and Family Support Services at 204-787-2109 or 1-866-561-1026 extension 2109
<p>Bowel problems due to surgery or radiation therapy</p> <ul style="list-style-type: none"> • urgent need to have a bowel movement • loss of bowel control • frequent bowel movements • diarrhea • constipation • bowel blockage (belly pain, nausea, vomiting, not able to pass gas or bowel movements) 	<ul style="list-style-type: none"> • If constipated, ensure you take in foods high in fibre and drink lots of fluids (see the "Managing Constipation" section of this book) • Use a stool softener (can be found at any pharmacy) • Try to identify the foods that trigger you to have an urgent bowel movement or diarrhea • If you have symptoms of a bowel blockage, contact your primary care provider as soon as possible 	<ul style="list-style-type: none"> • Contact CancerCare Manitoba's Dietician team at 204-787-2109 or 1-866-561-1026 extension 2109 • Riverview Incontinence Program - physician or nurse referral required 204-478-6108 • Incontinence & Pelvic Pain Clinic (Nova Physiotherapy & Sports Injury Clinic) 204-982-9176

Problem or Effect	What You Can Do At Home	Who Can Help You with the Problem
<p>Depression</p> <ul style="list-style-type: none"> • feeling sad, irritable, or hopeless • loss of appetite • trouble sleeping • mood swings <p>Depression is common after treatment for cancer, since many people fear the cancer will return. Many people have difficulty coping with the diagnosis of cancer and/or treatment. If these feelings persist, seek help.</p>	<ul style="list-style-type: none"> • Getting adequate sleep, activity, and social interaction can be helpful. Ironically, the same things you don't feel like doing when you are down are actually the things that help manage a depressed mood. • Practice mind body activities, such as breathing techniques, restorative yoga, meditation, guided imagery, soothing music, and mindfulness • Join support groups and peer counselling networks • Exercise as you are able 	<ul style="list-style-type: none"> • Talk to your primary care provider about how you are feeling • Call CancerCare Manitoba's Patient and Family Support Services at 204-787-2109 or 1-866-561-1026 extension 2109 • If you have any thoughts about harming yourself or anyone else, call the crisis line at 204-786-8686, call 911, or go to the nearest emergency room immediately
<p>Fatigue (feeling constantly tired)</p>	<ul style="list-style-type: none"> • Exercise - be physically active if you can (10 minutes twice a day) • Rest when you feel tired and nap during the day if you need to • Examine your sleeping environment and make improvements where able • Try eating five to six small meals a day instead of three large ones - this helps your body to stay energized throughout the day • Drink lots of fluids • Practice mind/body activities, such as breathing techniques, restorative yoga, guided imagery, soothing music, and mindfulness. 	<ul style="list-style-type: none"> • Talk to your primary care provider and/or ask for a referral to an Occupational Therapist • Contact CancerCare Manitoba's Patient and Family Support Services at 204-787-2109 or 1-866-561-1026 extension 2109
<p>Hernia - when an organ exits through the walls around it.</p>	<ul style="list-style-type: none"> • Wear supportive clothing • Be careful when lifting • If you have severe abdominal pain, seek medical attention 	<ul style="list-style-type: none"> • Ask your primary care provider if surgical hernia repair is an option if symptoms are affecting your quality of life

What to Expect After Colorectal Cancer & Treatment

Problem or Effect	What You Can Do At Home	Who Can Help You with the Problem
<p>Infertility</p> <p>Treatment for cancer can affect your ability to have a baby in the future. This can be upsetting and most people need support and information.</p>	<ul style="list-style-type: none"> • Communication with your partner is very important 	<ul style="list-style-type: none"> • Talk to your primary care provider about a referral to the Heartland Fertility Clinic, 204-779-8888. <i>You can also contact them directly, however they do need details of your cancer history and treatment.</i>
<p>Intimacy and sexuality</p> <p>(Relationship intimacy and sexuality, including body image and sexual activity)</p>	<ul style="list-style-type: none"> • Communicate openly with your partner about what you are thinking and feeling • Spend time touching and talking - sexuality is about connection and not just about sex • Be patient and kind with yourself and your partner as you recover 	<ul style="list-style-type: none"> • Contact the CancerCare Manitoba Sexuality Counsellor directly at 204-787-4495 or 1-866-561-1026 extension 4495. • Call CancerCare Manitoba's Patient and Family Support Services at 204-787-2109 or 1-866-561-1026 extension 2109.
<p>Loss of muscle strength and/or weight gain</p> <p>(Trouble with daily activities, exercising, and/or unwanted weight gain)</p>	<ul style="list-style-type: none"> • Follow the Canada Food Guide for healthy eating recommendations • Keep a food diary • Participate in regular activity, such as walking, yoga, or pilates • Start with ten minutes twice a day and work your way up to your new goal! 	<ul style="list-style-type: none"> • Talk to your primary care provider about being active and/or ask for a referral to a registered dietitian in your community. • Ask for a referral to a physiotherapist or athletic therapist if further support is needed. • Look for an exercise facility in your community.
<p>Memory and concentration problems (also known as brain fog or chemo brain)</p>	<ul style="list-style-type: none"> • Use a daytimer to track appointments and medications • Create lists as reminders of outstanding tasks • Place items (such as car keys, cell phones, planners) in the same place • Allow extra time to accomplish personal and work related activities • "Exercise" the brain through activities like Sudoku or memory games 	<ul style="list-style-type: none"> • Talk to your primary care provider and/or ask for a referral to an Occupational Therapist • Contact CancerCare Manitoba's Patient and Family Support Services at 204-787-2109 or 1-866-561-1026 extension 2109

Problem or Effect	What You Can Do At Home	Who Can Help You with the Problem
<p>Ostomy - when you have a stoma (an opening in the skin post surgery to allow drainage), a hernia can change how the ostomy appliance will sit on the belly and may require changes to the products</p> <p>If an ostomy was necessary, you were registered with the Manitoba Ostomy Program by the Enterostomal Therapy nurse before you left the hospital after surgery. You are able to order your ostomy care supplies through the Manitoba Ostomy Program. Manitoba Health pays for your supplies.</p>	<ul style="list-style-type: none"> • Watch for signs of infection such as redness, leakage, and warmth • Check out www.ostomysecrets.com for supportive undergarments or call 1-877-613-6246. • Refer to the Ostomy Canada website at www.ostomycanada.ca and the Winnipeg Ostomy Association website for resources at www.ostomy-winnipeg.ca 	<ul style="list-style-type: none"> • Talk to your primary care provider or your colorectal team. • Health Sciences Centre, Enterostomal Therapy Nurses: 204-787-3537 • St. Boniface Hospital, Enterostomal Therapy Nurses: 204-237-2052 • For other hospitals, please call the Enterostomal Therapy nurses with the Manitoba Ostomy Program at 204-938-5757 or 204-938-5758. • For the Brandon area, call the Enterostomal Therapy Nurses: 204-578-4205.
<p>Peripheral neuropathy (tingling, numbness, or pain in the hands or feet)</p>	<ul style="list-style-type: none"> • Avoid walking barefoot • Use care and caution when trimming finger and toe nails • Use creams or lotions that have been recommended by your oncologist or nurse • Maintain activity and exercise regularly, however use caution so you can avoid injury 	<ul style="list-style-type: none"> • Talk to your primary care provider as there are several medications that can help manage the symptoms of nerve damage • CancerCare Manitoba Pain & Symptom clinics (physician or nurse referral needed)
<p>Sexual Problems</p> <p>Female:</p> <ul style="list-style-type: none"> • pain with sex • vaginal dryness <p>Male (particularly with rectal cancer treatment):</p> <ul style="list-style-type: none"> • problems with erections • problems with ejaculation 	<p>Female:</p> <ul style="list-style-type: none"> • Try a vaginal moisturizer available at any pharmacy (Replens) • Use a lubricant prior to intercourse (a plain, clear, waterbased gel) 	<ul style="list-style-type: none"> • Talk to your primary care provider and/or ask for a referral to an Occupational Therapist • Contact CancerCare Manitoba's Patient and Family Support Services at 204-787-2109 or 1-866-561-1026 extension 2109
<p>Skin changes due to radiation or surgery</p>	<ul style="list-style-type: none"> • Use a gentle soap (Dove) • Use unscented lotions on the area of treatment two to three times a day • When bathing, use a clean washcloth and don't scrub the area. Pat the skin dry • Wear loose clothing and natural fabrics • Refer to the Managing Skin Changes After Treatment section in Part 3 	<ul style="list-style-type: none"> • Talk to your primary care provider

What to Expect After Colorectal Cancer & Treatment

Problem or Effect	What You Can Do At Home	Who Can Help You with the Problem
<p>Sleep disturbances</p> <ul style="list-style-type: none"> • Difficulty falling asleep, staying asleep, or early rising from sleep 	<ul style="list-style-type: none"> • Ensure your sleep environment is a healthy one • Refer to the “Sleep Hygiene” section in Part 3 - Moving Forward After Cancer Treatment • Avoid napping • Avoid heavy, spicy, or sugary foods 4-6 hours before bedtime • Avoid alcohol 4-6 hours before bedtime 	<ul style="list-style-type: none"> • Contact CancerCare Manitoba’s Patient and Family Support Services at 204-787-2109 or 1-866-561-1026 extension 2109
<p>Unplanned weight loss - losing weight without trying</p>	<ul style="list-style-type: none"> • Eat small frequent meals that are high in protein • Keep a food diary 	<ul style="list-style-type: none"> • Talk to your primary care provider • Contact CancerCare Manitoba’s Dietitian team at 204-787-2109 or 1-866-561-1026 extension 2109
<p>Urination problems due to surgery or radiation therapy</p> <ul style="list-style-type: none"> • frequent need to pee • difficulty emptying bladder • need to wear a pad 	<ul style="list-style-type: none"> • Empty bladder frequently and regularly • Avoid bladder irritants in your diet such as coffee and spicy food 	<ul style="list-style-type: none"> • Talk to your primary care provider about how you are feeling • Riverview Incontinence Program - physician or nurse referral required 204-478-6108 • Incontinence & Pelvic Pain Clinic (Nova Physiotherapy & Sports Injury Clinic) 204-982-9176 • Wellness Institute at Seven Oaks Hospital - Physiotherapy services 204-635-3900

Managing Constipation Following Treatment for Colorectal Cancer

Cancer treatment is not easy on our body. Sometimes, as a result of treatment, certain effects can arise, as you read in the previous section. This section will help you with managing some of the personal care issues that can happen after treatment for colorectal cancer.

Constipation

Constipation is when the bowel doesn't empty thoroughly and comfortably. You do not need to have a bowel movement every day. Your bowels should continue to follow their usual pattern. The amount might decrease if you are eating less. If your stools are soft and easy to pass, it is ok to have a movement every 2 to 3 days if your usual pattern is once a day.

Causes

Pain drugs, changes to your eating habits, and decreased physical activity can cause your bowels to move less often. If you are eating less than usual, you may notice that your stools become smaller - this is perfectly normal. Even if you are not eating at all, you still need to have regular bowel movements. If you have not had a movement within the last 3 days, contact your primary care provider.

Tips for Controlling Constipation

- Try to eat at the same time each day
- Try to have a bowel movement at the same time each day to establish regularity
- Drink 8 cups or more of liquid (example: water, juice, soup) per day. Your body needs liquids to help keep stools soft. (more if consuming alcohol or exercising a lot)
- Eat foods that contain fibre such as fruits (fresh and dried), vegetables, whole-grain breads and cereals, nuts and seeds, popcorn, natural bran, dried beans, peas, and lentils.
- Do some light exercise, such as a short walk, after each meal.
- If you are thinking about using a product containing *methyl-cellulose* or *psyllium* (example: Metamucil), check with your primary care provider. These products will make bowel movements very hard if you do not drink enough fluids (less than 6 cups/day).
- Choose foods that are natural laxatives (cause bowel movements) such as prunes, prune juice, papayas, kiwis, and rhubarb. You may also try one of the following natural laxative recipes:

**If you have an ostomy, please be sure to speak to a dietitian and/or your ostomy team about controlling and preventing constipation as some of these foods should be avoided.*

Fruit Lax

Ingredients

1/2 cup (125 ml) pitted dates
3/4 cup (200 ml) prune nectar
1/2 cup (125 ml) figs
3/4 cup (200 ml) raisins
1/2 cup (125 ml) pitted prunes

Directions: Simmer dates and prune nectar until dates are very soft. Put date mixture in a blender and add figs, raisins, and prunes. Blend into a smooth paste. Store in refrigerator. Use on crackers, ice cream, etc.

Managing Constipation Following Treatment for Colorectal Cancer

Fruit Bran Mix

Ingredients

- 2 TBSP (30 ml) natural wheat bran
- 1 cup (240 ml) applesauce
- 3/4 cup (200 ml) prune juice

Directions: Mix all ingredients together. Take 1-2 TBSP of mixture every morning. Mixture can be refrigerated for up to 5 days.

Medications for Managing Constipation

If you are still constipated after following the previous suggestions, you will need to take medications. The medications listed are not habit-forming. They need to be taken regularly in order to be most effective. All of them can be purchased without a prescription.

If you are having difficulty swallowing and/or have a feeding tube to meet your nutritional needs, you may need to take medications in a liquid form. Please refer to the suggestions under “Liquid Medications for Constipation” at the end of this section.

Note: If you have just started to take **prescription pain medications**, you will need to begin at Step 2. Talk to your primary care provider prior to beginning these steps.

STEP 1: Use a Stool Softener

Stool softeners containing docusate sodium or docusate calcium work by making bowel movements easier to pass. They are not laxatives. Start by taking 2 softeners in the evening. You may need to increase this to twice a day:

Breakfast: Take 2 stool softeners

Bedtime: Take 2 stool softeners

Brand names include Colace. Stool softeners are available in tablets/capsules, drops and liquid form. Check with your pharmacist to help you choose the softener that is right for you.

STEP2: Add a Laxative

If you do not have a bowel movement up to 2 days after starting stool softeners, you will need to add a laxative containing *sennosides*. Here is a plan that uses laxatives and stool softeners together:

Breakfast: Take 2 stool softeners

Supper: Take 2 stool softeners

Bedtime: Take 2 laxatives

Brand names include Senekot. The brand Senekot S contains both docusate sodium and sennosides. Check with your pharmacist to help you choose the laxative that is right for you.

If you have severe cramps after taking laxatives, stop taking them and consult your primary care provider.

STEP 3: Increase the Laxatives & Stool Softeners

If you do not have a bowel movement after adding laxatives for 2 days, increase the number of stool softeners and laxatives, as follows:

Breakfast: Take 2 stool softeners and 2 Senekot S

Supper: Take 2 stool softeners

Bedtime: Take 2 laxatives

or Breakfast: Take 2 tablets of Senokot S

Bedtime: Take 2 tablets of Senokot S

STEP 4: **Add a Suppository or Lactulose**

If you have not had a bowel movement after using stool softeners and laxatives for three days, add a glycerin or bisacodyl (example: Dulcolax) suppository (small capsule inserted into the rectum). You should keep the suppository in place for at least 15 minutes. Do not use suppositories (or enemas) if you have low blood counts or have a bleeding problem. Contact your primary care provider.

If your constipation is still present after following these 4 steps, please consult your primary care provider. They may tell you to add a liquid laxative called *lactulose* as well. You should have 3 to 4 large bowel movements over 48 hours to be considered clear of stool.

Do not use the liquid laxatives that contain mineral oil or magnesium without talking to your primary care provider or pharmacist first. These laxatives may not be safe for long-term use.

Liquid Medications for Constipation

If you are unable to swallow pills, you can still follow the steps listed above using liquid medications. The following medications are available in a liquid form:

Stool softeners - Colace

Laxatives - Senokot, lactulose

If you are not able to swallow liquids and you have a feeding tube in place, liquid medications for constipation can be used through your tube. Talk to your nurse or dietitian to determine what medications are the most appropriate for you.

Diet & Nutrition Following Colorectal Cancer

Colon and rectal cancer patients with chronic bowel problems due to side effects of treatment or surgery may have difficulties when putting fruits, vegetables, whole grains, legumes (beans and lentils), and other fibre-containing foods back into their diet.

If constipation is an issue after treatment, please refer to the previous section regarding dealing with constipation. The tips below include suggestions to help manage diarrhea/frequent bowel movements, cramping, and abdominal gas:

- Eat smaller, more frequent meals
- Drink at least 6-8 cups (1.5-2 litres) of fluid per day
- Drink fluid between meals rather than with meals
- Limit drinks containing caffeine (such as coffee or cola soft drinks) and alcohol
- Limit fatty or greasy foods (French fries, fried meats, bacon, potato chips, gravies, and rich desserts)
- Limit spicy foods
- Eat more foods that are high in soluble fibre such as oatmeal, oat bran, barley, white rice, bananas, white toast, applesauce, and canned fruit such as peaches and pears
- Eat less foods containing insoluble fibre such as wheat bran, whole grain breads and cereals, beans, peas, popcorn, and raw vegetables (well cooked vegetables are ok)
- Limit processed foods such as junk foods, chips, cookies, and premade frozen desserts
- Peel and remove seeds of fruit and vegetables

If you have had an ostomy (an opening to allow drainage from your bowel) and have trouble with gas, try these tips:

- Limit your intake of these foods if they cause you problems: cabbage, onions, dried beans and peas, lentils, lettuce, cucumber, broccoli, cauliflower, radishes, brussel sprouts, corn, turnip, green pepper, sauerkraut, melons, grapes, raw apple, prunes, and raisins.
- Avoid chewing gum
- Avoid talking while eating
- Avoid carbonated beverages and drinking with a straw

Once symptoms improve, slowly start to put foods back into your diet in small amounts, one at a time. If you get diarrhea, gas, or cramping after restarting a food, avoid that food and try again at a later time.

For more recommendations and information about maintaining a healthy body weight and eating well, please refer to **Part 3 - Moving Forward After Cancer Treatment booklet and the Canada Food Guide.**

Exercise & Activity Following Colorectal Cancer

Being physically active after treatment for colorectal cancer is important whether you are getting back to activities you enjoy or starting a new healthy lifestyle plan. Though it is limited, research on exercise and colorectal cancers has observed improved quality of life and less fatigue, peripheral neuropathy, depression, anxiety and sleep dysfunction with Canadian Public Health exercise recommendations. For more recommendations, information and tips on how to get started with exercise and activity, see the **Part 3 - Moving Forward After Cancer Treatment** booklet. **Always check with your primary care provider before starting an exercise plan.**

Following treatment, you may need to take special precautions if you:

- Have anemia, a ‘low blood count’
- Have problems with nerves that affect your balance or have numbness and tingling
- Are taking any pain medication or anti-inflammatory medications, be careful to not ‘over-do it’ and take care of any injuries immediately, as you may have masked pain
- Have weakened immune function
- Have had surgery in your abdominal cavity, since heavy lifting can cause a hernia. Be sure your incision has completely healed and gradually introduce weights while concentrating on breathing with exertion and not holding your breath & bearing down.

Exercise with Bowel Problems

As mentioned earlier in this book some patients have side effects from treatment such as constipation and incontinence that can be a problem when exercising. Exercising can speed up your food digestion. This can increase the need to go to the bathroom immediately after exercising.

Here are some tips for exercise:

- Go to the bathroom before exercising and take short breaks to go the bathroom throughout your exercise routine
- Know where nearby washrooms are before you start exercising
- Sip water throughout your activity; do not gulp down large amounts before your activity or early on. The more intense the activity or the more you are sweating, the more water you should be drinking.
- Exercising with an ostomy can be challenging at first. Talk with your Enterostomal Therapy Nurse about your activity and they will be able to help you. There may be specific supplies and techniques that can assist with issues, such as sweating and adherence, protection and securing of appliances, and solving other issues you may have.

Colorectal Cancer Support and Resources



Support Groups

CancerCare Manitoba's Colorectal Support Group in Winnipeg. Call the Program Leader at 204-787-4286 or Patient & Family Support Services at 204-787-2109 or toll-free 1-866-561-1026 ext. 2109.

Cancer Coaches is a peer-support program for the Colorectal Cancer Association of Canada. Call toll-free: 1-877-50 COLON (26566) or email info@colorectal-cancer.ca.

Winnipeg Ostomy Association: Winnipeg chapter of the United Ostomy Association of Canada. Offers peer support for all those living with an ostomy and their family and friends (not specific to cancer patients only). Monthly newsletter and meetings. One on one visitor program is available. Phone 204-237-2022 or email woainfo@mts.net.

Please see the **Additional Supports and Resources section in the Part 3 - Forward After Cancer Treatment** booklet for other support groups you can access.

Websites – Cancer Information: The Internet is a great source of information, but it is also full of misinformation. These websites are ones you can rely on to provide you with accurate information about colorectal concerns:

Canadian Cancer Society	http://www.cancer.ca/en/cancer-information/cancer-type/colorectal/colorectal-cancer/?region=mb
Colorectal Cancer Association of Canada	www.colorectal-cancer.ca

Glossary

Anxiety: a state of being uneasy, apprehensive, or worried about what may happen; concern about a possible future event.

Chemotherapy: medications with cancer-fighting abilities to treat cancer. Chemotherapy medications are sometimes referred to as anticancer agents.

Debulking: the surgical removal of part of a tumor which cannot be fully removed.

De-conditioning: the loss of physical fitness, strength, or ability.

Depression: a common condition that affects your mood, resulting in feelings of sadness, hopelessness, inadequacy, worry, and dejection. Depression can affect your appetite, your motivation to perform daily activities, and your relationships.

Diagnosis: identification of a disease by means of a medical examination, signs, symptoms, laboratory tests and radiological findings.

Dietitian: licensed professional with specialized training in human nutrition who advises individuals on healthy eating.

Fatigue: physical or mental exhaustion; weariness.

Hernia: when part of an organ is displaced and protrudes through the abdominal wall.

Hypertension: high blood pressure.

Medical Oncologist: physician who specializes in the diagnosis and treatment of cancer with drugs.

Occupational Therapist: a specialist in the treatment of physical or mental illness that works to improve a person's ability to perform daily activities.

Psychosocial Clinician: a person with specialized training to talk with you and help you to regain social, emotional, and spiritual health. They specialize in assisting you with the quality of life aspects of cancer.

Radiation (therapy): use of gamma rays or high-energy x-rays to damage or destroy cancer cells.

Radiation Oncologist: physician who specializes in diagnosis and treatment of cancer and other diseases through the use of radiation therapy.

Recurrence: the return of cancer after a period of time when the person was considered cancer-free (remission).

Remission: a period of time during a serious illness when there are few or no signs or symptoms of the illness.

Side Effects: non-intended symptoms caused by medicine or treatment, such as nausea, rash, anxiety, or constipation.

Symptom: a sign or indication of a particular disease or disorder.

Urgency or Stress Incontinence: not making it to the toilet in time, urinating (peeing) in your pants or leaking.

Frequency: having to pee very often.

Urgency: feeling like you have to pee "right now".

You can have both urgency and frequency in regards to urgency incontinence.

Vitamins: any of a group of substances that are found naturally in many foods; vitamins are necessary in small quantities for good health and normal development and functioning

Notes

