GRAND RIVER HOSPITAL

GRAND RIVER REGIONAL CANCER CENTRE
COLORECTAL CANCER
WELL FOLLOW-UP CARE PLAN

IMPORTANT PATIENT INFORMATION

Patient Information

PATIENT'S NAME: ______________________________

DATE OF BIRTH (Day/Month/Year)**:** __________________

CANCER DIAGNOSIS/ DIAGNOSTIC TESTING

Diagnostic Info	Diagnostic Testing
PRIMARY DIAGNOSIS: ____________________________ **DATE OF DIAGNOSIS** (Day/Month/Year)**:** ________________	**INITIAL COLONOSCOPY COMPLETED:** ☐ **YES** or ☐ **NO** **DATE COMPLETED ON** (Day/Month/Year)**:** ________________ **NEXT COLONOSCOPY DUE:** __________________________ **INITIAL RECTOSIGMOIDOSCOPY COMPLETED:** ☐ **YES** or ☐ **NO** **DATE COMPLETED ON** (Day/Month/Year)**:** _________________ **NEXT RECTOSIGMOIDOSCOPY DUE:** ____________________

TREATMENT - Cancer Care Ontario → https://www.cancercare.on.ca/pcs/treatment/ (Resource for Cancer Treatment)

Surgery	Treatment	
SURGERY: ☐ **YES** or ☐ **NO** **DATE OF SURGERY:** ____________ **TYPE OF SURGERY:**_____________ **OSTOMY:** ☐ **YES** or ☐ **NO**	**CHEMOTHERAPY:** ☐ **YES** or ☐ **NO** **PROTOCOL:** __________________ **# OF CYCLES:** ________________ **Date Completed:** ______________	**RADIATION:** ☐ **YES** or ☐ **NO**

COMMON SIDE EFFECTS OF TREATMENT

Surgery	Chemotherapy	Radiation
• Frequent and/or urgent bowel movement or loose bowels • Gas and/or bloating • Hernia • Increased risk of obstruction • Changes to lifestyle for patients who received an ostomy	• Numbness in fingers and toes	• Skin changes, such as, colour, texture, and loss of hair • Rectal ulceration and/or bleeding/radiation colitis • Anal dysfunction/incontinence • Pelvic pain or bowel blockage • Fertility problems • Sexual dysfunction • Secondary cancer in the area treated with radiation • Weakening of the bones in the radiation field

AREAS OF CONCERN