


Colorectal Cancer Follow-up Care Patient Pathway

A Patient Pathway
map of your
colorectal cancer
journey

The **Colorectal Cancer Follow-up Care Patient Pathway** should be used as a guide to your follow-up care. You may want to bring someone with you to your healthcare visits. A family member or friend can give you support and take notes. Your follow-up care may not include all the steps listed here. Talk to your **healthcare team** about what follow-up plan is best for you.


To view this pathway online, please visit www.cancercare.on.ca/patientpathway

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What is follow-up care?

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Signs & symptoms to watch for

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Follow-up care timeline

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Common effects of treatment

Audience: This Patient Pathway is for people recovering from colorectal cancer, who have had **treatment** and are now cancer-free. More **treatment** may be necessary if the cancer comes back.

5 Definitions of the **bold** words can be found on the last page of the Patient Pathway. These are words that you may hear during your follow-up care.

The Colorectal Cancer Follow-up Care Patient Pathway is to be used for informational purposes only. It is not a substitute for medical advice. You should ask your **healthcare team** about any questions you have about the information included in this Patient Pathway. All of the steps listed here may not be aligned with your specific follow-up care and your **healthcare team** will be better able to guide you. The information in the Patient Pathway does not create a physician-patient relationship between Cancer Care Ontario (CCO) and you.

1

What is follow-up care?



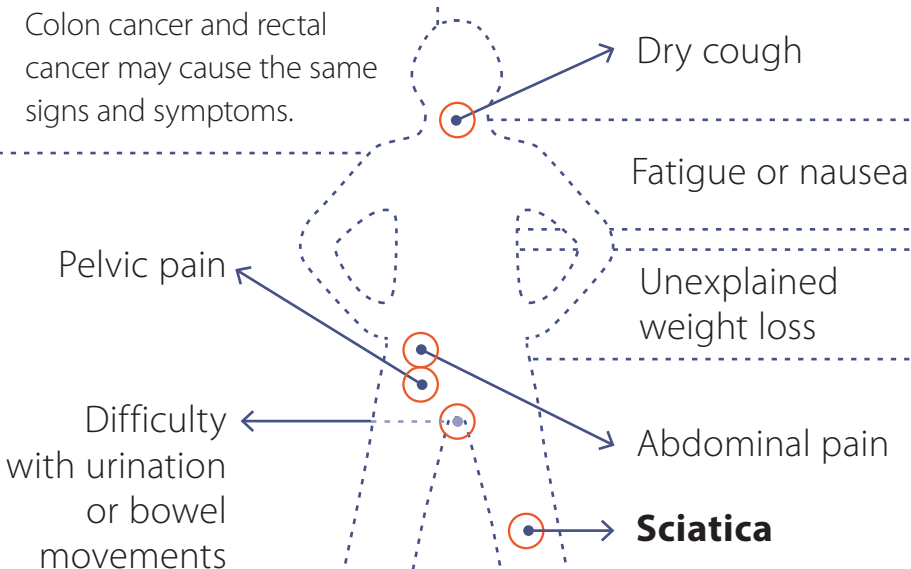
You will have regular visits with your **healthcare team** after your cancer **treatment**. You may be tested to check whether the **treatment** worked as planned. Your **healthcare team** will also look for changes in your health.

Regular visits with your **healthcare team** may help to find a cancer **recurrence** early. Your **healthcare team** may look for signs that your cancer has returned or spread to another part of your body. He or she will also look for other types of cancer.

2

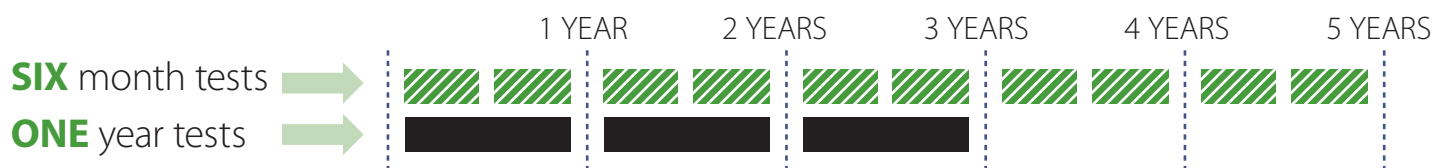
Signs and Symptoms to watch for

Tell your healthcare provider about symptoms that are new, are lasting a long time, or are getting worse. These could mean that the colorectal cancer has returned. Signs and symptoms may include:



3 Follow-up care timeline

This timeline will help to guide your progress over the next five years. Please share this with your **healthcare team** to make sure you receive proper follow-up care.



SIX MONTHS

It is recommended that you have the following tests every six months for five years.

- Medical history
- Physical examination
- Carcinoembryonic antigen (CEA) blood test**

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If you had rectal cancer and have not had pelvic radiation, you should have a **rectosigmoidoscopy** every six months for two to five years.

ONE YEAR

It is recommended that you have the following tests every year for three years.

- Abdominal **CT scan**
- Chest **CT scan**
- Pelvic **CT scan** is recommended on the same schedule if the primary tumour was found in the rectum

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OR, depending on local resources and/or your preference,

- Chest **X-ray**
- Abdominal **ultrasound**
- Pelvic **ultrasound**

It is recommended that you have a **colonoscopy** one year after surgery. Otherwise, if a complete **colonoscopy** was not done during **diagnosis** and **staging**, a **colonoscopy** should be done within six months of completing cancer **treatment**. Your next colonoscopies will depend on the findings of your previous **colonoscopy**. If your last **colonoscopy** was normal then your next **colonoscopy** should be in 5 years.

4

Common effects of treatment



You may not have side effects right after **treatment** but you may have them later on. If you experience these late side effects, your **healthcare team** can help you during your follow-up care.

General

- Fatigue
- Anxiety and/or depression

What you can do to look after your health

- Maintain an ideal body weight.
- Be active and exercise.
- Eat a healthy diet.

Related to surgery

- Frequent and/or urgent bowel movements or loose bowels – this gets better over the first few years
- Gas and/or bloating
- **Hernia**
- Increased risk of obstruction or bowel blockage due to scarring
- Changes to lifestyle for patients who received an **ostomy**

Related to medication

- Numbness in fingers and toes
- “Chemo-brain,” including difficulty with short-term memory and the ability to concentrate

Related to radiation

- 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 due to scarring
- Fertility problems
- Sexual dysfunction
- Secondary cancers in the area treated with radiation
- Weakening of the bones in the radiation field

Definitions

Carcinoembryonic Antigen (CEA) – A test that measures the amount of CEA protein in your blood to show if treatment was successful and/or if cancer has returned.

Colonoscopy – A test that allows your healthcare provider to look at your large intestine and small intestine. During a colonoscopy, you may have a biopsy or masses removed.

A Computed Tomography (CT) Scan – A test that takes a series of detailed pictures of areas inside the body at different angles using a computer linked to an X-ray machine.

Diagnosis – The identification of an illness or other problem through tests or examination of symptoms.

Healthcare Team – Your healthcare team is the group of healthcare professionals who contribute to your follow-up care. It may be led by your family physician, oncologist, or nurse, and may include dietitians, social workers, physiotherapists, etc. depending upon your needs

Hernia – A condition where an internal part of the body pushes through a weakness in the muscle or surrounding tissue wall.

Incontinence - Any involuntary leakage of urine or the involuntary excretion of bowel content

Radiation colitis – An inflammation of the colon that is caused by radiation therapy

Ostomy – A surgically created opening that connects an internal organ to the skin, often as a way for waste products to leave the body.

Rectosigmoidoscopy – A test that looks at the rectum and pelvic colon.

Recurrence –When cancer comes back after successful treatment.

Sciatica – Pain, which is often caused by the compression of a spinal nerve, that affects the back, hip and outer side of the leg.

Treatment – A session of medical care or medicine given to a patient for illness or injury.

Staging – This describes the severity of your cancer and whether it has spread or not. This is important because it helps your healthcare team to determine your treatment.

Ultrasound – An imaging test that uses sound waves to create pictures of organs and structures inside your body.

X-ray – An imaging test for diagnosis that makes images of the inside your body

Resources

If you are viewing this on a computer, you can click on the [underlined words](#) below to go to the resource web page.

Living Well Beyond Cancer

By: *Canadian Cancer Society*

Manage cancer related fatigue: For people affected by cancer

By: *Canadian Partnership Against Cancer (CPAC);
Canadian Education Network (CPEN);*

Support Services – Living with Colorectal Cancer

By: *Colorectal Cancer Association of Canada*

ColonCancerCheck

By: *Ministry of Health and Long-Term; Cancer Care Ontario*

Colorectal Cancer Screening saves lives, please encourage your friends and family to get screened.

Resources for Patients and Families

By: *Canadian Partnership Against Cancer (CPAC)*