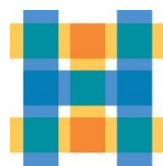


Stomach Cancer Care

PATIENT GUIDE



**NORTH YORK
GENERAL**

Stomach Cancer Care at North York General Hospital

At North York General Hospital (NYGH) we strive to put patients first in everything we do. Our goal is to provide excellent People-Centered Care throughout your stay or visit at the hospital.

Stomach cancer care, at NYGH, is provided through a multidisciplinary team approach. This involves a system of health care providers, clinics and services focused on stomach cancer patients and their families. This focus means that patients receive evidence-based care, following best practices in a multidisciplinary, collaborative environment. Here at NYGH, we offer a personalized approach through our patient navigator who will support you every step of the way.

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Care Delivery Cycle

Stomach cancer is a complex disease that will affect 1.5% of Canadians during their lifetime. As part of the multi-disciplinary team approach you may be seen at the hospital during different phases in your care. The activities involved in each phase will be based on your individual treatment plan and will be discussed with you and your family by a health care provider. Your patient navigator will be there to support you every step of your journey.



At NYGH, education, support and coaching are provided for you and your family along the entire stomach cancer journey.

Patient Navigation

Navigating the complex health care system is not easy. At NYGH we want each patient to receive and understand the information needed to make good decisions about their care.

We encourage patients to ask questions and be engaged in their care. We believe that health care should be a partnership. Health care providers bring medical knowledge, but each patient brings their own unique expertise, including their family experiences and their needs to the partnership.

What is a Patient Navigator?

A Patient Navigator is a Masters-prepared Registered Nurse who guides and supports patients through the health care system; connecting them with the right professionals and helping them gain access to available resources. The navigator is based at the hospital and is an ongoing resource for patients and families.

What does a Patient Navigator do?

- Guides patients through their stomach cancer journey from diagnosis to recovery
- Arrange initial bloodwork and imaging tests
- Prepare patients for appointments and treatment
- Provide information and educational materials
- Coordinate care and liaise between all members of the healthcare team
- Help patients and families access and connect with community resources
- Enhance the patient experience through emotional support along the journey

How do I contact a Patient Navigator?

Physician and self-referrals are both accepted. You can contact the patient navigator directly at:

Phone: 416.756.6000 ext. 4409

Fax: 416.756.6832

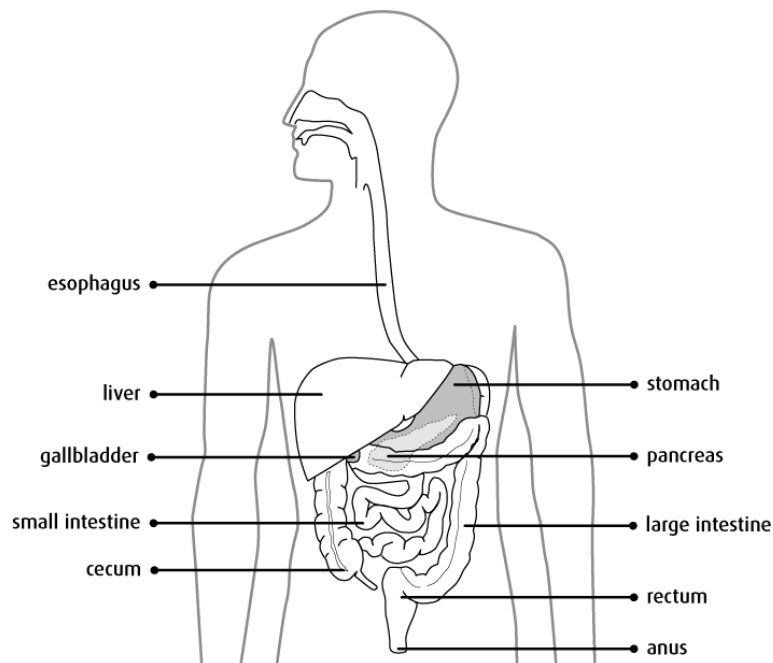
E-mail: Gi.navigators@nygh.on.ca

Receiving a Stomach Cancer Diagnosis

What is the Stomach?

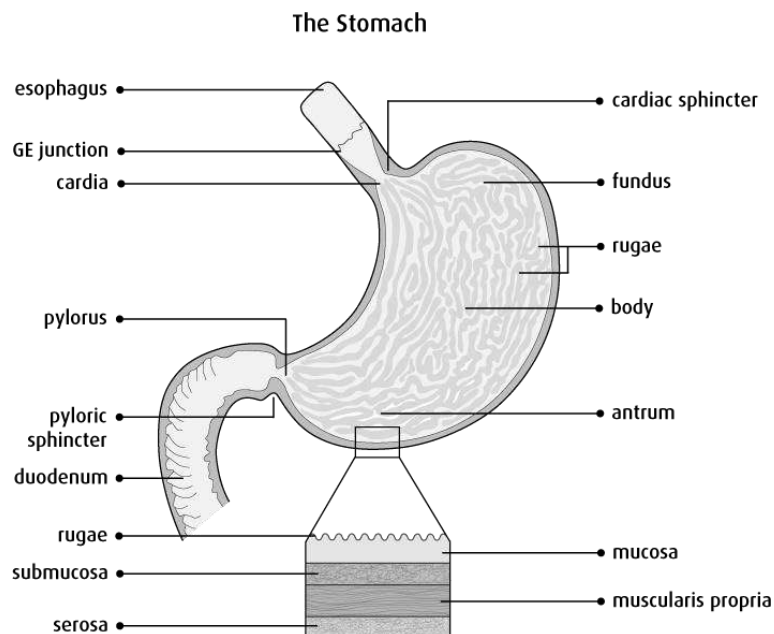
When food is ingested through the mouth, it first enters the stomach through the esophagus. The stomach is a large, muscular organ involved in breaking down the food for the body to use. In the stomach, the food is mixed with digestive juices. These digestive juices are made by glands in the lining of the stomach. From the stomach, the semi-solid mixture is then passed to your small intestine where nutrients are absorbed. The remaining semi-solid mixture then passes to large intestine where water and some salts are absorbed before moving the waste or feces out of the body by way of the anus.

The Digestive System



The stomach is divided into 5 regions:

- **Cardia** – this is the first part of the stomach below the esophagus which contains the cardiac sphincter, a ring of muscle that prevents stomach contents from going back up into the esophagus
- **Fundus** – this is the rounded area that lies to the left of the cardia below the diaphragm
- **Body** – this is the largest part of the stomach where food is mixed and starts to breakdown
- **Antrum** – this is the lower part of the stomach which holds the semi-solid mixture until it is released to the small intestine
- **Pylorus** – this is the part of the stomach that connects to the small intestine which contains the pyloric sphincter, a ring of muscle that controls the emptying of the stomach contents and prevents the small intestine contents from going back up into the stomach



The stomach wall consists of four main layers:

- **Mucosa** – this is the inner layer of the stomach which comes into contact with food. It consists of specialized cells and glands that produce mucus and digestive juices that help digest food.
- **Submucosa** – this layer is made up of connective tissue that contains blood and lymph vessels, nerve cells and fibres.
- **Muscularis propria** – this is the main muscle of the stomach that helps move food through the stomach.
- **Serosa** – this is the fibrous membrane that covers the outside of the stomach.

What is Stomach Cancer?

We are all made up of individual microscopic cells. Sometimes your body’s cells changes in a way that cells become abnormal and start to grow uncontrollably. These cell changes may lead to non-cancerous (benign) tumours, pre-cancerous tumours or cancerous (malignant) tumours.

A non-cancerous tumour of the stomach is a growth that does not spread to other parts of the body and are not usually life-threatening. They are typically removed by endoscopic biopsy or surgery and do not usually come back. There are many types of non-cancerous stomach tumours such as gastric polyps, or lipomas.

Changes to cells in the stomach can also cause pre-cancerous conditions where the cells, if left untreated, may become stomach cancer. Some of the pre-cancerous conditions include gastric epithelial dysplasia, and gastric adenomas.

In some cases, changes to the cells in the stomach can cause cancer. Stomach cancer is a malignant tumour that, most often, starts in the inner layer or mucosa of the stomach wall. As it grows, it

invades deeper into the stomach wall and then through the wall. It can spread, or metastasize, and invade nearby structures or spread through the blood stream to other organs of the body.

The most common type of stomach cancer is called adenocarcinoma and it makes up about 95% of all stomach cancers. There are also other rare types of stomach cancer which include gastric lymphomas, adenosquamous carcinomas and gastrointestinal neuroendocrine tumours.

Rare Stomach Tumours

Gastrointestinal Stomal tumours (GIST): start in interstitial cells of Cajal (ICCs). ICCs are specialized cells in the GI tract. They have characteristics of both smooth muscle cells and nerve cells. GISTs of the stomach maybe cancerous or non-cancerous (benign). A cancerous GIST is usually treated with surgery.

Gastric lymphomas: typical non-Hodgkin lymphomas. Mucosa-associated lymphatic tissue (MALT) Lymphoma is the most common type of gastric lymphoma. Most cases of gastric MALT are caused by *H.pylori* infection.

Adenosquamous carcinomas: contains features of both adenocarcinoma and squamous cell carcinoma. The prognosis of adenosquamous cell carcinoma tends to be less favourable than adenocarcinoma.

Biopsy and Diagnostic Laparoscopy

A **biopsy** is a procedure where a tissue sample from the stomach is removed and sent to the laboratory. The tissue is examined by a pathologist to determine whether or not cancerous cells are present. Most times your physician will perform a biopsy of the stomach polyp or tumour during your gastroscopy procedure. On occasion there may be a need to repeat your gastroscopy procedure to plan for your surgery.

A **diagnostic laparoscopy** is a type of surgery that allows your surgeon to look for disease in your abdomen. Your surgeon may consider laparoscopy to determine whether or not the cancer has spread beyond the stomach wall, to the tissue lining of the abdomen or to other organs. The laparoscopy is done under general anesthesia and the laparoscope is inserted through a tiny incision in your abdomen. Your surgeon will be able to look for signs of cancer and obtain fluid (peritoneal washings) for cancer testing. This is a day procedure and does not require an overnight hospital stay.

Your surgeon will discuss these procedures with you.

Preparing for your biopsy and diagnostic laparoscopy Your biopsy and diagnostic laparoscopy will be performed at our Leslie Street General site – First Floor.	
WHAT TO EXPECT:	<ul style="list-style-type: none"> • You will be given the time and preparation instructions prior to coming to the hospital for your appointment. This will include information on fasting prior to your procedure. • You will be given instructions on when to stop taking your medications before your appointment. This will depend on the type of medications you normally take. • You will meet a nurse who will go through some safety questions and explain the procedure. • You will be given a hospital gown and asked to change. It is strongly recommended that you do not bring any valuables with you, including jewelry because you will need to remove them before the procedure. • You may have an IV started in your hand for medications to be injected through. • Generally, there is no discomfort from the procedures. You may need some sedation for the gastroscopy procedure. You will be under general anesthesia for the diagnostic laparoscopy. You must have someone come and pick you up from the hospital. • Your appointment is expected to last about 1.5 – 3 hours.
WHAT/WHO TO BRING:	<ul style="list-style-type: none"> <input type="checkbox"/> Your health card. <input type="checkbox"/> A list of medications you may be taking, especially if you are diabetic. <input type="checkbox"/> A family member or friend who can be your support person or interpret for you if you are not fluent in English. <input type="checkbox"/> Wear comfortable clothing.

Questions? Please contact your patient navigator (416.756.6000 ext. 4409) if you have any questions.

Medical Imaging

Confirming a diagnosis of cancer and staging the cancer involves a number of tests and scans that may include blood tests, biopsy, diagnostic laparoscopy and computerized tomography (CT) scans. These tests provide information about the size and location of the tumour and whether or not the cancer has spread to other parts of your body.

You will be referred to North York General’s **Medical Imaging** services or at an offsite center depending on the specific tests you may need.

Computerized Tomography (CT)

You will have a CT scan of your chest, abdomen and pelvis. The CT scan takes detailed images of the tumour and the organs in your chest, abdomen and pelvis. This is used for staging the cancer.

Preparing for your Computerized Tomography (CT) Your CT scan will be performed at our Leslie Street General Site – First Floor.	
WHAT TO EXPECT:	<ul style="list-style-type: none"> <input type="checkbox"/> You will be given the time and preparation instructions prior to coming to the hospital for your appointment. <input type="checkbox"/> You will be asked to drink 1 litre of water 1 hour before your appointment. <input type="checkbox"/> You may go to the bathroom to pee if you need to. <input type="checkbox"/> You will meet a CT technologist or nurse who will go through some safety questions and explain the procedure. <input type="checkbox"/> You will be given a hospital gown and asked to change. It is strongly recommended that you do not bring any valuables with you. <input type="checkbox"/> You may have an IV started in your hand or arm for CT contrast to be injected through. <p>Your CT appointment is expected to last about 1-2 hours.</p> <p><i>Questions? Please contact CT department 416-756-6190</i></p>
WHAT/WHO TO BRING:	<ul style="list-style-type: none"> <input type="checkbox"/> Your health card. <input type="checkbox"/> A list of medications you may be taking, especially if you are diabetic. <input type="checkbox"/> A family member or friend who can be your support person or interpret for you if you are not fluent in English. <input type="checkbox"/> Wear comfortable clothing.

Questions? Please contact your patient navigator (416.756.6000 ext. 4409) if you have any questions.

Genetic Assessment and Counselling

Why do people get Stomach Cancer?

In the majority of patients there is no specific reason as to why a person gets cancer. Cells have the possibility of mutating and when they do it is sometimes a random event that causes cancer to develop. Most patients who get stomach cancer have not done anything wrong with their lifestyle to cause the illness.

Overall 1.5% of Canadians will develop stomach cancer at some time in their lives. The risk increases with age and is greatest after 50 years of age. Anything that increases your chance of getting stomach cancer is called a risk factor. This can be activities you do, things in the environment or personal traits.

There are known and possible risk factors for stomach cancer. Helicobacter +pylori infection is the most important known risk factor for developing stomach cancer.

Helicobacter pylori is a bacteria found in the stomach that causes inflammation, ulcers and changes to the cells lining the wall of the stomach. Other known risk factors include smoking, family history of stomach cancer, inherited genetic conditions, previous stomach surgery, Epstein-Barr virus, and certain stomach conditions, such as chronic atrophic gastritis, intestinal metaplasia, gastric epithelial dysplasia, adenomas, and pernicious anemia.

The possible risk factors for stomach cancer are gastroesophageal reflux disease, alcohol, obesity and a diet high in smoked, cured and processed meats and salty foods. Other possible risk factors include exposure to lead and asbestos, and cystic fibrosis.

Most cases of stomach cancer are not hereditary. However, about 5% of the time cancer happens because of a genetic change inherited from a parent. When this occurs we say there is a 'hereditary' cause to the cancer. If you have a parent, sibling or a child who have had stomach cancer, you have a higher risk of developing stomach cancer.

Patients may not have a strong family history of stomach cancer but may still have an inherited syndrome that increases their chances of getting stomach cancer. The inherited syndromes most closely related to stomach cancer includes:

- Hereditary diffuse gastric cancer
- Lynch Syndrome
- Juvenile polyposis syndrome
- Peutz-Jeghers syndrome
- Classic or attenuated familial adenomatous polyposis
- Li-Fraumeni Syndrome

Families with these genetic tendencies will require special screening. Genetic counselling and risk assessment aims to identify people with an increased risk for inherited cancers. Genetic testing provides information that may help individuals and their care providers determine the best treatment options.

If this is applicable to you, your surgeon will refer you to North York General's **Genetics Clinic, on the 3rd floor, South**

What Can I Eat Before Surgery?

Eating well is an important part of your cancer self-care. How you eat can affect your weight, strength and energy. Good nutrition also promotes healing, supports immune function and helps you feel your best. Choose a variety of foods that provide calories, protein, vitamins and minerals. Eating foods that are higher in calories (eg. avocados, higher fat dairy products, oils, sauces, nuts and seeds, peanut or other nut butters and dried fruits) and eating smaller meals more often throughout the day (5 or 6 times per day) can help maintain your weight. Include good sources of protein with meals and snacks (eg. lean meats, fish, poultry, eggs, legumes, tofu, nuts and seeds, peanut butter or other nut butters, milk, yogurt and cheese).

Planning Your Treatment

After being diagnosed with stomach cancer, you and your surgeon will make a treatment plan. The treatment plan may involve one or more specific treatments to target the cancer cells in different ways. This may include endoscopic treatment, surgery, chemotherapy and/or radiation therapy. The goal is to treat the current cancer and to prevent the cancer from growing again. The sequence of your treatment will depend on your particular situation and this will be discussed with you by your surgeon.

Preparing for your visit with your surgeon	
WHAT TO EXPECT:	<ul style="list-style-type: none"> Your surgeon will review your test results with you that may include bloodwork, biopsy, diagnostic laparoscopy, and CT. Discussion about treatment options available and what treatments are most appropriate based on the characteristics of your cancer, your life, work, and personal preference.
QUESTIONS FOR YOUR SURGEON:	<ul style="list-style-type: none"> Where is the cancer and has the cancer spread? What can be done to treat the cancer? What type of surgery will I have? Why is surgery recommended? Are there other options available? Will I be referred to any other specialists? What are the risks and potential complications? How do these risks compare to the benefit of me having surgery? Do I have to decide on the treatment right away or can I look for more information and think about it? Where can I get more information? If I would like a second opinion, will you be able to arrange one for me? What are the chances that the cancer will come back? If I choose not to have treatment, what will happen? Will treatment affect my fertility? How long will I be in the hospital? How will treatment impact my appetite and diet? When can I return to work and resume my normal daily activities? What should I do to prepare for my surgery?
WHAT/WHO TO BRING:	<ul style="list-style-type: none"> <input type="checkbox"/> Your health card. <input type="checkbox"/> A list of medications you may be taking, especially if you are diabetic. <input type="checkbox"/> A family member or friend who can be your support person or interpret for you if you are not fluent in English. <input type="checkbox"/> Wear comfortable clothing.

Questions? Please contact your patient navigator (416.756.6000 ext. 4409) if you have any questions.

Endoscopic Treatment

Endoscopic resection is an option for removing early stomach cancers that have not grown beyond the first layer of the stomach wall. This procedure removes small tumors using cutting tools inserted through an endoscope, which is placed in the mouth, down the throat and into the stomach. A liquid is first injected under the tumour to lift it up away from the stomach wall so it can be removed. The two ways to remove small stomach tumors **endoscopically, includes endoscopic mucosal resection (EMR) or endoscopic submucosal dissection (ESD).**

If endoscopic treatment is part of your treatment plan, your surgeon will refer you to an endoscopic specialist. This will most likely take place at an offsite regional cancer centre.

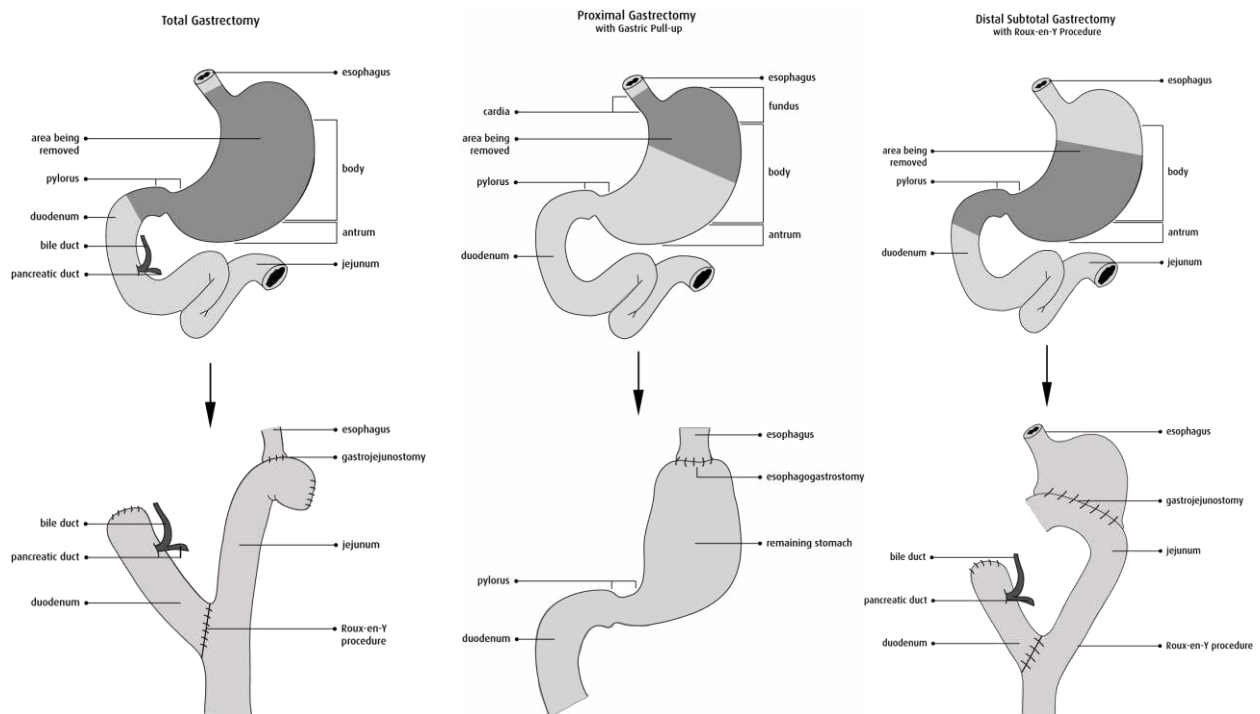
Preparing for your endoscopic treatment	
WHAT TO EXPECT:	<ul style="list-style-type: none"> • Endoscopic treatment will occur at an offsite regional cancer centre • You will be provided education and preparation information prior to your procedure
QUESTIONS FOR YOUR ENDOSCOPIC SPECIALIST:	<ul style="list-style-type: none"> • What are the benefits and risks of having endoscopic treatment? • What type of endoscopic resection will I be getting? • What are some of the side effects and how are they managed? Are there any special instructions I should follow before, during, and after endoscopic treatment? • Can I bring someone with me? • May I continue to take my regular medications (including vitamins, minerals or naturopathic remedies)? • Will I need to stay in the hospital? • What kind of dietary changes will I need to make • before, during, and after endoscopic treatment?

Questions? Please contact your patient navigator (416.756.6000 ext. 4409) if you have any questions.

Surgery

Surgery is a treatment option for most stomach cancers. This is the removal of the whole tumour and diseased section of the stomach including any nearby structures that have been invaded by the tumour and surrounding lymph nodes. The type of surgery is called a **gastrectomy**. A gastrectomy removes some or all of the stomach, depending on the extent of the cancer.

- A *total gastrectomy* removes your entire stomach
- A *subtotal or partial gastrectomy* removes part of your stomach. The gastrointestinal tract is reconstructed and the remaining stomach is attached to the esophagus or the small intestine.
- A *proximal gastrectomy* is a subtotal gastrectomy that removes the upper half of your stomach
- A *distal gastrectomy* is a subtotal gastrectomy that removes the lower half of your stomach



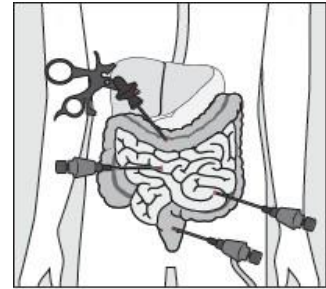
Your surgery can be done in one of two ways:

Laparoscopic (Minimally Invasive Surgery)

If your surgery will be done laparoscopically, the surgeon will make 4 to 6 small incisions in your abdomen.

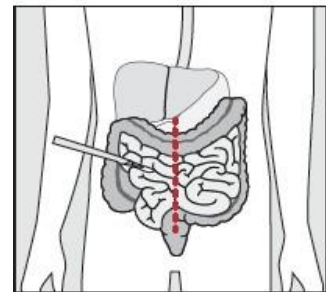
Your surgeon will insert instruments and a video camera into the incisions to remove the whole or diseased part of the stomach and reconstruct the gastrointestinal tract.

Using the laparoscopic technique helps to reduce postoperative pain and allows for a quicker recovery while maintaining the quality of the cancer operation.



Open

If the surgery is done using the open technique, your surgeon will make one incision in your abdomen to perform the surgery. The surgeon will remove the whole or diseased part of the stomach and reconstruct the gastrointestinal tract.



Your surgeon will discuss the best option for you given the characteristics of your cancer, technical issues and your preference. You will require hospitalization for surgery, however in some circumstances your surgery may be performed as a day out-patient procedure. Your surgery will be performed while you are under general anesthesia.

Once you and your surgeon decide that you are a candidate for surgery, you will sign the following forms with your surgeon:

- Consent for surgery
- Consent for blood transfusion or blood products
- Contact by our Research Coordinator to see if you can participate in clinical trials

Clinical Treatment Trials: Clinical treatment trials investigate new approaches to treating cancer, such as new drugs, new types of treatments or combinations of existing treatments. They are closely monitored to make sure they are safe and effective for the participants. Ask your doctor if any clinical trials are available as a suitable treatment option for you.

Pre-Operative Assessment

You will be scheduled to attend a Pre-Op Assessment appointment several days or weeks before your surgery. This is a place where information is shared: we will learn more about you and your health, and you will learn more about your surgery.

Preparing for your Pre-Op Assessment clinic visit The Pre-Op Assessment Clinic is located at our Leslie Street General site – Fourth Floor, South side. You will register at the Patient Registration Office first (located on the first floor before you go to the clinic).	
WHAT TO EXPECT:	<ul style="list-style-type: none"> You will meet with a nurse to review all of your completed forms, have your blood tested, and have an electrocardiogram (ECG) completed, if required. The nurse will review information about pre-op showering, bowel preparation, body hair removal, diet and fasting requirements. You will also be provided with instructions on where to purchase the Chlorhexidine soap and how to use it prior to surgery. You will meet with a pharmacist to review your current medications, including vitamins, minerals, supplements or naturopathic remedies. You will meet with an anaesthesiologist to review the options for pain management, including which anesthetic will be given to put you to sleep during your surgery, and the type of pain medications to decrease and prevent you from feeling pain during and after surgery. You will meet with a medical doctor (if needed). You may meet with a research assistant to learn about participating in a Clinical Trial If you smoke, we strongly suggest that you stop smoking completely for 3 weeks before your surgery. This will reduce the risk of lung problems and improve wound healing after your surgery. Talk to the nurse or pharmacist if you would like information on resources to help you quit smoking. Your appointment is expected to last about 2 – 4 hours.
QUESTIONS TO ASK:	<ul style="list-style-type: none"> What should I do days before surgery and what happens after surgery? How long will I be in the hospital? Do I need to make dietary changes before my surgery? What medications should I start or stop before, on the day of, and after my surgery?
WHAT/WHO TO BRING:	<ul style="list-style-type: none"> <input type="checkbox"/> Your health card. <input type="checkbox"/> Your list of medications, including vitamins, minerals, supplements or naturopathic remedies you may be taking. <input type="checkbox"/> A snack (especially if you are diabetic). <input type="checkbox"/> Your specialists' names and contact information and recent test results and consultation notes (if available) <input type="checkbox"/> A family member or friend who can be your support person (if your family member or friend is not available and you require an interpreter; please notify us ahead of time).

Questions? Please contact your patient navigator (416.756.6000 ext. 4409) if you have any questions.

Preparing for Your Surgery

It is important that you prepare for surgery, and participate in your recovery because this will ensure the best outcome for you. Make sure that you know who is going to take you home. Also, make sure that everything is ready for you when you go home after your surgery. You may need help with driving, preparing meals, laundry, cleaning, caring for your pet and self-care. You should be able to walk, eat food and care for yourself as usual. You will likely need some help from family and friends when you first get home from the hospital.

If you do not feel well within 72 hours before surgery i.e. fever, cough, cold, flu, please call your surgeon for further instructions.

On the day of your surgery

Your surgery will be performed at our Leslie Street General site – First Floor. Plan to arrive two hours before your surgery time. You will register at the Surgery Registration on the first floor across from the Orthopaedic and Plastics Centre.

WHAT TO EXPECT:

When you arrive in the Day Surgery Unit:

- You will meet with a nurse to re-check all your medical records, ask you a few questions to make sure you are safe to have your surgery, check your vital signs (e.g. pulse, heart rate, etc.), and answer any questions you may have.
- You will change into a hospital gown, remove jewelry, dentures, glasses, etc.
- It is strongly recommended that you do not bring any valuables with you.
- You may be given pain medication to take by mouth before your surgery.
- You may be given a warming blanket to maintain your body temperature between 36.0°C – 37.5°C while you wait before your surgery.
- You will walk into the operating room to meet your surgeon and anesthesiologist.

When your surgery is completed:

- You will be taken to the Recovery Room
- You will have an intravenous (IV) drip in your arm to give you fluid and medicine, face mask to receive oxygen and maybe a catheter to drain the urine out of your bladder
- Nurses will check your vital signs and ask about your pain level. Please tell the nurse if your pain changes or gets worse. Nurses will give you medications for pain.
- Nurses will check your bandages and encourage you to take deep breaths and to move your ankles and feet.
- If you are having Day Surgery, you must have a family member or friend pick you up to take you home when you are you are awake, breathing properly and your pain is well managed.
- If you are being admitted, you will be transferred to your room on the Fifth-floor inpatient unit when you are ready.

WHAT/WHO TO BRING:	<p>Day Surgery:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Your health card <input type="checkbox"/> Change of clothes. Leave valuables (large amounts of money, jewelry, including rings) at home. North York General is not responsible for any lost valuables. <input type="checkbox"/> A family member or friend to take you home after your surgery. <input type="checkbox"/> Please bring 2 or 3 reusable bags for your belongings. Big enough for your shoes, clothes and jackets <input type="checkbox"/> Please bring a sealed reusable water bottle / thermos for drinking water after your procedure. Do not bring any glassware. Do not drink until your nurse tells you it is safe to do so. <p>In-patient Surgery:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Your health Card and insurance information <input type="checkbox"/> Your medications, including vitamins, you are currently taking <input type="checkbox"/> A robe and loose comfortable clothing. Non-slip slippers or shoes, reading glasses, magazines or books to read <input type="checkbox"/> Dentures (if you need them) in a case labelled with your name. Personal hygiene items (e.g. toothbrush, toothpaste, hair brush, mouthwash, deodorant, lip balm and hand cream) <input type="checkbox"/> Cane, crutch or walker if you need it for walking, labelled with your name. <input type="checkbox"/> A sleep apnea machine if you use it for sleeping, labelled with your name. <input type="checkbox"/> Non-perishable, easily digestible food like cookies, crackers, cereal or pudding cups. Do not bring food that needs to be refrigerated as it will go bad. <input type="checkbox"/> 2 packs of chewing gum. Chewing gum will help your recovery. <input type="checkbox"/> Please bring 2 or 3 reusable bags for your belongings. Big enough for your shoes, clothes and jackets. <input type="checkbox"/> Please bring a sealer reusable water bottle / thermos for drinking water after your procedure. Do not bring any glassware. Do not drink until your nurse tells you it is safe to do so.
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Questions? Please contact your patient navigator (416.756.6000 ext. 4409) if you have any questions.

Your Hospital Stay

Enhanced recovery after surgery

Your healthcare team will work with you to provide optimal pain management and encourage you to perform activities that are based on best practices shown to decrease postoperative complications and speed your recovery.

WHAT TO EXPECT:

- Nurses will check your vital signs (e.g. pulse, heart rate, etc.) frequently. You will be asked to rate your pain using a pain scale. The pain scale from 0 to 10 lets the nurse know how much pain you are having. Your pain level should be less than 4. If your pain is 4 or more you should let the nurse know so you can receive pain medication to treat your pain. You will be followed by the **Acute Pain Service**, including an anesthesiologist and a Nurse Practitioner.
- Nurses will check your bandages and intravenous (IV) drip frequently.
- Your urine catheter will be removed the day after surgery, if you have one.
- You will be encouraged to take deep breaths and to move your ankles and feet while lying in bed.
- In the evening after your surgery the nurse will assist you to sit at the side of your bed and dangle your feet. This will prepare you for the next day when your nurse or a physiotherapist will assist you to walk in the hallways.
- Walking is the best way to start your recovery after surgery. This also prevents other problems like pneumonia, skin breakdown, blood clots and muscle weakness.
- You might be able to have clear fluids the night of your surgery.
-
- You will be given your first meal the day after your surgery. You will sit in a chair for all your meals.
- You should chew gum starting the day after your surgery. You should chew one stick of gum, for at least 5 minutes, 3 times per day. Chewing gum after surgery will help you pass gas, which is a sign that your bowels are working.
- You will meet with the **Registered Dietitian** to discuss your post- gastrectomy diet plan and receive educational materials for when you are at home.

Preparing to go home after surgery

You can expect to go home 2 days after your surgery.

Plan to go home before **10:00 am** on the day of your discharge.

WHAT TO EXPECT:

- You should have no nausea or vomiting
- You should be able to eat and drink
- You should be passing gas. You do not have to have a bowel movement before you go home
- You should be passing your urine well
- You should be able to resume your usual activity like you did before surgery. You may not be able to walk far and that is fine.
- You should have everything organized at home (For example: food to eat)
- All of your questions or concerns about your ongoing recovery at home have been answered by your healthcare team.

At home after your surgery

WHAT TO EXPECT:

- **Diet:** You will be provided with educational materials about your post- gastrectomy diet and nutrition plan by the Registered Dietitian prior to going home.
- **Bowel Movements:** Your bowel routine should return to how it was before your surgery. If you are experiencing symptoms of persistent diarrhea and severe abdominal cramping, please call your surgeon's office to discuss.
- **Showers:** Daily showers are permitted starting your first day home and a bath after 3 weeks. You do not need to cover your surgical incision. Do not scrub the incision. Pat dry the incision with a clean towel after your shower. Do not use any creams or ointments on the incisions for at least a month. The incision will become firm over the first few months and then it will start to soften. It will take a year for the scar to mature completely. If you suntan your stomach, make sure you cover the scar with sunscreen as it will tan very deeply and will remain dark.
- **Surgical Incision Care:** You might go home with staples in your skin that hold your surgical incision together, or the incision might be covered with steristrips (paper tape). The steristrips will begin to fall off on their own 7- 10 days after discharge. Your surgeon or family physician will take the staples out when you return for your follow up appointment within two to four weeks.
- **Energy Level and Mood:** Remember that surgery is a big stress on the body. Expect to feel more tired than usual, especially for the first two weeks after you get home. Gradually increase your activity level over the next several weeks. Listen to your body and take frequent rest breaks as needed throughout the day. Keeping a positive attitude is also very helpful. It is understandable that you feel scared and maybe overwhelmed with the news of your diagnosis. It is healthy to express those feelings but it is important not to let them take over.
- **Leisure and Sport Activities:** You can resume physical activity as you feel better. The only limitation is no lifting more than 10 pounds for 6 weeks (1 laundry bin or 2 small grocery bags). This also includes any other activity that would stress your abdomen, like rowing or cycling against resistance. Do not do abdominal exercises, high intensity aerobic activities or weight training for 6 weeks after surgery. The reason for this restriction is to prevent the incision from becoming weak resulting in an *incisional hernia* (a defect in the muscles and tissues under the skin). The incision will pull a little and make you walk a bit hunched over. The incision may also burn a little – this is normal. This causes strain on the back so make an extra effort to walk straight.
- **Sexual Activity:** Sexual activity can resume when you feel comfortable with this. Remember to avoid any position that causes you pain. Discuss any questions you may have at your follow up visit with your surgeon.
- **Driving:** In general, you may start to drive when you are no longer taking strong opioid pain medicine. However, you may feel weaker than normal for a while. Your surgeon will tell you at your follow up appointment if it is safe for you to start driving again.
- **Returning to Work:** Discuss with your surgeon about your expected return to work date. This will depend on your recovery and your type of work. If you need chemotherapy, you will start that within 8-10 weeks of the surgery. In these cases, you should not go back to work until you see how you respond to the chemotherapy. Some patients feel well enough to work during chemotherapy but others do not.
- **Travel:** It is recommended that you **do not travel by plane for 3-4 weeks** after surgery. Please remember that if you plan on travelling out of the country there can be issues with travel insurance. Please check with your travel insurance provider if you will have coverage.

SIGNS AND SYMPTOMS TO WATCH FOR AT HOME AFTER SURGERY	<p>Call your surgeon or go to the nearest emergency room right away if you have any of the following symptoms:</p> <ul style="list-style-type: none">• A fever (temperature greater than 38°C or 100°F)• You are vomiting, bloated or feeling nauseous all the time• Persistent diarrhea and severe abdominal cramping• Redness, swelling, odour, pus or increasing pain from your surgical incisions• Bright red or dark blood from your anus• Severe or uncontrolled abdominal pain that your medicine does not help• You have not had a bowel movement after 7 days from your surgery• Chest pain, tightness or pressure• Shortness of breath or difficulty breathing• Swelling in your arms or legs
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Questions? Please contact your patient navigator (416.756.6000 ext. 4409) if you have any questions.

Eating Well After Surgery

You may need to make changes to your diet and your eating habits after your surgery. You may find it easier to eat small meals and snacks throughout the day, rather than eating 3 large meals. It is important to get enough calories and protein to control weight loss and maintain your strength. Your doctor or Registered Dietitian can give you more information about supplements and how to maintain a healthy diet.

Dumping Syndrome

Dumping syndrome is a group of symptoms that you may experience after stomach surgery. It happens when food moves from your stomach into your small intestine too fast. Most people have symptoms 10-30 minutes after eating (early dumping syndrome). Others have symptoms one to four hours after eating (late dumping syndrome). It may also be called rapid gastric emptying. Dumping syndrome can develop after surgery when part or all of the stomach is removed.

Symptoms of early dumping syndrome

With early dumping syndrome, the stomach releases food into the small intestine very quickly. The small intestine pulls in fluid from surrounding tissues and blood vessels. You may experience

- bloating
- abdominal cramping
- diarrhea
- dizziness
- early satiety, which is feeling full after eating only a small amount of food
- nausea and vomiting
- palpitations, which means that your heart is beating very hard or fast or not beating regularly
- light-headedness

Symptoms of late dumping syndrome

Food is released into the small intestine very quickly. The body absorbs carbohydrates and the blood sugar level rises. The body responds by releasing insulin, which causes a drop-in blood sugar level, or hypoglycemia. You may experience:

- sweating
- shakiness
- hunger
- difficulty concentrating
- feeling less alert

If symptoms get worse or do not go away, please report them to your doctor or healthcare team.

Eating Guidelines for Dumping Syndrome

- **Have smaller, more frequent meals throughout the day.** Eat six or more small meals each day, about 2 or 3 hours apart. Be sure to eat slowly and chew your foods well.
- **Do not drink fluids with meals.** Instead drink fluids at least 30 minutes before or after your meal.
- **Limit added sugars.** Foods with added sugars include regular pop, fruit punch, sports drinks and other sweetened beverages, candy, cookies and cakes. If you want to use artificial sweeteners or “diet” foods, discuss this with your Registered Dietitian or Doctor first.
- **Include foods that contain fat and protein at each meal.** Foods that contain healthy fats are canola and olive oil, non-hydrogenated margarine, fish, avocado and nuts. Protein is found in meats, poultry, fish, beans, tofu, nut butters and eggs.
- **Include high fibre foods.** This may be helpful if you have late dumping syndrome. The kind of fibre found in lentils, split peas and dried beans (such as kidney beans, black beans, pinto beans, and garbanzo beans), oat bran and fruits and vegetables is most helpful.
- **Be careful with milk products:** Some people find milk products increase dumping symptoms. If they do not make your symptoms worse, you can include them. Speak with the Registered Dietitian about getting enough calcium and vitamin if you do not take milk products.
- **Avoid caffeine, if you find it makes your symptoms worse.** Caffeine is found in coffee, tea, cola beverages and chocolate. Try decaffeinated beverages instead.
- **Discuss alcohol use with your doctor.**
- **Ask your doctor about vitamin or mineral supplements.** Sometimes people who have had stomach surgery have trouble absorbing certain nutrients, such as vitamin B12 and iron.

Pathology Reports

The tumour that is removed during your surgery is sent to our pathologists. It takes about 1-2 weeks for them to process the tumour. The pathology report will describe the characteristics of the cancerous cells that were found. These include the size of the tumour, the depth of the tumour, and if there is any lymph node involvement.

Your first follow-up visit with your surgeon will be two to four weeks after surgery. Your surgeon will see how you are recovering, how your incision is healing, and discuss the results of the pathology report with you and your family during this visit. The pathology report will help determine whether or not any additional therapy, such as chemotherapy or radiotherapy will be needed.

Chemotherapy

Chemotherapy destroys cancer cells that may have spread from the stomach to other parts of the body and reduces the chance of your cancer growing again (recurrence). Chemotherapy may be given prior to surgery to help shrink the tumour and allow for easier removal of the tumour in the stomach, or after surgery for patients who are at increased risk of recurrence. Depending on your particular situation, your surgeon will refer you to a medical oncologist to determine if you require chemotherapy.

Chemotherapy can consist of one or more medications that are given either through an intravenous infusion or orally by a pill. Chemotherapy can cause a number of different side effects. People can experience different side effects even with the same chemotherapy treatment. It is important that you tell your oncology team about any concerns you have so we can address and/or minimize these side effects.

If you require chemotherapy, your chemotherapy treatment will either take place at North York General Hospital's **Baruch Weisz Cancer Centre** on the 8th Floor, South side or at an offsite cancer center if you are also receiving radiation as part of your treatment.

Preparing for your Chemotherapy treatment	
WHAT TO EXPECT:	<ul style="list-style-type: none"> You will receive education on your first visit to the oncology clinic from the pharmacist/nurse. You may be asked to start pre-chemotherapy medications the day prior to your chemotherapy treatment. You will need to have your blood drawn in the Outpatient Lab on the 4th floor, South side the day before chemotherapy (Lab clinic opening hours: Monday-Friday 8 A.M to 3P.M). You will need to register at the Chemotherapy Clinic when you arrive for your treatment. Please arrive 15 minutes before your appointment time to complete symptom assessment screening. The length of your visit for chemotherapy will vary depending on the treatment you will be receiving.
WHAT YOU NEED TO BRING:	<ul style="list-style-type: none"> <input type="checkbox"/> Your health card. <input type="checkbox"/> Anti-nausea and other medications that your medical oncologist has prescribed. <input type="checkbox"/> Food/beverages. <input type="checkbox"/> Books/entertainment while you wait or are receiving chemotherapy.
QUESTIONS FOR YOUR MEDICAL ONCOLOGIST:	<ul style="list-style-type: none"> How will chemotherapy help me? What are the benefits and risks involved with the specific chemotherapy medications I will be receiving? What are some of the side effects and how are they managed? What serious side effects should I look out for and what do I do if I experience them? How will treatment affect my daily activities or work schedules? Are there any special instructions I should follow before, during, and after the chemotherapy treatments?

	<ul style="list-style-type: none">• Do I need any vaccinations before my chemotherapy treatment?• Can I bring someone with me?• May I continue to take my regular medications (including vitamins, minerals or naturopathic remedies)?
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Questions? Please contact the Anne Tanenbaum Chemotherapy Centre (416.756.6704) if you are experiencing any side effects. Contact your medical oncologist if you have any questions or concerns regarding your treatment.

Radiation Therapy

Radiation therapy (radiotherapy) involves the use of high energy x-rays, to destroy cancer cells and prevent them from re-growing. External beam radiation therapy is the most common type of radiation used to treat stomach cancer. This method delivers radiation from outside your body using a large machine. The radiation passes through your skin and other tissues and is targeted to reach the tumour.

Radiation therapy to treat stomach cancer is given in a series of daily treatments to allow healthy cells to heal between treatments. Radiation therapy may be combined with chemotherapy given over the same time period. Radiation therapy can cause a number of different side effects. People can experience different side effects even with the same radiation treatment. It is important that you tell your oncology team about any concerns you have so they can address and/or minimize these side effects.

If radiation is part of your treatment plan, your surgeon will refer you to a radiation oncologist. Your radiation therapy will take place at an offsite regional cancer centre.

Preparing for your radiation treatment	
WHAT TO EXPECT:	<ul style="list-style-type: none">• Radiation therapy will occur at an offsite regional cancer centre• Radiation usually occurs daily (Monday through Friday)• The number of treatments will vary depending on your particular situation
QUESTIONS FOR YOUR RADIATION ONCOLOGIST:	<ul style="list-style-type: none">• What are the benefits and risks of having radiation therapy?• What type of radiation therapy will I be getting?• What are some of the side effects and how are they managed?• What serious side effects should I look out for and what do I do if I experience them?• How will the radiation treatment affect my daily activities or work schedules?• Are there any special instructions I should follow before, during, and after radiation?• Can I bring someone with me?• May I continue to take my regular medications (including vitamins, minerals or naturopathic remedies)?

Questions? Please contact your radiation oncologist if you have any questions or concerns regarding your treatment.

Wellbeing During & After Treatment

“Wellness” addresses elements of the body, mind and spirit which contribute to your wellbeing in general. These elements can include nutrition, exercise, emotional wellbeing, social and community connections, sexuality and spirituality. Positive lifestyle practices increase your feeling of wellbeing, both during and after treatment. There are a number of programs and supports available to you that aim to optimize your wellbeing during and after treatment.

Maintaining a good diet and exercising during treatment will help improve your overall health and energy levels. These lifestyle choices will help you better cope with your diagnosis and the side effects from treatment. Eating and exercise can be a challenge during treatment and modifications may be necessary. Speak to your health care team if you have concerns about eating and exercise during treatment. If you are experiencing side effects from your treatment, speak to your physician about how to manage these symptoms.

Questions? Please contact your patient navigator (416.756.6000 ext. 4409) if you have any questions.

Survivorship

An individual is considered a cancer survivor from the time of diagnosis, through the balance of his or her life. Family members, friends, and caregivers are also impacted by the survivorship experience and are therefore included in this definition.

– National Coalition for Cancer Survivorship

Survivors and their families face many challenges following a diagnosis and treatment of stomach cancer. The National Coalition for Cancer Survivorship recognizes that there are different needs experienced by survivors across the course of their illness and recovery. Quality of life issues are different for survivors than for patients at the point of diagnosis and treatment.

At NYGH, we feel that survivorship is an important part of the cancer journey and we work to provide the best support and resources for you and your family. Our goal is for survivors and their families to attain their best quality of life and return to their community and lives.

Monitoring Your Health

After you have finished your active treatment, we follow the **Cancer Care Ontario** standards and guidelines to outline your follow-up care. Do expect to have follow up every 3 to 6 months for check-ups.

Follow-up care is usually shared among your medical oncologist, surgeon, and family physician. The frequency and length of time you are monitored depends on your individual situation. The follow-up tests will depend on the cancer stage and the results of your previous tests. The follow-up tests may consist of a CT scan, gastroscopy and blood tests.

Palliative Care

Palliative care, also known as supportive care or compassionate care, is specialized medical care for people living with serious illnesses. It is focused on providing patients with pain and symptom management to help improve their quality of life and minimize the symptoms of a serious illness. The goal is to improve quality of life for both the patient and family. Whether you are newly diagnosed, undergoing treatment, or living with chronic disease, it is appropriate to meet our palliative care team. Our multidisciplinary team provides comprehensive consultation and follow-up care.

The **Freeman Centre for the Advancement of Palliative Care** at NYGH offers care in multiple settings to meet your needs. We will help determine which service is most appropriate for you. This may include:

1. Outpatient Pain and Symptom Management Clinic (Phone: 416.756.6529)
2. Inpatient palliative care consultation service for in-hospital patients
3. In-home care from a Freeman Centre outreach physician with the support of a Clinical Nurse Specialist and other community supports as needed.

You can refer to the North York General Hospital website for more information about The Freeman Centre for the Advancement of Palliative Care (nygh.on.ca/areas-care/freeman-centre-advancement-palliative-care)

Preparing for your pain and symptom management clinic care visit	
WHAT TO EXPECT:	<ul style="list-style-type: none"> You will receive expert care from the team to relieve pain and other distressing physical symptoms. Assistance with spiritual, psychosocial, and emotional symptoms at every stage of living with cancer, including end-of-life care. Education and assistance with treatment choices and decisions. Coordination of support services to facilitate care at home, in hospital, or in other settings. Counselling and support. Connecting you and your family to community resources. Discussions about your Goals of Care. Discussions about Advanced Care Planning.
QUESTIONS FOR YOUR MEDICAL ONCOLOGIST:	<ul style="list-style-type: none"> What is the benefit of having the palliative care team involved in my care? When is a good time to consider having the palliative team involved in my care? Will I still receive chemotherapy if palliative care is involved in my care?

Questions? Please contact your patient navigator (416.756.6000 ext 4409) if you have any questions.

Support and Counselling

A diagnosis of stomach cancer and coping with treatment is difficult for most patients and their family members. The need for support can begin even before diagnosis and continue to the end of treatment and beyond. In addition to family and friends, many patients find it helpful to receive support and/or counselling from other sources such as their family physician, support groups, stomach cancer survivors, nurses/navigators, social workers, psychotherapists or psychiatrists specialized in addressing the needs of cancer patients.

There are many support and counselling services available in the community to help patients and their family members deal with the challenges they may face.

Social Services in the Community

Many social services are offered in the community to help you with the challenges of a stomach cancer diagnosis, treatment and survivorship. You may wish to address some of your concerns with your primary care physician or specialist. Alternatively, there are other trained health care professionals such as social workers, psychologists and psychiatrists available to help you meet these challenges.

Emotional Support

Stomach cancer is a life-altering experience for patients and their families. There are several kinds of emotional support services available. Peer support offers the opportunity to talk with other people who have gone through similar experiences with stomach cancer. Peer support can occur in a one-to-one setting or in groups. Support groups, provided through community organizations, are facilitated either by a peer or by a health care professional.

Wellspring is a cancer support organization that provides programs and support to cancer patients. North York General Hospital and Wellspring have partnered to provide support and information to patients and families and are available to meet in the Baruch Weisz Cancer Centre (416.756.6704).

Assistance

Patients often have questions or need help regarding financial challenges, transportation, and lodging services for family near treatment centres. Several organizations are available to help connect you to the assistance you are looking for.

Questions? Please contact your patient navigator (416.756.6000 ext 4409) if you have any questions.

Resources

North York General

COLORECTAL CANCER WEBSITE:

www.NYGH.on.ca/colorectal

PATIENT NAVIGATOR

North York General
4001 Leslie Street
Toronto, ON M2K 1E1
T: 416.756.6000 ext. 4409
F: 416.756.6832

Gi.navigators@nygh.on.ca

MEDICAL IMAGING DEPARTMENT

North York General, General Site 4
001 Leslie Street, 1st Floor
Toronto, ON M2K 1E1
CT: 416.756.6190
MRI: 416.756.6118

PRE-OPERATIVE ASSESSMENT CLINIC

North York General, General Site
4001 Leslie Street, 4th Floor
Toronto, ON M2K 1E1
T: 416.756.6836
F: 416.756.6727

GENERAL SURGERY INPATIENT UNIT

North York General, General Site
4001 Leslie Street, 5th Floor North & South
Toronto, ON M2K 1E1
T: 416.756.6395/416.756.6324

SPIRITUAL AND RELIGIOUS CARE

North York General, General Site
4001 Leslie Street
Toronto, ON M2K 1E1
T: 416.756.6311

REGISTERED DIETITIAN

North York General, General Site
4001 Leslie Street
Toronto, ON M2K 1E1
T: 416.756.6044

GENETICS CLINIC

North York General, General Site
4001 Leslie Street, 3rd Floor
Toronto, ON M2K 1E1
T: 416.756.6836
F: 416.756.6727

BARUCH WEISZ CANCER CENTRE

North York General, General Site
4001 Leslie Street, 8th Floor South
Toronto, ON M2K 1E1
Oncology desk: 416.756.6519
Chemotherapy/treatment clinic: 416.756.6704

PAIN AND SYMPTOM MANAGEMENT CLINIC

North York General, General Site
4001 Leslie Street, 8th Floor South, Room 126
Toronto, ON M2K 1E1
T: 416.756.6529
F: 416.756.6833

ONCOLOGY INPATIENT UNIT

North York General, General Site
4001 Leslie Street, 3rd Floor West
Toronto, ON M2K 1E1
T: 416.756.6617

FREEMAN CENTRE FOR THE ADVANCEMENT OF PALLIATIVE CARE

North York General, General Site
3rd Floor South, Room 376
4001 Leslie Street, Toronto, ON M2K 1E1
T: 416.756.6444 ext. 4138
F: 416.756.6024
<https://www.nygh.on.ca/areas-care/freeman-centre-advancement-palliative>

CHARLOTTE & LEWIS STEINBERG EMERGENCY DEPARTMENT:

North York General, General Site
4001 Leslie Street
Toronto, ON M2K 1E1

BARUCH WEISZ OUTPATIENT CARE CLINIC

North York General, General Site
4001 Leslie Street, Ground Floor South
Toronto, ON M2K 1E1
Tel: 416.756.657

Community Support

WELLSPRING CANCER SUPPORT NETWORK

A network of community-based centres that offer programs providing support, coping skills, and education to cancer patients and their families.

Wellspring Downtown Toronto Office
4 Charles Street East, Suite 300
Toronto, ON M4Y 1T1
T: 416.961.1928
F: 416.961.3721
www.wellspring.ca

Wellspring Westerkirk House at Sunnybrook
2075 Bayview Avenue
Toronto, ON M4N 3M5
T: 416.480.4440
F: 416.480.4496
www.wellspring.ca

CANADIAN CANCER SOCIETY

A national, community-based organization of volunteers, whose Mission is the eradication of cancer and the enhancement of the quality of life of people living with cancer.

Canadian Cancer Society, National Office
55 St. Clair Avenue West, Suite 500
Toronto, ON M4V 2Y7
T: 416.961.7223
TF: 1.888.939.3333
www.cancer.ca

www.cancer.ca/en/support-and-services/support-services/find-services-in-your-area/?region=on

HOME AND COMMUNITY CARE

Information and locations of community and health care services, long-term care placement and referrals.

Health Shared Services Ontario
130 Bloor Street West, Suite 200
Toronto, ON M5S 1N5
T: 416.750.1720
<https://hssontario.ca/>

Central Local Health Integration Network
45 Sheppard Avenue East, Suite 700
North York, ON M2N 5W9
T: 416.222.2241 F: 416.222.6517
E: info@central.ccac-ont.ca
www.central.ccac-ont.ca

DIETITIAN OF CANADA; PRACTICE-BASED EVIDENCE IN NUTRITION (PEN)

Canadians recognize dietitians as a trustworthy and credible source of nutrition advice

Dietitians of Canada
99 Yorkville Avenue, Second Floor
Toronto, Ontario, Canada M5R 1C1
T: 416-596-0857
F: 416-596-0603
E: contactus@dietitians.ca
www.dietitians.ca

Physician Information

Please write in the contact information for your physicians/nurse practitioner in the space below:

Surgeon:

Telephone #:

Address:

Medical Oncologist:

Telephone

#: Address:

Radiation Oncologist:

Telephone #:

Address:

Nurse Practitioner:

Telephone #:

Address:

Specialist:

Telephone #:

Address:

My Appointments

- If your health changes, or you develop a cough, cold, fever or any other illness, within 72 hours before your surgery, call your surgeon as soon as possible.
- If you have a cough, cold or fever, please call to reschedule your appointments.
- If your family member or friend cannot come with you to any of your appointments and you require an interpreter, please inform us ahead of time.

1. Appointment with your surgeon.

Date: _____ Time: _____

2. Tests appointments.

Date: _____ Time: _____

Location: _____

Date: _____ Time: _____

Location: _____

Date: _____ Time: _____

Location: _____

3. Specialists appointments.

Date: _____ Time: _____

Location: _____

Date: _____ Time: _____

Location: _____

4. Pre-operative Assessment appointment: Your surgeon's office will notify you of your Pre-operative Assessment appointment and your surgical date.

Date: _____ Time: _____

Location: Pre-Operative Assessment Clinic, General Site, 4001 Leslie Street, 4 South.

5. Surgery

Date: _____ Time: _____

Location: Patient Registration, General Site, 4001 Leslie Street, Ground Floor.

6. Follow-up visit with your surgeon (two to four weeks after surgery).

Date: _____ Time: _____

7. Follow-up visits with your specialists.

Date: _____ Time: _____

Location: _____

Date: _____ Time: _____

Location: _____

www.nygh.on.ca/areas-care/cancer-care/stomach-cancer-program

NYGH – GENERAL SITE

4001 Leslie Street
Toronto, ON
M2K 1E1
T: 416.756.6000