

OUR WEBINAR WILL BEGIN SHORTLY





TODAY'S WEBINAR



QUESTIONS

Ask a question in the panel on the right side of your screen

02 WEBINAR ARCHIVE

Watch a recording of this webinar on the Fight CRC website. Visit FightCRC.org

13 TWEET ALONG!

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Resources

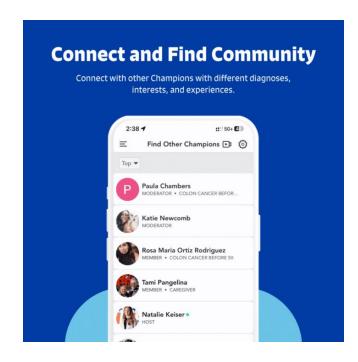
Fight CRC offers a wide variety of resources for those touched by colorectal cancer. Visit FightCRC.org to view, download, and order the latest resources.





Free Resources

Dedicated virtual meetup spaces



Community of Champions App



The information and services provided by Fight Colorectal Cancer are for general informational purposes only. The information and services are not intended to be substitutes for professional medical advice, diagnoses or treatment.

If you are ill, or suspect that you are ill, see a doctor immediately. In an emergency, call 911 or go to the nearest emergency room.

Fight Colorectal Cancer never recommends or endorses any specific physicians, products or treatments for any condition.



TODAY'S PRESENTERS



Elizabeth Rauh
MSN, APRN, CWOCN
Colon and rectal surgery APRN
Northwestern
Medicine



Fight CRC Ambassador
Colostomy



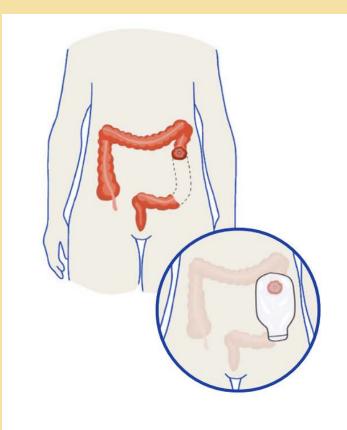
Michael Stern

Fight CRC Ambassador-Mentor lleostomy



 Can you explain the difference between a colostomy and ileostomy?





Colostomy (Ostomy)

A colostomy surgery creates a way for stool to exit the body when the colon and/or rectum cannot function properly. In this procedure, a stoma (opening) is made, oftentimes in the abdomen, and an ostomy pouch is placed around the stoma to collect and remove waste. A colostomy may be temporary and reversed after your colon has time to rest and heal, or it may be permanent.

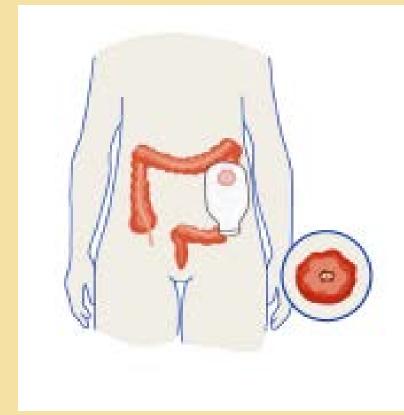
Ostomy: The opening in the body for waste.

Stoma: The actual end of the intestine seen peeking through the abdominal wall.



 Can you explain why an ostomy might be temporary or permanent?





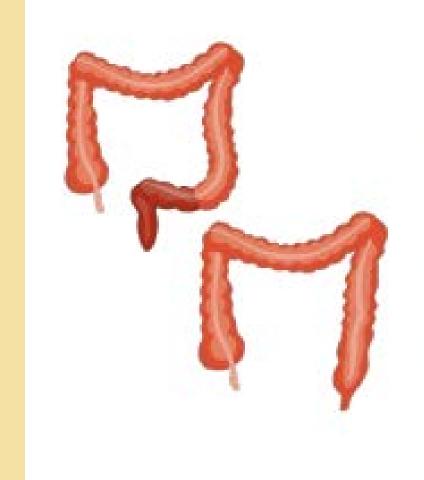
Temporary Ostomy and Reversal

This surgery is possible if the colon or rectum can heal after the initial resection surgery (which could take months to years). A reverse colostomy surgery (colostomy take-down) is performed so the stoma will no longer be necessary, and stool can once again travel throughout the colon and rectum rather than through the ostomy.



What situations (surgical or otherwise)
 might lead a patient to receive an ostomy?

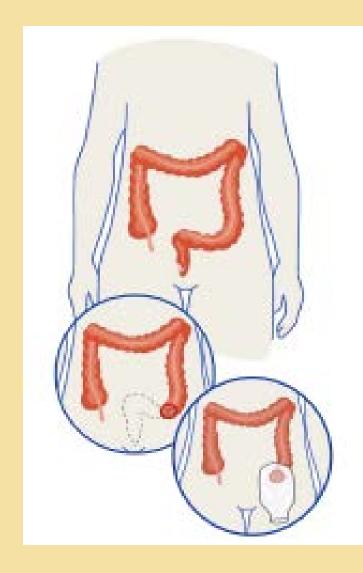




Low Anterior Resection (LAR)

LAR is a common surgery for treating rectal cancer. The tumor and part of the rectum is removed without affecting the anus. The colon is then attached to the remaining part of the rectum, so that after the surgery, stool can exit through the anus as it did before the surgery. Sometimes a temporary colostomy is needed. Recently medical teams have begun taking a "wait and see" attitude with regard to this surgery since LAR surgery can cause quality-of-life issues. Be sure to discuss with your healthcare team which route you should take and the benefits and risks of each.





Abdominoperineal Resection (APR) with Ostomy

APR is a common surgery for rectal cancer patients. One incision is made in the abdomen and another in the perineal area to remove the anus and the tissues surrounding it, including the sphincter muscle. This is a more invasive surgery than LAR because the anus is removed. With an APR, patients receive a permanent colostomy.



 Can you provide any guidance on general ostomy/stoma care and maintenance?





QUESTION AND ANSWER

Type in your questions on the panel on the right side of your screen







Fight CRC's *Colorectal Cancer Surgery* brochure covers important information about colorectal cancer surgery – from side effects to packing lists, this resource is a great place to start if you have questions.

All of Fight CRC's patient resources are medically reviewed and free to request or download.

Find it, and all of our resources, at <u>fightcolorectalcancer.org/resources</u>

Fight Colorectal Cancer Mission

We FIGHT to cure colorectal cancer and serve as relentless champions of hope for all affected by this disease through informed patient support, impactful policy change, and breakthrough research endeavors.

