

Early detection through cancer screenings initiate early treatment and help decrease mortality rates. Regular colorectal cancer screening is recommended in both males and females over 45 years old. Due to an increased risk, screening is recommended for African Americans starting at 40 years old. If the individual's first degree relative had colon cancer, colonoscopies are initiated at 40 years old and repeated every 5 years. Screening techniques include colonoscopies, fecal occult blood tests, flexible sigmoidoscopies, and double-contrast barium enemas.

## **Colostomy**

### **Colon-star-mouth**

If the entire rectum is surgically removed, a colostomy is required for stool elimination. Providing instructions for colostomy care is critical for preventing infection, maintaining adequate fluid and electrolyte balance, and minimizing odor (refer to the Picmonic on "Colostomy Care"). Key points include education regarding pouch changes, skin care, and stoma care. Refer the patient to a wound, ostomy, and continence (WOC) nurse for teaching and follow-up colostomy care.

## **Dietary Consult**

### **Nutritional-plate Consultation**

Since patients with or without stomas may experience diarrhea, constipation, or incontinence, dietary changes may help control bowel complications. For postoperative ostomy patients diagnosed with colorectal cancer, a dietary consult with a registered dietician will help the patient choose foods that are less likely to cause diarrhea and odor. Encourage the patient to drink at least 3L of fluids a day to prevent dehydration and fluid and electrolyte imbalance.

## **Body Image**

### **Self Image**

Addressing altered body image is critical in the patient with a permanent ostomy. The patient may experience anxiety or depression. Emotional support and education helps the patient cope with and manage the new stoma.