A GUIDE TO CYTOREDUCTIVE & HYPERTHERMIC INTRAPERITONEAL SURGERY (HIPEC)
To Do Checklist

Your surgery is scheduled at ________ a.m. on _________________________.

Arrive at ________ a.m. and check-in at Main Registration Desk.

Make sure you follow the instructions from your doctor and in this book.

➤ Tip: Make sure you understand all of the instructions you are given. Keep these instructions in a place where you can easily find them and read them ahead of time so you are prepared.

➤ Tip: Write down questions when you think of them so you can discuss them with your doctor. It’s important for you to understand what will happen and feel comfortable with what your doctor tells you. You will see your surgeon before you go back to the operating room in case you have some last minute questions.

➤ Tip: If you are employed, contact your manager and human resources department as soon as you know when you are having surgery. You may have to fill out forms if you are eligible for short term disability and/or FMLA (Family Medical Leave Act). FMLA protects you from losing your job while you are out (up to 12 weeks) due to surgery and cancer related appointments.

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<td>☐ The week before your surgery</td>
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<td>☐ The Day of your Surgery</td>
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Your surgeon is:________________________________________________________


Your Surgery Healthcare Team

This expert team is an important part of the CRS & HIPEC Surgery Program at MCP. They work together to provide the best available care.

**Surgeon:** perform the surgery and watch over all aspects of your care.

**Advanced Practice Professional:** help with all aspects of your care, including symptom management.

**Registered Nurses (RN):** will take care of you while you are in the hospital.

**Anesthesiologist/Nurse Anesthetists:** specially trained physicians and nurses who take care of your anesthesia during surgery.

**Case Manager/Social Worker:** available to help you with special needs when you leave the hospital such as home health care, special equipment, or rehab.

**Dietitian:** will help to ensure you understand your nutrition or diet restrictions and how to meet your nutritional needs.

**HIPEC Coordinator and Nurse Navigator:** will be a main point of contact for you and your family providing education, resources, and emotional support.

**Therapists:** Physical, Occupational, and Speech. If needed, these therapists will help you return to a functional level after surgery.

**Respiratory Therapists:** Will check on your breathing and help you with your breathing exercises on your incentive spirometer.

**Pharmacy:** Will make your chemotherapy medication and provide needed medications throughout your hospital stay.

**Wound/Ostomy Nurse:** Will help you learn how to care for your ostomy and provide any additional support as needed for your incision care.
Your surgeon’s office is located at: __________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

On the day of your Pre-operative appointment and day of Surgery at Medical City Plano, you will enter through Entrance E and proceed to the Main Registration Desk. Free valet parking is available as early at 05:30 AM. Free surface parking is available in all surrounding lots.
Many of your organs, such as your intestines, liver, and spleen are located in your abdomen or “belly.” The lining that covers the inside of your abdomen is the **peritoneum**.

Cancer can start in the peritoneum or cancer can spread to the peritoneum from other organs. This type of cancer is **peritoneal carcinomatosis**. The most common cancers treated with CRS & HIPEC are appendix cancer, pseudomyxoma peritonei, colorectal cancer, gastric, peritoneal mesothelioma, ovarian cancer, and primary peritoneal cancer.

The surgery is performed in two phases. The first phase is the cytoreductive surgery (CRS).

During the CRS, the surgeon works systematically throughout the belly to remove all visible tumor.

The second part of the surgery is hyperthermic (heated) intraperitoneal (inside the abdomen) chemotherapy (drugs used to kill cancer cells).

The chemotherapy solution is heated to approximately 41-42°C/107.5°F and infused continuously into the abdomen for 90 minutes. The goal is to coat the lining of the abdomen with the solution. Afterward, the belly is washed with a sterile solution.

You will remain asleep and comfortable during the entire procedure.
What are the principles of ERAS?

- **Be ready for surgery.** Learn about your surgery. Understand how you can prepare for surgery and what to expect as you recover.
- **Pain control plan.** Participate in developing a plan with your surgeon and healthcare team to make sure you get the right medicine to stay comfortable after surgery.
- **Early walking after surgery.** Get out of bed as soon as the day of surgery. Start walking in the hallways every day.

How do I prepare for surgery?

- **Diet.** Eat a healthy diet, well-balanced diet before your surgery. We recommend you drink a nutritional supplement with added nutrients to help your immune system and help your body recover quicker. **Drink one supplement, three times a day, for 5 days before surgery. Your surgeon will tell you which supplement to drink.**
- **Exercise.** Exercise will help you be fit for surgery. You should do some type of activity every day leading up to surgery and increase it a little each day. The goal should be 30 minutes, 5 days a week. Your surgeon may request you participate in rehab before surgery to help your body be at its peak strength.
  - **Walk, walk, and walk!** Walk at least 7,000-10,000 steps per day leading up to your surgery.
• **Smoking/nicotine use. Stop** smoking and all nicotine use at least 1-2 months before surgery. This will help with wound healing and help to prevent breathing problems after surgery.

• **Alcohol. Stop** drinking alcohol one week before your surgery. No alcohol the day before surgery.

• **Medications.** Do not take any non-steroidal anti-inflammatory medications, such as ibuprofen, naproxen or aspirin, for 5 days before surgery unless approved by your surgeon. Bring a list of the medications, vitamins, and supplements you are taking to discuss with your surgeon during your appointment. If you take aspirin, Vitamin E, or fish oil be sure to tell your surgeon.

**What is an Ostomy?**

An ostomy is created during surgery when your surgeon removes or reroutes part of your intestine and brings one end of it to the outside of your skin through an opening called the stoma. This helps your intestines rest after surgery and provides a way for your stool to exit your body. Your stool will be liquid and will drain into a special plastic bag called a pouch.

Ostomies can be temporary, reversed in a few months, or permanent depending on the location and extent of the surgery. Types of ostomies include:

- **Ileostomy** - the end of your small intestine, known as the ileum, is used to create the ostomy
- **Colostomy** - a part of your large intestine, known as the colon, is used to create the ostomy

The care of an ostomy requires special supplies and appliances. You will be trained and educated on how to care for it by an ostomy (WOC) nurse before and after your surgery. This ostomy nurse will also mark your belly before surgery with the best places for the doctor to create the ostomy. Your nurse in the hospital will also help take care of your ostomy. If your insurance allows, you will receive Home health nursing visits after you go home. You will also get more printed information on the care of your ostomy after surgery.

Learn more at the United Ostomy Association [www.ostomy.org](http://www.ostomy.org). Let your surgeon know if you would like to speak to someone who has an ostomy.
**Things To Do: Week before/of Surgery**

- **Pre-op Visit**
  
  You will be scheduled to go to the hospital for a pre-op visit. At this appointment, you will have your health history reviewed and receive pre-surgery instructions. You will also receive these items:
  
  - **Special drink.** You will be given a special carbohydrate drink for you to drink on the morning of your surgery. This drink will help make you less thirsty, control your blood sugar, and maintain your muscle strength during the operation.
  
  - **Medicated soap.** You will receive special soap to use in the shower the morning of surgery.

- **Check Medications**
  
  Bring a list of all of your medications with the dosages and times that you take them to your pre-op appointment. You may be given special instructions about which medications to take at this appointment.

- **Further Testing**
  
  During this visit, you may receive a chest x-ray, blood work, urine test, and electrocardiogram (EKG).

- **Ileostomy Marking (if needed)**
  
  A Wound/Ostomy nurse will visit with you and mark areas on your belly with a permanent marker that may be needed if the surgeon anticipates you will need an ileostomy after surgery. The ostomy nurse will cover basic education with you and give you a kit to take home.
Safety

Reduce your risk of getting sick by avoiding people with contagious infections. Notify your doctor immediately if you do become ill with a fever, cough or any sign of infection.

Walk, walk and Walk!

Consider having a tool to track your steps. There are fitness trackers that are clip-ons, sports bands, and watches. These range in prices and include brands such as Fitbit, Garmin, and Apple. If you have a smart phone you can use built-in or for purchase applications. Please don’t buy an expensive device just for this reason, use what works best for you and your finances.

Notes:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
Things To Do:  
Day Before Surgery

☐ Pack a bag

➜ Tip: Only a small bag is allowed while you are in the Critical Care Unit (CCU). Label the bag with your name.

Be sure to include the following:

- Photo ID
- Insurance cards
- This booklet
- Containers for glasses, contact lenses, dentures, and hearing aids
- Loose comfortable clothes to go home in. All jewelry including wedding rings and piercings are required to be removed for surgery – keep them safe at home.

☐ Come for your pre-op visit

Some patients will come for their pre-op visit the day before surgery.

☐ No eating solid food after midnight

You may eat food until midnight the night before surgery. Finish your Impact Nutritional supplement today.

☐ Arrange for help to care for your home while you are away and when you return home including cleaning, making meals, shopping for groceries, and taking care of your children and pets. Call on family, friends, coworkers, or members of your religious/community organizations to help. There are websites that allow people to sign up for these tasks, see Share Your Journey in the Resource section.

You will receive your arrival time for surgery during your pre-op visit. Write the information below.

Date of Surgery:____________________________________

Time to Arrive:___________________________

Time for special drink:_______________________
- Make arrangements for someone to take you home from the hospital. You will not be able to drive yourself and using a taxi or public transportation is usually not allowed.

- Designate a main contact/spokesperson before your surgery to visit with you at the hospital and speak with you to the staff caring for you.

  ➔ Tip: The pre-operative, post-operative, and critical care unit (CCU) may limit your visitors to 2 people at a time.
Things To Do:  
**Day of Your Surgery**

- **Medicated soap shower**
  
  You will use the special soap you were given during your pre-op visit to shower the morning of your surgery.

- **No food for breakfast**
  
  You may not eat anything after midnight the night before your surgery, but you can drink clear liquids until **1 hour** before you arrive to the hospital.

  ➔ **Tip:** It is very important to follow the instructions for when to stop eating and drinking or your surgery may be postponed.

- **Drink special drink to finish at __________**
  
  You will be given a special carbohydrate drink to have on the day of surgery. This drink will help you feel less thirsty, control your blood sugar, and maintain your muscle strength during the operation. **It is very important to consume this drink.**

- **Arrive at the hospital**
  
  When you arrive at the hospital, you will be taken to the pre-operative area to get ready for surgery:
  - You will be given some medicines to take by mouth. These medicines will help prevent nausea and pain after your surgery. You may also be taking these medicines after surgery.
  - An IV will be started in your hand or arm. The IV will be used to give you fluids, pain medicine, and other medicines that you may need.
  - You will meet with the anesthesia team who will discuss pain management during your surgery. You may also be given a calming medicine for the procedure.
  - Your surgeon will mark the areas on your body where he/she will be operating.
  - When it is time for your surgery, you will be taken by stretcher to the operating room.
What will happen after surgery?

After surgery, you will go to the critical care unit (CCU):

- Nurses will closely watch your heart rate and check your blood pressure often.
- You will have compression wraps (SCDs) on your legs. These wraps inflate and deflate to help blood flow and prevent blood clots in your legs. You will wear these while you are in bed after surgery.
- When you are awake, the nurse will ask you about your pain level on a scale of 0-10 (0 = no pain and 10 = the worst pain you can imagine). You may also have pain catheters infusing continuous numbing medication to your belly incision.
- You will also be asked to take deep breaths.

Once you are fully asleep, the procedure will begin. Your surgeon may ask an urologist to insert stents into your ureters to help mark them during your surgery; these will be removed before you wake up. Your surgeon will start by making an open incision in the middle of your belly. **This procedure cannot be done laparoscopic.**

The surgeon(s) will then remove all tumor(s) they can see in your belly. You may require blood transfusions during the surgery.

After all the visible tumor is removed, your belly will be closed and filled with the heated chemotherapy solution that will circulate for 90 minutes.

After the chemotherapy is removed, your surgeon may insert drains, make an ileostomy (if necessary), and close your belly.

The total surgery takes about 6-12 hours.
What should I expect while I am in the hospital?

- You will have a **nasogastric (NG) tube** in your nose. This tube will collect drainage from your stomach and help prevent vomiting. The NG may cause some discomfort in your throat. The NG will be in place a minimum of 3 days. You will **not be able to eat or drink while the NG tube is in place**.

- You **may** have **chest drains** in your chest draining to a container. These drains will be removed when they are draining less than 200 ml in 24 hours. They should not keep you from participating in activities such as walking or sitting in the chair.

- You will have a **urinary catheter** to keep your bladder empty. Typically, this catheter is removed on the second day after surgery.

- It is important to take deep breaths after your surgery to prevent pneumonia. You will be taught how to use an **incentive spirometer**. You should use this device 10 times per hour while you are awake to prevent pneumonia.

- During your recovery, you are at high risk for developing a blood clot in your legs because you are not as active as you usually are. You will be given a blood thinner by a shot and you will continue to take these every day after you go home for a total of 28 days after surgery.
Your Hospital Stay

When can I eat and drink while in the hospital?

- Nutrition is very important to help with healing.
- Your appetite may change due to nausea, pain, or stress from the surgery.
- Initially, your surgeon will not allow you to eat or drink until your bowels or colon begin to show signs of functioning.
- Your nutrition or diet will be progressed slowly starting with clear liquids and nutritional supplements.
  - Sometimes the surgeon may order total parenteral nutrition (TPN) which is nutrition given to you through an IV.
- If you have nausea after surgery, let your nurse know. There will be medicines available to give relief.

How will my pain be controlled?

- Pain control is very important after surgery. If you have adequate pain control, you are able to breathe, move, sleep, and walk more easily. Your nurse will ask you often about your pain level on a scale of 0-10 (0 = no pain, 10 = the worst pain you can imagine). After surgery, you will have routine scheduled medications to help with pain, and pain medication ordered as needed. Be sure to let your nurse know if your pain is not controlled. **However, it is normal to have some pain and discomfort after surgery even while taking pain medicine.**
- While you are asleep in surgery, your surgeon may insert two soft flexible catheters into your belly that will continuously bathe the incision site with pain numbing medication. This catheter comes out easily and will be removed at the hospital before you go home. Sometimes you go home with this catheter and remove it easily at home; your nurse will teach you how to remove before your discharge.
When will I be walking?

• You will be expected to be out of bed or sitting on the side of the bed the morning after surgery. You should start walking in the hallways the day after surgery. The goal will be to be out of bed for all meals and for at least 6 hours during the day. You will need to walk in the halls at least 3-4 times per day. Early walking helps prevent blood clots, breathing problems, and constipation.
What to expect after surgery?

Weight loss

It is normal to have decreased or low appetite after surgery. It is normal to lose 10-20lbs in the first 6 weeks after surgery. Weigh yourself every week on the same day and note the weight. **Call** your surgeon if you **lose more than 20lbs**. Overtime, your appetite will increase and you will learn to eat small frequent meals throughout the day.

Fatigue

This is a normal symptom after surgery. You may find yourself needing to take a nap after performing normal activities such as taking a shower or walking on the hospital unit. It is ok to nap, try to limit the nap to 30 minutes so you are better able to sleep at night.

Insomnia

This is a normal symptom after surgery and being in the hospital. Try to limit a nap during the day to 30 minutes or less. After surgery if you are still experiencing discomfort, take your pain medicine about 1 hour before bedtime. If your pain is controlled you will sleep better. Talk to your surgeon before using sleep aides.

Leakage at Incision Site

It is normal after your surgery to have a small amount of clear-red colored fluid oozing at your incision site. Keep the incision site clean and dry, and you may apply gauze if the oozing is staining your clothing, be sure to change the gauze twice daily. Pay attention to how your incision looks every day. **If your incision becomes red, swollen, has a foul smelling odor or yellow drainage comes out call your surgeon right away.**
Delayed (Slow) Gastric Emptying

After surgery, your stomach may take longer to empty foods or liquids and this is called delayed gastric emptying. This may cause symptoms of nausea, vomiting, and feeling full. This usually gets better with time, but sometimes you may require medication to help your stomach empty.

Bowel Changes

It is normal after surgery to have episodes of constipation and diarrhea. Constipation is having bowel movements less than three times a week. You may also have trouble passing stool and stools may be hard and lumpy. Diarrhea is passing loose or watery stools several times a day. Both of these symptoms may be temporary, but in some cases may continue indefinitely. Talk to your surgeon about over the counter remedies that may provide relief.

Tip: If you have an ostomy your stools will be liquid to pasty. This is to be expected. The amount of stool that comes out each day should be between 600-1200 cc.
If your spleen is removed (splenectomy) you will need supplemental vaccinations and then vaccinations every 5 years to fully function without your spleen.

<table>
<thead>
<tr>
<th>Vaccine given at Discharge</th>
<th>8 weeks after surgery</th>
<th>Every 5 years</th>
<th>Purpose</th>
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<tr>
<td>Prevnar13</td>
<td>Pneumovax23</td>
<td>Pneumovax23</td>
<td>Protection against pneumococcal disease</td>
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<tr>
<td>Menevo</td>
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<td>Menevo</td>
<td>Protection against meningococcal diseases.</td>
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<tr>
<td>Bexsero</td>
<td>Bexsero</td>
<td></td>
<td>Protection against meningococcal diseases.</td>
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<tr>
<td>ActHIB</td>
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<td>Protection against influenza type B.</td>
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Please track the date(s) of your vaccinations in this chart.

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<th>Prevnar13</th>
<th>Menevo</th>
<th>Bexsero</th>
<th>ActHIB</th>
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What are the possible complications of the surgery?

Your surgeon will discuss potential complications related to your surgery.

**Anastomotic Leak**

This happens when the area that joins the bowel together comes apart. This complication is generally treated with placement of drains or reoperation.

**Dehydration**

This happens when you do not drink enough fluids or if you lose too many fluids in loose stools. Every day you should drink about eight 8-ounce glasses of water, which equals about 2 liters or half a gallon. If you begin experiencing symptoms of dizziness, lightheadedness, or have dark colored urine notify your surgeon right away.

**Pneumonia**

Pneumonia can occur from stomach contents inhaled into the lungs. It can also occur after surgery because it is painful to cough up secretions. When you do not cough up secretions, the secretions can build up and lead to chest congestion or pneumonia. You will be encouraged to use the incentive spirometer to take deep breaths to help prevent pneumonia.

**Blood Clot**

A blood clot can occur anywhere after surgery but is most likely to occur in one of the major veins deep inside your body. Your legs are often the most common place to have a blood clot, but you can also develop a blood clot in your arms, pelvis, or lungs. Please let your nurse or surgeon know right away of any new areas of pain or discomfort, or any swollen or reddened areas on your body.
Fever

A fever after surgery can be serious and may be a sign of infection, especially if the fever is greater or equal to 101.5 °F. However, sometimes you will develop a low grade fever of approximately 99.0-100.0 °F when you are not walking enough or when you do not perform your breathing exercises on the incentive spirometer enough. Ask your nurse or surgeon about any fever, however if it’s a low grade fever take this as a sign that you need to work on your incentive spirometer more and increase the number of times you walk.

Abnormal Laboratory/Blood Work Values

After surgery, your white blood cell count (WBC) may increase to a high (abnormal) level as your body responds to the procedure and chemotherapy. Then, a few days later, the WBCs may decrease to a low (abnormal) level as a side effect of the chemotherapy. Both of these responses by your body are normal. Your nurses and surgeons will be monitoring your laboratory values and vital signs frequently for your safety. You may have other abnormal blood work in the first several days after surgery that your surgeon will expect and keep an eye on.

Notes: ______________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
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Going Home

What to expect after leaving the hospital:

Change in Nutrition or Diet
You may notice a loss of appetite. It is normal to not be able to eat a full-sized meal. You nurse and dietitian will review your nutrition or diet recommendations before you leave the hospital. You should eat small frequent meals. You should have at least one nutrition drink with protein in it every day such as Ensure, Boost, or Glucerna.

Hydration
It is important to drink plenty of fluids each day. Every day you should drink about eight 8-ounce glasses of water, which equals about 2 liters or half a gallon. If you begin experiencing symptoms of dizziness, lightheadedness, or have dark colored urine, notify your surgeon right away.

Medications
You will be given prescriptions for your medications including blood thinner shots, pain medications, and stomach acid reducers also known as proton pump inhibitors (PPI).

Pain
Pain after surgery is common and will improve with time. It is important that you take your pain medication only as prescribed. You should take less medication as your pain improves.

When can I leave?
You will be able to leave the hospital and go home once:

- You are able to drink enough liquid to stay hydrated and start eating.
- Your pain is controlled with pain medicine taken by mouth.
- You are up and walking around without help.
- You or a family member has learned to give yourself the blood thinner shots.

If you are not able to do these things, you may be discharged to a rehabilitation or skilled nursing facility to help manage your recovery.
Fatigue

It is normal to be more tired after surgery. You will probably need to take multiple naps a day after performing normal activities. Try to limit your naps to 30 minutes or less so you can sleep better at night.

Incision Care

Your incision should be kept clean and dry. If staples are present, they will be removed at your follow-up appointment. It is normal to have a small amount of tenderness and drainage from the incision site. Protect your incision by wearing loose fitting clothes. Do not put dressings over the incision unless your doctor tells you to do so.

Activity

*Walk, walk, and walk!* You should stay active once you are home. You should walk short distances daily. You should not drive a car until you are no longer taking your pain medicine. If you have a step counting device keep track of your steps. Set a goal to walk at least 2000 steps a day for the first month. You should continue to use your incentive spirometer at home to prevent pneumonia.

Safety

Don’t get up too quickly after you’ve been lying down. Sit up for a few minutes to make sure you’re not dizzy. If you are very weak or your balance is not steady, then have someone walk with you. Wear non-slip shoes or socks with grippers when walking on uncarpeted floors.

My follow up appointment date and time:

When will I see my surgeon again?

You will have a follow-up appointment with your surgeon within 1-2 weeks after leaving the hospital.
When to Get Medical Assistance

Call your doctor if:

- You are unable to keep food and fluids down for 24 hours
- Your pain is getting worse or not getting better
- You have a temperature of 101.5°F or more
- You see redness, drainage, and/or swelling around your incision
- You have signs of dehydration including thirst, weakness, dizziness, passing less urine than normal, and darker urine
- You develop pain, swelling, or reddened areas on your arms or legs
- You lose more than 20 pounds in 6 weeks
- If you have an ileostomy and are having problems:
  - Nothing is coming out of your stoma for 12 hours especially when you also have belly pain and vomiting
  - You have more than 1200 cc of stool from your ileostomy in 24 hours or you are emptying your pouch 6 or more times a day
  - The stoma changes color to blue, purple, black, or brown
  - Blood in your stool/ostomy pouch, or from your stoma that continues to bleed for 24 hours (red foods like beets can turn your stool red)
  - The skin around your stoma is irritated or you have problems with leakage or you bag not sticking. Your doctor will need to help you get an appointment to see the ostomy nurse.

Call 911 if you have chest pain or problems breathing
Resources

Cancer Organizations

- American Cancer Society [www.cancer.org](http://www.cancer.org) 800-227-2345 educational resources, transportation program, patient information specialists always available
- American Society of Clinical Oncology (ASCO) [www.cancer.net](http://www.cancer.net) patient site
- Cancer and Careers [www.cancerandcareers.org](http://www.cancerandcareers.org) workplace education/tools
- National Cancer Institute [www.cancer.gov](http://www.cancer.gov) 800-422-6237

Appendix/PMP

- Pseudomyxoma Survivor [www.pseudomyxomasurvivor.org/](http://www.pseudomyxomasurvivor.org/)

Colorectal Cancer

- Colorectal Cancer Alliance [www.ccalliance.org/](http://www.ccalliance.org/) 877-422-2030
- Colorectal Care Line [www.colorectalcareline.org](http://www.colorectalcareline.org) 866-657-8634 individualized case management assistance

Mesothelioma


Ovarian and Women’s Cancer

- Facing our Risks of Cancer Empowered (FORCE) [www.facingourrisk.org/](http://www.facingourrisk.org/) individuals & families affected by hereditary cancers
- Foundation for Women’s Cancer [www.foundationforwomenscancer.org/](http://www.foundationforwomenscancer.org/)
- Ovarian Cancer Research Fund [www.ocrf.org](http://www.ocrf.org) 800-873-9569
- Ovations for the Cure of Ovarian Cancer [www.ovationsforthecure.org](http://www.ovationsforthecure.org)

Rare Diseases

Stomach (Gastric) Cancer
- Debbie's Dream Foundation: Curing Stomach Cancer [www.debbiesdream.org](http://www.debbiesdream.org)
- Gastric Cancer Foundation [www.gastriccancer.org/](http://www.gastriccancer.org/)
- No Stomach for Cancer [www.nostomachforcancer.org/](http://www.nostomachforcancer.org/)

Chemotherapy/HIPEC
- 3 Steps Toward Preventing Infections During Cancer Treatment [www.preventcancerinfections.org/](http://www.preventcancerinfections.org/)
- ChemoCare [www.chemocare.com/](http://www.chemocare.com/)
- HIPEC Treatment.com [https://hipectreatment.com/the-hipec-procedure/](https://hipectreatment.com/the-hipec-procedure/)

Emotional Support

Counseling
- CancerCare [www.cancercare.org](http://www.cancercare.org) 800-813-HOPE (4673) speak to an oncology social worker for short term support
- Good Therapy [www.goodtherapy.org/](http://www.goodtherapy.org/) find a therapist
- Medical City Green Oaks Outpatient Counseling Services Plano (972) 985-1599, Dallas (972) 770-1032, or Las Colinas (972) 969-2470 [https://medicalcitygreenoaks.com/service/counseling-services](https://medicalcitygreenoaks.com/service/counseling-services)

Mentor/Buddy/Peer Programs
- 4thangel [www.4thangel.org](http://www.4thangel.org) 866-520-3197
- CanCare [http://cancare.org/support/](http://cancare.org/support/) 888-461-0028 connects patients and their loved ones to someone who has experienced the same or similar type of cancer
- Cancer Hope Network 877-HOPENET [www.cancerhopenetwork.org/](http://www.cancerhopenetwork.org/)
- Colorectal Cancer Alliance [www.ccalliance.org/](http://www.ccalliance.org/) 877-422-2030 get a buddy
- Debbie's Dream Foundation: Curing Stomach Cancer [www.debbiesdream.org](http://www.debbiesdream.org) 855-475-1200 request a mentor
- Imerman Angels [www.imermanangels.org/](http://www.imermanangels.org/) 877-274-5529 1-on-1 support
- PMP Pals [https://pmppals.net/](https://pmppals.net/) 408-909- PALS (7257) mentors for patients and caregivers
- Pseudomyxoma Survivor [www.pseudomyxomasurvivor.org/](http://www.pseudomyxomasurvivor.org/) get a buddy
- Support Connection [https://supportconnection.org/individual-support/](https://supportconnection.org/individual-support/) 800-532-4290 One-on-One Peer Counseling Program

Phone Help Lines
- CancerCare [www.cancercare.org](http://www.cancercare.org) (800) 813-HOPE (4673)
- Cancer Lifeline [www.cancerrlifeline.org/services/lifeline](http://www.cancerrlifeline.org/services/lifeline) 800-255-5505
- Colorectal Cancer Alliance [www.ccalliance.org/](http://www.ccalliance.org/) 877-422-2030
- Fight Colorectal Cancer [http://fightcolorectalcancer.org](http://fightcolorectalcancer.org) 877-427-2111
- National Suicide Prevention Lifeline [800-273-8255](http://800-273-8255)
Share your Journey
These sites help you communicate to friends and family securely and when the time is right for you. Many help you organize and delegate tasks like meal delivery and chores.

- Caregiver Action Network [www.caregiveraction.org](http://www.caregiveraction.org)
- Caring Bridge [www.caringbridge.org](http://www.caringbridge.org)
- Meal Train [www.mealtrain.com/](http://www.mealtrain.com/)
- My Circle in the This is LivingWith phone app
- My LifeLine [www.mylifeline.org](http://www.mylifeline.org)
- Take them a Meal [www.takethemameal.com/](http://www.takethemameal.com/)

Spirituality
- Jewish Family Services [https://jfsdallas.org/services/older-adults/](https://jfsdallas.org/services/older-adults/) 972-437-9950 offers the availability of a Community Chaplain
- Stronghold Ministries [www.mystronghold.org](http://www.mystronghold.org) 877-230-7674

Support Group/Online Network
- CancerCare [www.cancercare.org](http://www.cancercare.org) (800) 813-HOPE (4673) online and telephone support groups
- Cancer Support Community [http://cancersupporttexas.org/programs-services/support-networking-groups/](http://cancersupporttexas.org/programs-services/support-networking-groups/) 214-345-8230 local clubhouses provide education and support.
- Colorectal Cancer Alliance [www.ccalliance.org/](http://www.ccalliance.org/) 877-422-2030 patient/family support group chat, blue hope nation community
- Inspire [www.inspire.com/](http://www.inspire.com/) online health communities for many types of cancer and other conditions
- No Stomach for Cancer [www.nostomachforcancer.org/community/login](http://www.nostomachforcancer.org/community/login)
- Pseudomyxoma Survivor [www.pseudomyxomasurvivor.org/](http://www.pseudomyxomasurvivor.org/) Facebook group
- Rare Connect Community Support [www.rareconnect.org/en/](http://www.rareconnect.org/en/)
- Smart Patients online community [www.smartpatients.com/](http://www.smartpatients.com/)

Nutrition

- Eating Hints Before, During and After Treatment (National Cancer Institute) [www.cancer.gov/cancertopics/coping/eatinghints](http://www.cancer.gov/cancertopics/coping/eatinghints)
- Oley Foundation [https://oley.org/](https://oley.org/) for people fed through a feeding tube or IV
- PearlPoint [www.pearlpoint.org/](http://www.pearlpoint.org/) nutrition information and free telephone consultation with a dietitian for oral nutrition tips and education, 877-467-1936 extension 101
- United Ostomy Association [www.ostomy.org/diet-nutrition/](http://www.ostomy.org/diet-nutrition/) nutrition tips for people with an ostomy

Nutritional Supplements:

Nutritional supplements are special drinks created for those at risk for malnutrition. These drinks add calories, protein, and other nutrients to help people gain or not lose weight and muscle mass. Drink them in addition to, not in place of, meals. These websites have recipes and some have coupons and discount programs
Ostomy

- United Ostomy Association of America [www.ostomy.org](http://www.ostomy.org) 800-826-0826

Additional Resources

- Lovenox [www.lovenox.com](http://www.lovenox.com)
- OnQ Pain Relief System [www.myon-q.com](http://www.myon-q.com)
- This is Serious [www.thisisserious.org](http://www.thisisserious.org) blood clot information

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Your Nurse Navigator can get more resources for you.
You can also find more resources in the *Resources for the Cancer Journey* book at [https://medicalcityhealthcare.com/service/cancer-resources](https://medicalcityhealthcare.com/service/cancer-resources)