



Colon Cancer Education Guide

HONORHEALTH™

Virginia G. Piper Cancer Care Network

Welcome to HonorHealth

Welcome to the Virginia G. Piper Cancer Care Network. Thank you for choosing us as a partner in your care. We understand this can be a very stressful time for you and your family. Our goal is to provide you with the most professional and courteous service possible.

Getting a cancer diagnosis can immediately pause everything in your life — work, family commitments, long-term plans. While our focus is laser-sharp on treating your disease so you can recover as quickly as possible, it can be easy to forget a very important part of the equation:

You.

When you get a diagnosis, it's common to be overwhelmed with advice and stories from well-meaning friends and family, however, sometimes you need an expert who's on your side.

That's where the support services of the HonorHealth Virginia G. Piper Cancer Care Network come in. A team of navigators, social workers, exercise physiologists, nutritionists and librarians, as well as Mind, Body and Spirit support groups and classes are designed especially to help you and your caregivers.

The enclosed information walks you through what to expect before, during and after your surgery. Of course, your care team will be with you every step of the way to answer any questions and help you feel prepared.

Thank you for the opportunity to serve you.

Sincerely,

Mark Kharoufeh, RN, BSN, MBA
System Director Oncology Service Line

HONORHEALTH™

Virginia G. Piper Cancer Care Network

What to expect before surgery

Being healthy

Good nutrition is important before surgery. It is also very important after surgery to optimize healing. Your surgeon may refer you to a dietitian who can help you work out an eating plan before and after surgery. Notify your surgeon if you have trouble eating, a decreased appetite or unexplained weight loss.

If you drink alcoholic beverages, you should not drink anything with alcohol at least 24 hours before your surgery and avoid it after surgery since alcohol can interfere with wound healing and pain.

Smoking Cessation

Smoking decreases your body's ability to heal, especially your bones and. It also puts you at an increased risk for infections and complications related to anesthesia, such as pneumonia. If you smoke, quit before surgery. Ideally, this should occur at least 90 days before your surgery. Ask your surgeon or nurse about available resources to help you quit smoking or for nicotine substitutes to help with nicotine cravings after surgery.

Diabetes and blood sugar (glucose) control

Blood glucose control is very important for healing. *Your surgeon may order a carbohydrate-controlled eating plan while in the hospital to aid in managing your blood glucose levels. We encourage you to follow this plan.*

While in the hospital, your surgeon may order blood glucose tests before your meals and at bedtime. This may occur even if you do not check your blood glucose regularly at home. You may also be given insulin while in the hospital even if you do not use insulin at home. This is usually only temporary and you will likely resume your previous eating plan and medications after you leave the hospital.

Medications

Your surgeon and nurses need to know what prescription and over-the-counter medications, supplements and herbal remedies you take. Some of these medications can increase your risk of bleeding and other complications during or after surgery.

Your surgeon or a surgery pre-assessment nurse will tell you which medications to stop taking and when to stop taking them before surgery. They also will tell you which medications you should continue taking. If you have any questions about your medications, please contact your surgeon before your surgery.

Your surgeon may have you avoid all non-steroidal anti-inflammatory medications (NSAIDS) such as Advil, Motrin, Ibuprofen, Aleve, naproxen, Celebrex, etc., to decrease your risk of excessive bleeding.

Plan before surgery

If you have medical problems such as diabetes, high blood pressure, heart disease or lung disease, your primary care physician and/or specialists need to agree that you can have surgery. To do so, they may recommend an EKG, chest x-ray, and blood and urine tests ahead of time. These results should be sent to your surgeon's office prior to your surgery.

A pre-assessment nurse will call you before your surgery to discuss your surgery with you. They will assess your health status and review specific instructions to follow in preparation for surgery.

Notify your surgeon immediately if you develop any signs of illness before surgery. This includes a cold, cough, fever, rash, infection, urinary tract infection or any change in your health.

If you have advance directives, such as a Living Will or Medical Power of Attorney, please make copies to bring with you on the day of surgery.

Plan to pack a small bag of your personal belongings such as a toothbrush, toothpaste and other grooming items. Include loose-fitting clothing, such as a warm-up suit, and a good pair of shoes with

rubber soles to wear home when you are discharged from the hospital. Try to keep personal belongings to a minimum to prevent them from being lost or misplaced.

Make arrangements for a ride home from the hospital. Follow your surgeon's recommendations on when you can start driving. Along with driving activities, it would be beneficial to have a caregiver or friend who can help with your general care. Examples of help include: meal preparation, taking out the trash, housework, yard work, grocery shopping and trips to pick up needed medications.

Nutrition before surgery

Nutrition and diet are important before and after colorectal surgery. These are general diet guidelines to help you prepare for and heal after your surgery. They do not replace an individual nutritional consultation with our registered dietitian.

Eating extra protein for at least seven to 10 days prior to your surgery may help the healing process after surgery. Try to include a protein-rich food or beverage from the following list at each meal and snack, unless you are on a special protein-restricted diet for another medical condition:

- Poultry or fish
- Eggs
- Milk and milk drinks, Lactaid® or Fairlife® milk, cheeses or yogurt
- Nut butters
- Legumes or hummus
- Soy products such as tofu, tempeh, edamame, or soymilk
- Protein powders
- Nutritional supplement beverages such as Ensure®, Boost®, Orgain, Kate Farms or Muscle Milk
- Protein bars

Along with protein, you need calories from carbohydrates and fats to maintain your weight and fuel your body. At meals and snacks, try to combine a carbohydrate source such as grains, fruits or vegetables with your protein. For example, eat peanut butter with crackers or cottage cheese with peaches.

Your surgeon will give you specific diet instructions for the days before and the day of your surgery. It is very important to follow them.

A clear liquid diet is typically prescribed before your surgery. The clear liquid diet helps clean out your bowel and allows your digestive tract to rest prior to surgery. These are allowed choices while on a clear liquid diet:

- Water, plain or flavored
- Clear broth and bouillon
- Lemon, lime, peach or orange flavored gelatin, plain without fruit
- Clear fruit juices without pulp such as apple and white grape juice
- Clear carbonated drinks, including lemon-lime soda pop
- Gatorade®, Powerade® or other clear electrolyte sports drinks, Ensure Clear®, Boost Breeze®
- Popsicles without fruit or cream, fruit ice
- Plain coffee and tea

Your surgeon may also recommend that you drink a special carbohydrate-based drink two hours before your surgery. The surgery team will give you additional directions as needed.

Night before surgery

Your surgeon will discuss their recommendations for colon prep. If you have not yet received these instructions, please call your surgeon so you will know what you need to have at home to prepare.

Your surgeon will discuss any recommended showering guidelines prior to your surgery.

Brush your teeth. It is recommended that you also use an antiseptic mouthwash. *An antiseptic mouthwash will help reduce bacteria that can cause respiratory infections after surgery.*

Do not shave the area or around the area where you will have surgery. *Shaving skin creates small cuts in the skin that can cause infections.*

Do not apply any deodorant, powder, perfume, aftershave, body lotions, creams or makeup. *These promote bacteria growth that can cause infections.*

Morning of surgery

Your surgeon will discuss any recommended showering guidelines prior to your surgery.

Take only approved medications with a small sip of water. Follow the instructions of your pre-assessment nurse and surgeon on what medications to take the morning of surgery.

Leave all valuables including your wallet, purse, jewelry and rings at home. Bring a small bag of your personal belongings such as a toothbrush, toothpaste and other grooming items.

If you wear eyeglasses, hearing aids or dentures, bring them or wear them on the day of surgery.

Please talk to your surgeon and check our [website](http://www.honorhealth.com), www.honorhealth.com for the most up-to-date information on visitor restrictions.

Day of surgery

Pre-Op

Once you are finished with hospital registration, you will be escorted to the surgery area where a nurse will prepare you for surgery. Preparing you for surgery includes having your blood pressure, temperature, heart rate measured, an IV inserted into your arm and medications given to you, if necessary. You will also be asked several questions regarding your health and medical history. You will speak to your surgeon and anesthesiologist and be asked to sign a surgical consent/permit before going into the operating room.

Occasionally, there may be a change in the time of your surgery. If this occurs, a nurse will update you regarding any delays and will keep you comfortable while you wait for surgery.

Surgery

The length of your surgery will vary, depending on the type of surgery, location of cancer, your surgeon and your overall health.

Colon Surgery

There are a few different types of colectomy surgeries. You and your surgeon will discuss which type of surgery is recommended for your cancer.

- *Total colectomy includes the removal of the entire colon*
- *Partial colectomy is only removing part of the colon. Sometimes this is also called a subtotal colectomy.*
- *Hemicolectomy is when either the right or left portion of the colon is removed.*
- *Sigmoidectomy is the removal of the lower part of the colon near the rectum.*
- *Low-anterior resection is the removal of the upper part of the rectum.*
- *Proctocolectomy occurs when the surgeon removes both the colon and rectum.*

Specialized equipment and padding will be used on you while you are positioned and repositioned by the surgical team before and during your surgery.

Post Anesthesia Care Unit (PACU)

After surgery, you will be taken to the Post Anesthesia Care Unit (PACU) where you will remain for approximately one to two hours and then be transferred to your room. While in the PACU, you will be closely monitored as anesthesia wears off. Nurses will monitor your blood pressure, temperature, heart rate, urine output and surgical dressings. They will also manage your pain, encourage you to take deep breaths and cough, and move your feet and ankles. When you are ready to leave the PACU, you will be transferred to your room.

Family Waiting Area*

When you are taken into the Operating Room, your family will be asked to wait in the surgical waiting areas. Many waiting areas are staffed by volunteers. If your family plans on leaving the waiting area or hospital, they should notify the volunteer or a Pre-Op nurse and provide contact information.

It is important your family tries to stay in the waiting room so they have an opportunity to speak with the surgeon after surgery.

HonorHealth Hospitals have a wireless network service for visitors that provides internet access for personal wireless devices, such as cell phones, laptop computers and tablets. This wireless service is accessible throughout the hospital: main lobby, cafeteria, waiting areas and patient rooms. Refreshments are available in the coffee shop, in the cafeteria and vending machines in some waiting areas.

***Please note: Due to COVID-19 and out of abundance of caution, no visitors are currently allowed in inpatient hospital areas.**

What to expect after surgery

White board

There will be a white board in your hospital room. This board lists the names of your care team, along with the plan of care and goals that you and your care team have talked about. If you have any questions or concerns, write them on the board so they can be addressed.

The white board is where your nurse can write the name of any new medications and associated side effects. Because you may be taking new medications, it is very important for you to notify your nurse of any side effects.

This board will be updated frequently to make sure that your needs are being addressed.

Walking and physical activity

We encourage you to walk as soon as possible after surgery as directed by your surgeon. Walking improves recovery and helps prevent common problems after surgery such as constipation and blood clots. Please ask for staff assistance before getting out of bed.

Sequential compression device (SCD)

A sequential compression device (SCD) is a device placed on your legs that will inflate with air to squeeze/massage your legs to help promote circulation and prevent blood clots. You will have sequential compression devices on your legs after surgery and these can cause falls if not disconnected properly. Please ask for assistance anytime you want to walk, get out of bed or need to use the bathroom. This is for your safety to prevent you from falling.

Deep breathing exercises

These can help reduce the risk for pneumonia. Your nurse or respiratory therapist will provide you with instructions on deep breathing exercises. You will receive an Incentive Spirometer to assist with these deep breathing exercises.

Your nurse and surgeon will speak with you about your progress to determine when you are ready to go home. We want to make sure that you are able to eat, use the bathroom, walk safely and your pain is controlled. Before going home, you will receive written discharge instructions from your nurse and surgeon about your medications, care when you are at home and when to follow-up with your surgeon.

Constipation

Even if you have regular bowel movements prior to surgery, you are likely to experience constipation after your surgery. This is caused by the anesthetic and pain medicine you will receive, changes in your diet and reduced physical activity. While you are in the hospital, it is very important to get out of bed to walk, drink plenty of fluids and take stool softeners or laxatives as advised by your surgeon. This will also be important to continue after you are discharged. Your nurse, surgeon and other healthcare team members will discuss this with you in more detail.

Surgical site and bathing

Surgical dressings will be changed according to your surgeon's instructions. It is normal for the surgical site to have swelling, bruising or a small amount of drainage. Your surgeon will indicate when you can shower. When showering, do not scrub your incision site. You will not be allowed to take a bath, use a hot tub or spa, or go swimming until your surgeon gives you permission.

Urinary catheter

You may have a urinary catheter. A urinary catheter is a small tube placed in the bladder to drain urine. The urine drains into a container so we can see how much urine you are making and how well your kidneys are working.

Oxygen therapy

You may feel oxygen tubing prongs just inside each nostril.

Hydration

You will still have your IV in place. We will encourage you to drink some water right away.

Complications that may delay your discharge

- **Nausea and vomiting:** Many patients feel nauseated after surgery. We can give you medication for nausea. If you feel sick, please tell us. As long as you can keep yourself hydrated, the nausea will likely pass.
- **Ileus:** The stress of surgery can cause your bowel to stop working. This is called an ileus. Food and gas stop passing through the bowel. If you develop an ileus, it may last for a few days. We designed our care program to reduce any possibility of an ileus. However, if an ileus develops, you may need a small tube inserted down the nose to your stomach. The best ways to avoid an ileus after surgery is to take as low a dose of narcotic pain medication as possible, walk as much as possible and stimulate the bowel with small amounts of food and liquids.
- **Anastomotic leak:** This is a rare but serious complication. An anastomotic leak happens when the two ends of the bowel that were joined during surgery do not heal completely, thus leaving a small hole. An anastomotic leak can happen after surgery and your surgeon will be watchful for this. Patients usually have severe abdominal pain, fever and vomiting. This often requires another operation.
- **Wound infection:** If a wound infection develops, this usually happens three to 10 days after surgery.
- **Urinary retention:** This means you are unable to urinate after we remove your catheter. We may need to reinsert the catheter until you can urinate on your own. Anesthesia, pain medications and decreased activity can cause urinary retention.

At-home reminders

- Ambulate – Get up and walk as much as possible
- Incentive spirometer – Continue to use this at home
- Pain control – Don't get behind on controlling your pain
- Shower and washing – Talk with your surgeon about when you can shower
- Follow-up appointment – Make sure you have a follow-up appointment with your surgeon
- If you have diabetes, continue to manage it, restarting your home diabetes regimen as directed, and checking your blood glucose. Contact your diabetes doctor if you have blood glucose levels higher than 180 mg/dL.

Nutrition after surgery

The colon helps your body absorb water, minerals and electrolytes such as sodium and potassium and completes the digestion of food prior to elimination. Food tolerance after surgery varies from person to person. After surgery, you may need to temporarily adjust your food choices and food portions to help with the healing process. During this time, introduce foods slowly and in small portions. It may be helpful to keep a food diary to track which foods are best tolerated.

After surgery, your diet will start with clear liquids and will be advanced as tolerated to solid foods. Although a regular diet may be ordered, it is best to choose lower fiber foods from the menu. Low-fiber foods include white breads, white rice, noodles, mashed potatoes, cream of wheat, corn flakes, cooked vegetables and canned fruits. Protein sources such as meats, poultry, fish, eggs and cheese do not contain fiber but are needed for healing and can be eaten as desired. Wait two weeks, or as advised by your surgeon, to introduce higher fiber foods such as whole grains, raw vegetables, fresh fruits, nuts and seeds.

If you have an ileostomy, you may need to stay on a low-fiber diet for a longer period of time. Refer to the dietary fiber chart on page 11 for advice on reintroducing fiber into your diet.

Follow these eating suggestions to help improve food digestion and absorption:

- Eat four to six small meals and snacks during the day. Smaller portions of food are easier on the digestive system, reduce abdominal gas and tend to increase absorption of nutrients. As your colon heals, you can go back to three meals per day.
- Establish a regular eating schedule. Skipping meals can increase abdominal gas and loose stools.
- Chew your foods well and eat slowly for better digestion. If you have a colostomy or ileostomy, this is especially important to prevent blockage of the opening (stoma).
- Drink plenty of fluids to stay hydrated. A general goal for daily fluid intake is a minimum of 64 ounces, or 8 cups, per day. Fluids include all beverages that you drink though water; caffeine-free drinks and low-sugar liquids are preferred. Watch for signs of dehydration, including low urine output, dark colored urine, low blood pressure, dizziness, dry mouth and dry skin.
- Limit gas-producing foods and beverages if you have excessive gas or bloating, such as:
 - Lactose in milk, ice cream, cream soups and cottage cheese
 - Cabbage-family vegetables, including green peppers, asparagus, cucumbers, onions, garlic, and legumes
 - Apples, melon, dried fruits and bran
 - Carbonated beverages, chewing gum, sugar alcohols, such as sorbitol, and drinking from a straw
 - To start, only try small amounts of gas-producing foods and beverages to test your tolerance. If you have a reaction, avoid that item for a few weeks before you retry it.
- Include foods high in soluble fiber such as applesauce, oats, peaches and bananas if you are having diarrhea or high-ostomy output. Opt for low-lactose foods and beverages including low-lactose milk; milk alternatives like almond, coconut, soy, rice and oat milks; and yogurt to

decrease diarrhea. Limit hot beverages with caffeine and fried foods as they stimulate bowel function. Replace electrolytes with water, broth and low-sugar electrolyte beverages.

- Consult your registered dietitian to discuss your specific nutritional concerns.

Dietary Fiber After Colorectal Surgery:

Dietary fiber is only found in plant foods such as grains, fruits, vegetables, legumes, nuts and seeds. It is not found in meats, poultry, fish, eggs, dairy foods, oils, butter or other spreads. After your surgery, start with low-fiber foods and gradually reintroduce higher fiber foods. Limit any foods that cause you digestive problems. If you have an ileostomy or are receiving chemotherapy after surgery, you may need to stay on a low-fiber diet for an extended period of time.

<p>LOW FIBER For 1-2 weeks after surgery</p>	<p>Cereals: Corn Flakes Cream of wheat Puffed rice Puffed wheat Rice Chex Rice Krispies Special K</p>	<p>Grains: Angelfood cake Biscuit Flour tortilla Gingersnaps Graham crackers Pancake Plain bagel Plain English muffin Saltines Sourdough bread Vanilla wafers White bread White buns, rolls White pasta White rice</p>	<p>Fruits: Applesauce Banana Canned mandarin oranges Canned peaches Canned pears Fruit juice (no pulp, no prune) Grapes Melon</p>	<p>Vegetables: Must be cooked: Asparagus Butternut squash Carrots Green beans Mushrooms Spinach White potato, no skin Zucchini Raw: Celery Cucumber Iceberg lettuce</p>
<p>MODERATE FIBER For 3-4 weeks after surgery</p>	<p>Cereals: Cheerios Corn Chex Honey Bunches of Oats Oatmeal Total Wheaties</p>	<p>Grains: Bran muffin, no nuts Brown rice Corn tortilla Granola bar Rye Krisp Wheat Thins Whole wheat breads: < 3 grams fiber per slice Whole wheat pasta</p>	<p>Fruits: Fresh peach Fruit juice with pulp Kiwi Orange Pineapple Plum Tangerine</p>	<p>Vegetables: Broccoli Brussels sprouts Cauliflower Dark greens Romaine lettuce Sweet potato, no skin Tomato</p>
<p>HIGH FIBER 5 weeks and beyond</p>	<p>Cereals: All Bran Bran flakes Fiber One Granola Kashi Go Lean Raisin Bran Shredded wheat Wheat Chex</p>	<p>Grains: Popcorn, quinoa Triscuits Whole grain bread/ Tortilla > 3 grams fiber per serving Legumes: Black, kidney, pinto, white beans Lentils Nuts and seeds</p>	<p>Fruits: Apple with skin Avocado Black/blueberries Pear with skin Prunes Prune juice Raisins Raspberries Strawberries</p>	<p>Vegetables: Corn Kale Peas Potato with skin Sweet potato with skin</p>

Sample Menus:

Use these sample menus for meal planning ideas and for advancing from a low to a high fiber diet as you heal from your surgery. You can taper back to three meals per day after you have recuperated.

<u>Low Fiber:</u>	<u>Breakfast:</u> 1 Egg 1 Slice buttered sourdough toast with grape jelly ½ cup Applesauce	<u>Snack:</u> Vanilla yogurt	<u>Lunch:</u> Tuna with mayonnaise on white pita bread 1 cup Chicken noodle soup ½ cup Canned Peaches	<u>Snack:</u> 4 Saltines Tablespoon of creamy peanut butter	<u>Dinner:</u> Baked chicken or fish ½ cup Mashed potatoes ½ cup Green beans	<u>Snack:</u> ¾ cup Rice Krispies with milk of choice
<u>Moderate Fiber:</u>	<u>Breakfast:</u> 1 Egg 1 Slice buttered whole wheat toast with grape jelly Sliced fresh peach	<u>Snack:</u> Fruited yogurt	<u>Lunch:</u> Lean hamburger on whole wheat bun Side salad with dressing	<u>Snack:</u> 6 Wheat thins with Tablespoon of creamy peanut butter	<u>Dinner:</u> Baked chicken or fish ½ cup Brown rice ½ cup Broccoli	<u>Snack:</u> ¾ cup Cheerios with milk of choice
<u>High Fiber:</u>	<u>Breakfast:</u> 1 Egg 1 Slice buttered whole grain toast with strawberry preserves 1 cup Mixed fresh berries	<u>Snack:</u> Handful of mixed nuts	<u>Lunch:</u> 1 bowl Lentil soup Salad: Mixed greens with chopped vegetables and dressing	<u>Snack:</u> Apple with Tablespoon of crunchy peanut butter	<u>Dinner:</u> Baked chicken or fish Baked sweet potato with skin 1 cup Broccoli	<u>Snack:</u> ¾ cup Bran Flakes with milk of choice

Drink plenty of unsweetened, caffeine-free beverages throughout the day

Please use this checklist to prepare for surgery and to guide your recovery.

Before surgery

One month before surgery

- Choose someone to make health decisions for you in the unlikely event that you are unable to speak for yourself. Talk with them about your wishes, and create an advance directive.
- Complete any blood tests ordered by your doctor
- If you smoke, vape, or use chewing tobacco, work with your doctor to quit in the weeks before surgery.

Between 1 and 2 weeks before surgery

- Contact your surgeon's office to confirm date and time of your surgery.
- Expect a call from a pre-assessment nurse to review your medical history, plus the names and doses of your medications, and any allergies you have.
- Find out if you need to stop any medications before surgery.
- Make sure you have any supplies you need for your bowel prep.
- Purchase any special soap or washcloths if you were told to use them before surgery.

The day before surgery

- Follow your doctor's instructions about when to start a **clear liquid** diet.
- Follow any instructions you were given for **medications, bowel prep or shower**.
- Do **not** remove any hair on your body by shaving or waxing.
- Pack clean, comfortable clothes.

The morning of surgery

- Take medications as instructed.
 - Shower with any special soap or washcloths, if instructed.
 - If instructed**, drink **one** of these:
 - 12 ounces of apple juice or a sport drink, (such as Gatorade®), **or**
 - Ensure **Pre-Surgery**®.
- Finish the whole drink 2 hours before your surgery is scheduled.

Bring with you to the hospital:

- Your health insurance cards.
 - A photo ID.
 - A list of any prescription and over-the-counter medications you take.
 - A way to pay any copay or fees due when you are admitted.
 - A copy of your advance directive (if you have one).
-

After surgery

After surgery

- A couple hours after surgery, nurses will help you get out of bed. Take a few steps, and sit in a chair.
- Drink clear liquids.
- Ask for medication to manage your pain. Tell your nurse if it does not help.
- Tell your nurse if you are worried about taking pain medication.

First day after surgery

- Ask for help each time you get out of bed until you are steady on your feet.
- Walk in the hall at least three times. This gets your blood flowing and helps you heal.
- Stay out of bed at least six hours.
- Drink clear liquids. Your surgeon will order solid food based on how you are feeling.

Two days after surgery

- Walk in the hall at least three times.
- Stay out of bed at least six hours.
- Your surgeon will have more foods added to your meals based on how you are feeling.

If you have an ostomy bag, ask your nurse to teach you how to:

- Apply, empty, remove and replace the ostomy bag.
- Care for the skin around the opening on your body, called a **stoma**.
- Stay hydrated.**

Three days after surgery

- Spend most of the day out of bed and walking.
 - You will probably be eating solid foods by this time.
-

Before you go home

Make sure you have:

- An appointment to see your surgeon in 1 to 2 weeks.
- Prescriptions for medications.

Make sure you know when to call your surgeon for problems.

- Call your surgeon right away if you have signs of a wound infection like:
 - The surgical area becomes red, painful or there is fluid coming from it.
 - You have a fever of 101.5 F degrees or higher.

If you have a new ostomy

- Ask your nurse what you should eat to thicken the waste in the bag.
- Practice how to remove and put on an ostomy bag with your nurse.
- Make sure you go home with ostomy supplies. Be sure you know how to order more.

Ostomy Discharge Information

All new Ostomates go home with Home Health after hospital discharge to continue teaching you how to care for your ostomy and provide you with supplies. They will also help set you up with a medical supply company to send you your supplies after they have discharged you from their service. If your home health nurse is still active, call her first for problems relating to your ostomy. If you no longer have a home health nurse, you may call the 1-800 numbers for the Ostomy Manufacturers for assistance over the phone.

Hollister: 1-800-323-4060 (<http://www.hollister.com>)
ConvaTec: 1-800-422-8811 (<http://www.convatec.com>)
Coloplast: 1-800-533-0464 (<http://www.coloplast.com>)
Nu-Hope: 1-800-899-5017 (<http://www.nu-hope.com>)

You may also make an appointment to be seen at a HonorHealth Outpatient Wound/Ostomy Clinic. Time frame for appointments may vary, but all visits are by appointment only. A referral from your physician/primary care provider is needed to be seen in most outpatient clinics. Your insurance may also require prior authorization to pay for the visit. Bring a new appliance with you to your appointment as the ostomy nurse will want to assess your skin underneath your wafer. RN may suggest you try a different kind of appliance, so bring your supply catalogue with you as well. **General scheduling phone number: 480-324-7700**

HonorHealth Deer Valley Medical Center

19829 N. 27th Ave.
Phoenix, AZ 85027
623-516-4400
623-516-4401 Fax

HonorHealth Scottsdale Osborn Medical Center

7400 E. Osborn Rd. Scottsdale, AZ 85251
480-583-0500
480-583-2775 Fax

HonorHealth John C. Lincoln Medical Center

Cowden Center - 9202 N. Second St.
Phoenix, AZ 85020
602-786-0110
480-882-5813 Fax

HonorHealth Scottsdale Thompson Peak Medical Center

7400 E. Thompson Peak Pkwy.
Scottsdale, AZ 85255
480-324-7800
480-324-7150 Fax

Ordering Supplies after Discharge:

After you are discharged from your home health care service, you will typically order your ostomy supplies through a Durable Medical Equipment (DME) company that your insurance company has a contract with. Supplies are reimbursed by Medicare 80% pending approval and with secondary insurance you may have a co-pay. Contact your insurance company for specific pricing guidelines and a CONTRACTED DME company.

Mail Order Suppliers:

AARP Medical Supply
1-800-788-4863
aarphealthcare.com

Byram Healthcare
1-877-902-9726
byramhealthcare.com

American Ostomy Supply
1-800-858-5858
concordancehealthcare.com

CCS Medical Supplies
1-800-722-2604
ccsmed.com

Edgepark Medical Supplies
1-800-321-0591
edgepark.com

Desert Providers
1-800-723-5144
Coolidge, Az

Comfort Medical
1-800-971-2496
libertymedical.com

McKesson Medical Services
1-855-404-6727
mpcs.mckesson.com

Preferred Home care
AHCCCS Patients
1-800-636-2133

The Parthenon Company
1-800-453-8898
parthenoninc.com/ostomy-supplies
(low cost without insurance)

Immediate supplies can be obtained at some local pharmacies such as CVS or other local medical supply stores. We suggest that you **call ahead to inquire about what supplies are available.**

Ostomy Support Groups sponsored by the United Ostomy Associations of America (UOAA) are available in our area for support and assistance of all ostomates. They welcome local residents, guests, and winter visitors. A list of the groups can be found on the UOAA website <http://www.ostomy.org>. The group organizes speakers to come from different companies and resources to talk about products and ostomy care. Local UOAA help line is 602-678-4441.

Other helpful websites:

- o HonorHealth Wound/Ostomy Services: www.honorhealth.com/woundcare
- o Stealth Belt: 800.237.4491, www.stealthbelt.com/ostomy-belt
- o Ostomy Secrets: www.ostomysecrets.com
- o Me+: www.meplus.convatec.com
- o My Happy Sacks: www.myhappysacks.com
- o Uninsured ostomates: www.ostogroup.org

You may donate your excess supplies once you know that you no longer have a need for them to a local hospital, the UOAA, Ostomy Closet, or Project Cure.

Patient support



When you're going through cancer treatment, you might not feel like exercising. But physical activity can provide a wealth of benefits when you're going through treatment.

You'll find:

- Wellness programs that include aerobic conditioning, strength training, flexibility and range-of-motion exercises.
- Monthly nutrition cooking classes.

Cancer affects more than just your physical health. It also can take a toll on you psychologically and spiritually.

Complementary therapies are designed to:

- Improve your overall physical, emotional and spiritual well-being.

Specialists will assess your strengths and stresses. Working together, you'll create a plan of care and identify which therapies will best suit your needs.

Through the HonorHealth Virginia G. Piper Cancer Care Network, you can begin and maintain an appropriate exercise and complementary therapy routine in a supportive environment. Skilled professionals can help you select a program or activity that's right for you.

▪ Patient Navigation

Oncology nurse navigators in the HonorHealth Virginia G. Piper Cancer Care Network will help you understand your diagnosis, treatment options and help you find ways to communicate comfortably with your healthcare provider. They can also help you access resources that you may not be aware of, in short, they'll help you navigate your cancer journey.



Body, Mind and Spirit
480-323-1981

Cancer Genetic Counseling
480-323-1334

Cancer Exercise Rehab
480-323-1233

Oncology Nurse Navigator
480-323-1255

Nutrition Consult
623-434-6138

Social Services
480-323-1321

HONORHEALTH

**Virginia G. Piper
Cancer Care Network**

Learn more at [HonorHealth.com/cancer](https://www.honorhealth.com/cancer)

Endorsed by HonorHealth's Tumor Site Strategy Group (TSSG)

HonorHealth's Tumor Site Strategy Groups (TSSG) are multidisciplinary teams composed of physicians, nurses, and administrative members with expertise, knowledge and/or experience in the diagnosis, treatment, and ongoing management of specific tumor types and conditions who will work together to develop the programmatic aspects of tumor specific cancer care.

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