



The Ottawa Hospital | L'Hôpital d'Ottawa



Queensway Carleton Hospital



Hôpital Montfort Hospital



Cornwall Community Hospital  
Hôpital communautaire de Cornwall



Winchester District Memorial Hospital



Renfrew Victoria Hospital



Hôpital Régional de Pembroke Regional Hospital





The Ottawa Hospital | L'Hôpital  
d'Ottawa

# ***Colorectal Cancer Patient Information Session***

*Marlene Mackey, RN MHSM  
Advanced Practice Nurse*

*&*

*Connie Schulz, RN, Enterostomal Therapy Nurse*

*&*

*Tamzin Cathers, MSW, Social Worker*

**Cancer Assessment Clinic  
7<sup>th</sup> Floor General Campus  
The Ottawa Hospital  
2011**

# Today's Purpose & Goals

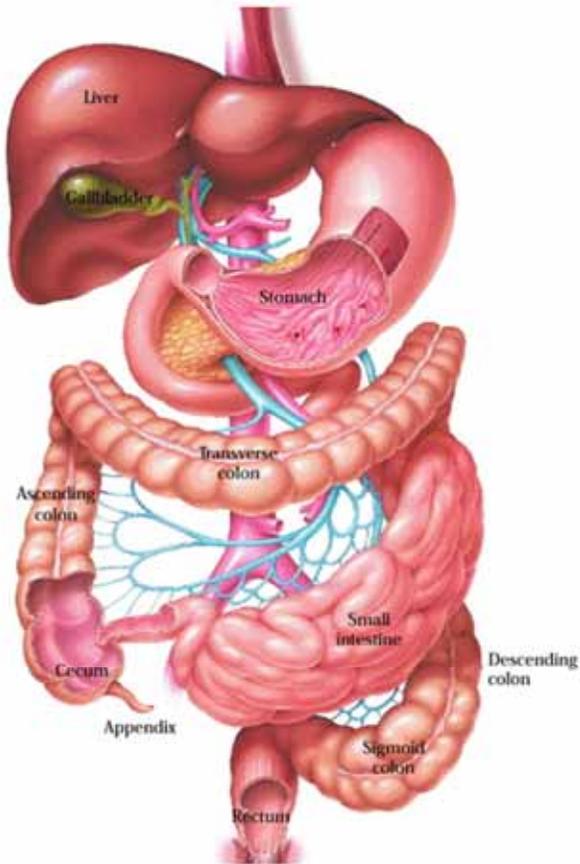


**Purpose: To prepare you & your family to care for yourselves after your colon or rectal cancer surgery**

## **Goals:**

- **To describe before and after surgical care including**
  - **Fitness**
  - **Smoking & alcohol**
  - **Bowel & skin preparation**
  - **Review expectations before & after surgery**
- **Assist in preparing for a good recovery**
  - **Pain management**
  - **Diet**
  - **Activity**
  - **Social work support & community resources available**

# Anatomy



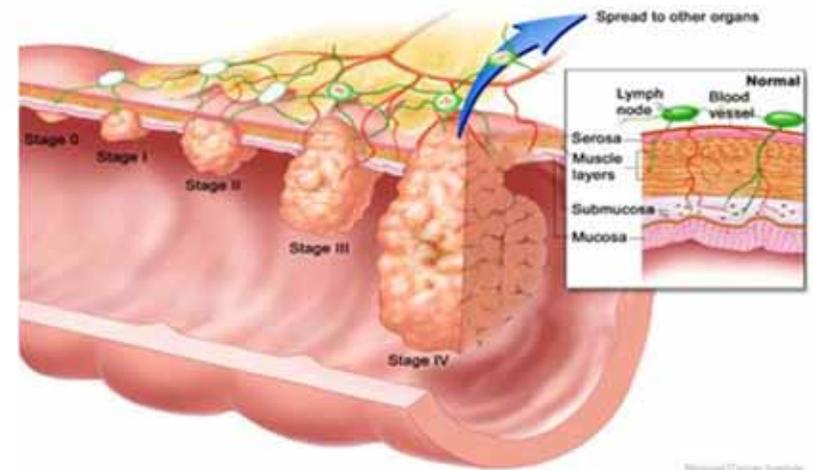
# Staging



**Provides information on how you will be treated**

To determine the stage of your cancer, you will have undergone all of these tests:

- Physical exam
- Biopsy
- Some imaging, such as CT, MRI, Colonography



During surgery tissue will be removed & examined by a pathologist.

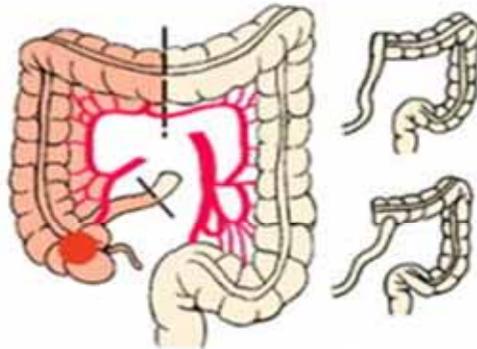
# Different types of Surgery



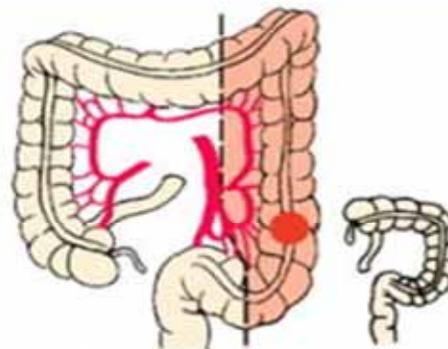
After surgery,  
I'll be as  
good as new!

## Picturing colorectal cancer surgery

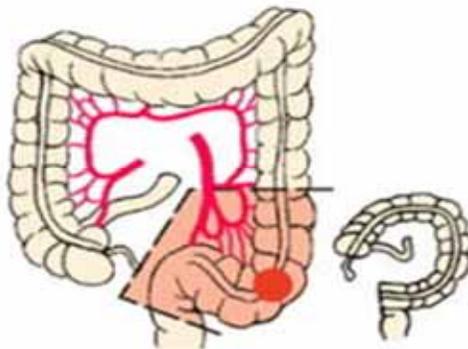
These illustrations show the areas that are removed depending on the location of the cancer and how the anastomoses are performed (small illustrations).



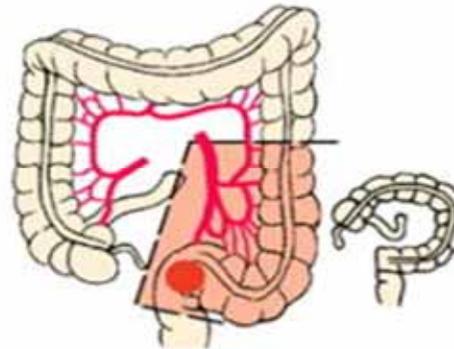
Cecum and lower ascending colon



Descending colon and upper sigmoid



Low sigmoid and upper rectum



Rectal sigmoid resection



Taking  
out a part  
of your  
colon  
and/or  
rectum

# Patient Education Materials



# Getting ready for Surgery



## Activity:

- Walk 30-45 minutes a day
- Deep breathing & coughing
- Ankle exercises



## Smoking:

- Avoid all types of tobacco at least 14 days before surgery
- Smoking places you at serious risk for complications from surgery
- Support is available - discuss your plan with your nurse



# Before surgery you will have had...



## Tests:

- Blood work, Chest x-ray
- Electrocardiogram (as required)

## Visits to:

- See the Surgeon
- Pre Admission Unit (PAU): Nurses, Anaesthesiologist
- The ET clinic: Enterostomal Therapy (ET) as required



# Skin & Bowel Preparation



## Skin Prep:

- Skin cleansers:
  - Use antimicrobial soap (can be purchased from your local Pharmacy)
  - Use a new, clean face cloth each time
- Night before surgery
  - Shower entire body (head to toe) using the antimicrobial soap
  - Wash abdomen for 3 minutes, then rinse off
- Morning of surgery
  - Repeat same shower routine



## Bowel Preparation:

- There are different types of bowel preparations and they are dependent on the type of surgery you are having.
- You may either require
  - Fleet enemas
  - Pico Salax or
  - Colyte ®

# Follow the prep provided by your surgeon

## Pico Salax: Bowel prep



If you have **kidney disease, heart disease or on low salt restricted diets**, please do not use PICO SALAX, instead use Colyte

### PICO-SALAX - Patient instructions

**Please follow the instructions below, do not follow instructions on the box.**

- You must take Pico-Salax on the day before the surgery. Have a light breakfast: toast, egg, juice, tea/coffee. Then:

#### **At 8am: Take the first packet of Pico-Salax**

- Empty the contents of the first packet into a mug.
- Add 150mL (5oz) of cold water.
- Stir frequently for 2-3 minutes to dissolve all of the laxative.
- If the mixture heats up, let it cool before you drink it.
- Continue to stir while it cools.
- It is important to drink a large glass (250mL / 8oz) of water or other clear fluid **EVERY hour**.
- You will need to be close to a toilet after you take this medicine as it can start working quickly.

#### **At 8pm: Take the second packet of Pico-Salax**

- Repeat instructions as above for first packet.
- You must drink only clear, colourless fluids while you are taking Pico-Salax (examples: water, white Gatorade, white grape, apple or cranberry juice, ginger ale, clear tea or coffee, broth). Avoid milk products and anything else that you can't see through.

**No solid food should be taken either on the day before the surgery, after the light breakfast or on the day of surgery.**

# Follow the prep provided by your surgeon

## **Colyte: Bowel Prep**



If you are suffering from **kidney disease, heart disease or on low salt restricted diets**, please do not use PICO SALAX, instead use:

### **COLYTE:**

**At 2pm the afternoon before surgery:** no solid food should be ingested during the 3 to 4 hour period prior to the initiation of COLYTE®

**At 6:00 p.m. the night before the surgery** – Begin drinking all the COLYTE as instructed:

- (250 ml.) 8 oz. glass every 10 minutes for about 3 hours. Rapid drinking of each glass is preferred instead of drinking small amounts continuously.
- Only clear liquids are allowed prior to midnight prior to your surgery Sips of water until 3 hours before surgery
- The first bowel movement should occur approximately one hour after the start of COLYTE®.
- Administration of COLYTE® should be continued until the watery stool is clear and free of solid matter. This normally requires the consumption of approximately 3-4 liters (3-4 quarts), although more or less may be required in some patients.

**Keep reconstituted solution refrigerated.  
Use within 48 hours. Discard unused portions.**

# Other Preparations



The night before your surgery: Do not eat or drink after midnight  
You may take sips of water up until 3 hours before your surgery



Medications – The anaesthesiologist or PAU nurse will tell you if you should take your medications prior to surgery

Do not drink any alcohol  
7 days before surgery



# Other Preparations

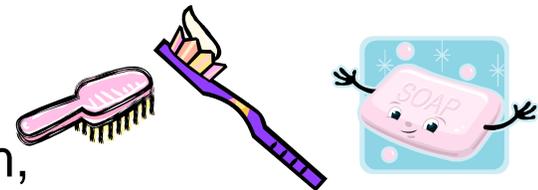


Bring in phone numbers of relative or friend who will be helping you (home, cell, work)



Do not bring valuables (jewellery, money, watch, etc.)

Personal items – pack a bag to be brought to you after your surgery when you are admitted to the surgical unit. (shampoo, comb, toothbrush/paste, shoes, housecoat, scent free body lotion, lip balm, razor, etc.)



# To check the time of your surgery:

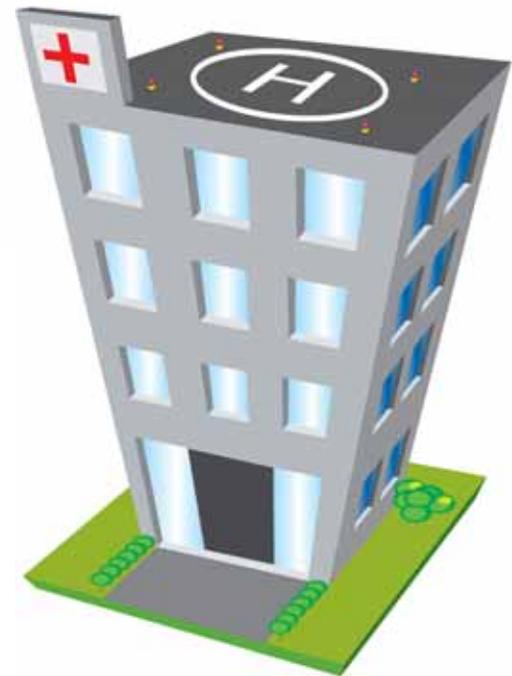


- At TOH for **General** campus surgery - The hospital will call you the day before your surgery between 5pm - 8pm to tell you what time to come in. After 8, if you have not heard, you may call – for : 613-737-8200;
- At TOH for **Civic** Campus surgery: you must call the day before surgery at 613-761-5252 between 2 and 4pm for your time. If surgery is Monday, call Friday.
- **Montfort Hospital**: call the day before your surgery between **14h and 16h** at 613-748-4946. If surgery is Monday, call Friday
- **QCH Hospital**: you must call the Patient Scheduling Department, the weekday before your surgery: 613-721-4840 between 11am and 3pm.

# Come to the hospital on the day of your surgery



- **General** campus: go to the 2<sup>nd</sup> floor  
Critical Care Wing (near Tim Horton's):  
Surgical Day Care Unit (SDCU)
- **Civic** Campus: 1<sup>st</sup> floor E1: Same Day Admit (SDA)
- **Montfort**: vous rendre selon le guide patients opérés en chirurgie d'un jour ou OR
- **QCH**: Patient Registration Dept on main floor, then to Day Surgery Unit
- Bring your hospital specific card:
  - TOH (General/Civic) **green**
  - Montfort and QCH cards **blue**



# Post-Operative Care



## Clinical Pathways:

Refer to the teaching booklet for what to expect each day while in hospital

### **Open Bowel Resection**, with or without ostomy

- Length of hospital stay is 4-5 days

OR

### **Minimally Invasive Surgery (MIS)** or laparoscopic Bowel Resection, with or without ostomy

- Length of hospital stay 3 to 4 days

# Clinical Pathway: PACU



Post-op on the day of admission:

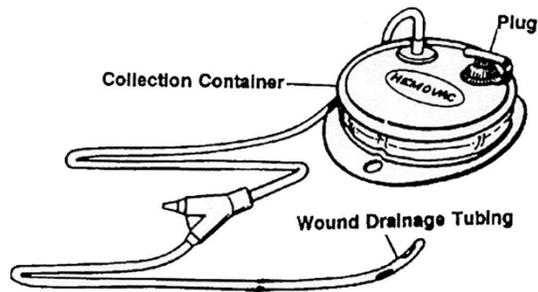
Post anaesthetic Care Unit (PACU) (aka Recovery Room)

- **Medications:** epidural or Patient Controlled Analgesia (PCA) for pain management, antibiotics, anti-nausea medications, blood thinner, etc.
- **Assessments & treatments:** Vital signs, Oxygen, intravenous, abdominal incision, drain, TED support stockings
- **Activity:** Sit at the side of the bed; ankle exercises, deep breathing & coughing
- **Nutrition:** sips of clear fluid
- **Elimination:** catheter
- **Time in here:** will depend on how quickly you recover, your wake up time and surgical bed availability.

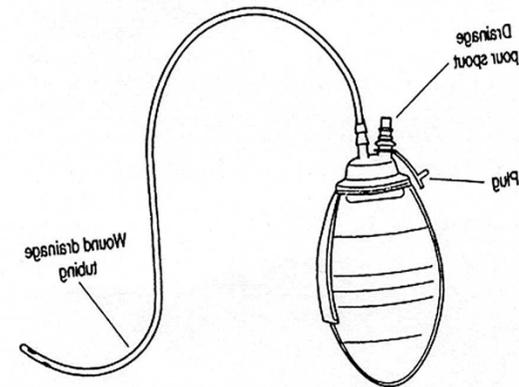
# Drains



The surgeon *may* use one of two types of drains a hemovac or a Jackson-Pratt – and both remove fluid that would collect under the incision



Hemovac Drain



Jackson-Pratt Drain

# Your Clinical Pathway: on the surgical ward



See details in the patient education guide

- Post-op from day 1 to discharge is outlined
- Pain medication is tailored to meet your needs: gradually move from epidural or PCA to pills
- Activity: sit in the chair twice daily to walking in the halls 3 x day
- Dressing: often removed by day 2 and left open to the air
- Patient teaching: Deep breathing & coughing, ankle exercises



# Pain Control



**Pain is personal**

**It is important to control pain**

## **GOALS**

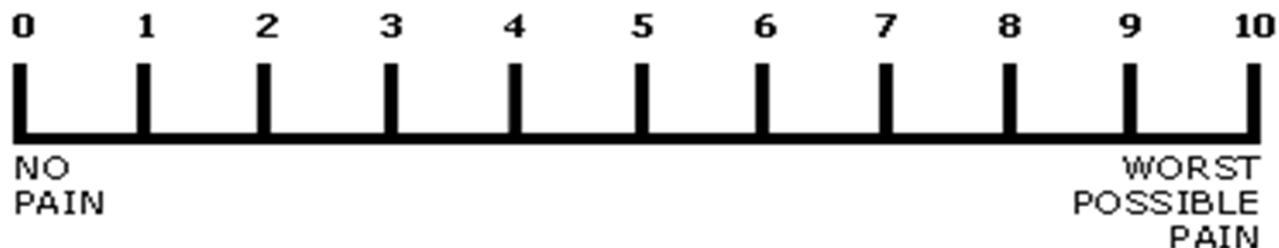
At rest – comfortable enough to sleep

Activity – you may experience some discomfort



Methods of administration

IV, Epidural or Patient Controlled Analgesia (PCA)



# After Surgery



## Surgery Diet

- Consists of easily digested low fibre foods: see list
- Dietitians are available to discuss your diet with you
- Solid food can be started to stimulate the bowel
- Low fibre diet for 10 - 14 days after surgery and up to 6 - 8 weeks with a stoma
- Gradually increase fibre into your diet

## Activity

- Start early in your recovery period with frequent walking
- Lifting: do not lift more than 10 lbs for 6-10 weeks
- Driving: when you can shoulder check and off narcotics
- Sexual activity: may resume at 3-4 week post-op

# Going Home



- **Don't expect to feel 100%**
  - at 2 months, you will be ~80% recovered



- **Tap into your resources**
  - Friends/family

***“Bring loose pants to wear home from the hospital”***

# Post-operative Visit



- **Return appointment will be scheduled on discharge**
- **Discussion of surgery and pathology results**
- **Decision regarding next steps & plan of care:**
  - **This may include a possible referral to a chemotherapy &/or radiation oncologist**
  - **Future plans for next colonoscopy, blood work and/or imaging**

# Normal symptoms



**When you go home, it is normal to experience:**

- Some discomfort/ bloating in the abdominal area
- Some redness along the incision
- Small amount of drainage from your incision
- Small amount of mucus/old blood per rectum with a colostomy/ileostomy
- Feeling tired: exercise & rest periods
- Frequent bowel movements may resolve with time and diet



# Abnormal signs & When to call



## Go to the Emergency Room if you:

- Feel intense pressure in the rectal area
- Lower leg swelling, pain, redness
- Difficulty breathing
- ↑ pain not relieved by pain medications



## For CAC patients:

**Call a CAC nurse (613-737-8501 option 2) or your GP or surgeons' office, when:**

- You have fever or chills
- The drainage from your incision is green or smells bad
- You have stitches that need to be removed (and don't have a GP)
- You have medical questions about your treatment & need advice

## Call the CAC clerk (613-737-8501 option 2) if:

- You did not get a follow up appointment. Your appointment should be within 4 weeks of going home from the hospital

Call the CAC nurse if you have any questions / concerns following surgery

# Psychosocial Support for Patients Living With Cancer



**Corrina Arsenault MSW, RSW 613-737-8899 ext. 79687**

- **Provides social, psychological, emotional, and physical support to patients and their loved ones**
- **Objective is to optimize health outcomes through stress reduction and promoting wellness**



# Cancer and Stress...



- **Strong scientifically established link between stress and health:**
  - Heart
  - Diabetes
  - Immunity
  - Depression
  - Anxiety
- **Negative impact on quality of life**
  - Relationships
  - Nutrition
  - Sleep Disturbances
  - Fatigue
  - Pain
  - Sense of Wellbeing



# Common Stressors for Patients & Families



Stress is commonly related to...

- Entering unfamiliar territory
- Information overload!
- Loss of income
- Keeping track of appointments, medications, forms...
- Impact on household routines, social life...
- Impact on relationships with others
- Thinking about mortality

# Tips for Coping with Cancer



- It takes time to come to grips with cancer – be patient with yourself
  - Take your time to go through the education materials
  - Write down any questions and bring them to appointments
- Be patient with yourself during your recuperation from surgery/treatment
- It is normal to have ups and downs – a time of many emotions
  - Eat well
  - Plenty of sleep
  - Do things you enjoy and things which help you relax
  - Socialize
- Accept help from others – they are wanting to be supportive
  - Practical support
  - Maintain and/or build your support network
- Stress of cancer has an impact on those close to you
  - Keep lines of communication open
  - Address issues when they arise

# Planning Ahead....



- Ultimately it is your responsibility to have a discharge plan in place before you come to hospital for your surgery.
- Service providers (Social Workers; Discharge Planners; CCAC) can help inform you of resources which may be of help should you anticipate some needs in advance.
- If you have any concerns regarding day of surgery, hospital admission and discharge home, it is important to contact someone to address the issues beforehand. This will give you and your family the peace of mind you need so you can focus on your recovery!

# Discharge Planning



Hospitalization period is very short!

- Does your loved one(s) know where to get a parking pass while you are admitted?
- Who will pick you up on day of discharge?
- Will you go home or stay with someone for a while?
- Who will fill your prescription after leaving hospital?
- Do you have medication coverage?
- How will you get to follow-up appointments?
- Who will help you with homemaking, grocery shopping, laundry, etc?
- Do you need information about convalescent care?

# Regional Program Sites



**If you have questions about what practical resources may be available to you when you are discharged from hospital after your surgery....**

***Cornwall Community Hospital:* Ask to speak with a Discharge Planning Nurse (McConnell Ave (613) 938-4240; Second St (613) 932-3300).**

***Hawkesbury and District General Hospital:* CCAC case managers are responsible for discharge planning if you are going home after discharge. There is also a Discharge Planner (Monique Leduc (613) 632-1111 ext 355) on site for patients needing convalescence /retirement home /long-term care after discharge.**

***Montfort Hospital:* Ask to speak with a Discharge Planner (Discharge Management Services (613) 746-4621).**

***Pembroke Regional Hospital:* Ask to speak with a Discharge Resource Nurse (Main Switchboard (613) 732-2811).**

***Queensway-Carleton Hospital:* Ask to speak with a Social Worker/Discharge Planner (Discharge Planning Office (613) 721-4723).**

***Renfrew Victoria Hospital:* Ask to speak with a Discharge Planner (Contact number – (613) 432-4851 ext. 765)**

***Winchester District Memorial Hospital:* Ask to speak with the Discharge Planning Coordinator (Contact number – (613) 774-2422 ext. 5220)**

# Champlain Community Care Access Centre



**1-800-538-0520**

**Alexandria (613) 525-1213**

**Carleton Place (613) 253-9000**

**Casselman (613) 764-0557**

**Cornwall (613) 936-1171**

**Hawkesbury (613) 632-4861**

**Ottawa (613) 745-5525**

**Pembroke (613) 732-7007**

**Winchester (613) 774-2800**

# Community Information and Resources



**Many Patients Have Questions About...**

- **Transportation**
- **Parking Passes**
- **Income Support**
- **Disability Tax Credit**
- **Medical Tax Deductions**
- **Medication Coverage**
- **Home Help Services**
- **Meals on Wheels**
- **Respite**
- **Childcare**
- **Peer Support**
- **Support Groups**
- **Caregiver Support**
- **Power of Attorney**
- **Living Wills**
- **Mental Health Resources**
- **Disclosing to Loved Ones**
- **Complementary Therapies**
- **Etc., etc., etc...**

# Coping with Cancer



**Take advantage of the resources available to you!**

- **Canadian Cancer Society**  
Contact: 1-888-939-3333  
[www.cancer.ca](http://www.cancer.ca)
  
- **Colorectal Cancer Association of Canada**  
Contact: 1-877-50-COLON  
[www.colorectal-cancer.ca](http://www.colorectal-cancer.ca)
  
- **Colorectal Cancer Support Group (Ottawa)**  
Contact: (613) 257-1884
  
- **Social Work – Cancer Assessment Centre**  
(613) 737-8899 ext. 79687

# Ostomy Teaching: as necessary



- Enterostomal Therapy (ET) Nurse may be consulted before surgery to mark the spot on the abdomen & be available on TOH surgical units after surgery
- Ostomies may be permanent or temporary
- Temporary ileostomies are on the right side of the abdomen & are used for several months to let the bowel rest and heal; they are reversible
- Permanent colostomies are located generally on the left side of the abdomen & are not reversible
- Patients must be able to empty, rinse and close the pouch before going home
- Patients will be provided with samples of ostomy products on discharge.

# End Colostomy: Permanent



Open



MIS

# Loop Ileostomy



# Websites for ostomy care



Here are the websites for the different ostomy companies:

- [www.hollister.ca](http://www.hollister.ca)
- [www.convatec.ca](http://www.convatec.ca)
- [www.coloplast.ca](http://www.coloplast.ca)

For ostomy associations:

- [www.ostomycanada.ca](http://www.ostomycanada.ca) (United ostomy association of Canada)
- [www.ostomyottawa.ca](http://www.ostomyottawa.ca) (United ostomy support group in Ottawa)