

Ovarian, Fallopian Tube or Peritoneal Cancer Information

Follow-Up Care Plan

► PART 2 OF 3

Information and resources
for ovarian, fallopian tube, or
peritoneal cancer patients in
Manitoba after completion of
treatment.



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Introduction

Moving Forward after Ovarian, Fallopian Tube & Peritoneal Cancer

This booklet is Part 2 (of 3) of the Follow-Up Care Plan package. It provides gynecological cancer specific information about:

- follow up care
- side effects you might be experiencing and what the best course of action might be
- post treatment programs you may be interested in

Part 1 - the Personalized Follow-Up Care Plan and Treatment Summary outlines your personal follow up schedule (including necessary tests and appointments, what symptoms to watch for, and a summary of the treatments you received to treat your gynecological cancer). If you misplace your Part 1, please call your oncologist's office. A new copy can be provided for you.

Part 3 - the Moving Forward after Cancer booklet is a general resource focused on wellness and health promotion, the reduction of future risk, and resources and supports available in Manitoba after being treated for any type of cancer.

Part 2 and 3 are available online at **movingforwardaftercancer.ca**.

Please go to www.movingforwardaftercancer.ca for additional information that you may find helpful, such as videos and links to various websites.

Moving Forward after Cancer Treatment



Follow-Up Care Plan

►PART 3 OF 3



Information and resources for cancer patients in Manitoba after completion of treatment.



Moving Forward
after Cancer Treatment

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Important Caution: This summary document does not prescribe or recommend any particular medical treatment or care for cancer or any other disease and does not substitute for the independent medical judgment of the treating professional.

Recurrence: Are You Worried Cancer May Return?

You may be relieved to finish treatment, but find it hard not to worry about the cancer coming back. (When cancer comes back after treatment, it is called *recurrence*). This is a very common concern for people who have had cancer.

If ovarian, fallopian tube, or peritoneal cancer does return, it is usually within the first three years after diagnosis. This is why the follow-up testing you read about in Part 1 - Your Personalized Follow Up Care Plan and Treatment Summary may be more frequent in the first three years. After three years, the chance of the cancer returning drops steadily year after year. Part of follow up is regular monitoring to ensure disease recurrence is detected early.

After treatment, your health care providers will still want to monitor you closely. It is very important to attend all of your follow-up appointments. During these visits, your doctors will ask about any problems you may have, examine you, and may order lab tests or imaging tests to look for signs of cancer or treatment side effects.

If ovarian, fallopian tube, or peritoneal cancer returns, it is usually in the form of a pelvic mass (mass in your pelvis), or to organs within the abdominal cavity such as the omentum (a sheet of fat that surrounds your abdominal organs), bowel and/or bladder, liver, and lungs. There is also a chance of the cancer growing in the breast or lymph nodes (small oval shaped organs that act as filters for your immune system). Cure is usually not possible, but chemotherapy is available to extend your life.

What to Watch For: Be Alert To The Following Signs

Please notify your gynecology team and your primary care provider if you notice any of these changes in your health **as soon as possible** as they may indicate a recurrence:

- bloating, bladder issues, and bleeding, as well as an increase in the size of your abdomen (all happening at the same time)
- any unexplained bleeding
- new or unexplained pain in your pelvis
- increased size of your abdomen
- new lumps in your neck and groin area

Notify your gynecology team and your primary care provider if these **symptoms are new to you and last more than three weeks:**

- a change in your bowel movements, especially looser stools or constipation
- a new pain or pressure in your abdomen, back, or pelvis
- bloating and increased abdominal size
- large change in energy or ability to be active
- vomiting that lasts more than a few days
- indigestion
- nausea
- loss of appetite
- feeling full quickly or difficulty eating
- unexplained weight loss
- increase in need to urinate (pee) or urinating more frequently
- lack of bladder control
- inability to fully empty bladder
- fatigue (feeling constantly tired)

Screening Recommendations For Family

It is important to talk to your family members about your diagnosis with ovarian, fallopian tube, or peritoneal cancer, since they may be at a higher risk for developing the disease, depending on if there have been other family members with similar diseases. These recommendations may help in finding cancer early, when there is a better chance of a cure. Family members should talk to their primary care provider about your cancer to ensure a close assessment of any symptoms that may arise so that the appropriate tests and referrals can be made if needed.

- Unfortunately, there is no standard screening available for ovarian, fallopian tube, or peritoneal cancer. If the following symptoms arise with no known cause, however, and persist for three weeks or happen over twelve times a month, a CA125 blood test, physical exam including abdominal, pelvic, and rectovaginal exam (a test where a health care provider inserts one finger into the vagina and another finger into the rectum), and an transvaginal ultrasound (an ultrasound that uses a small probe that is inserted into your vagina) should be done to rule out ovarian, fallopian tube, or peritoneal cancer.

Have your family members contact their primary care provider if they notice any of the following symptoms that are new to them and last for longer than three weeks:

- abdominal pain
- pain in the pelvis
- bloating
- abdomen increases in size
- difficulty eating
- feeling full quickly
- increase in need to urinate (pee) or urinating more frequently (and not making it to the toilet on time)
- persistent increase in indigestion
- unexplained change in bowel habits or consistency of stool
- unexplained changes to your period or any post-menopausal bleeding

Talk to Your Health Care Team If.....

Talk to your health care team about the possibility of an inherited (genetic) cancer syndrome if your family has:

- multiple family members with disease (ovarian, fallopian tube, peritoneal, endometrial, breast, or colorectal cancer or adenomatous polyps)
- multiple family members with a history of hereditary cancer syndrome or of Ashkenazi Jewish ancestry
- disease at a younger age (less than 45 years old)
- many cancers in multiple generations

Your primary care provider or oncologist may consider a referral for genetic testing.

What to Expect After Gynecological Cancer & Treatment

The unexpected effects of cancer are not always physical problems. There are also emotional and psychological impacts of cancer and treatment.

You may (or may not) experience some of the following effects after treatment for ovarian, fallopian tube, or peritoneal cancer. You may experience other symptoms not listed below, as everyone's experience is unique. Some of these problems may start immediately while some may take months or even years before they appear, or they may never appear.

It may take time to see your side effects improve or go away. You may need to work with your health care team to try various strategies, medications, and therapies to find what works. Sometimes side effects go away on their own, while others may last for a very long time.

If any of these effects are a problem or are stopping you from doing your usual activities, **talk about them with your health care provider.**

Detailed resource and contact information can be found in the Gynecological Cancer Support and Resources section of this book.

Problem or Effect	What You Can Do At Home	Who Can Help You with the Problem
<p>Anxiety - feeling worried and unable to relax</p> <p>It is very common to experience increased anxiety during and after treatment as you cope with many life changes, decisions, and challenges</p>	<ul style="list-style-type: none"> • Learn what triggers your anxiety and what helps you relax • Seek support from your family, friends, spiritual or religious groups, support groups, and counsellors • Practice mind body activities such as breathing techniques, restorative yoga, meditation, guided imagery, soothing music, and mindfulness 	<ul style="list-style-type: none"> • Talk to your gynecological oncology team about how you are feeling. • Call CancerCare Manitoba's Patient and Family Support Services at 204-787-2109 or 1-866-561-1026 extension 2109 for counselling and support programs.
<p>Bowel problems due to surgery or radiation therapy</p> <ul style="list-style-type: none"> • urgent need to have a bowel movement • loss of bowel control • frequent bowel movements • diarrhea • constipation • bowel blockage (belly pain, nausea, vomiting, not able to pass gas or bowel movements) 	<ul style="list-style-type: none"> • If constipated, ensure you take in foods high in fibre and drink lots of fluids (see the Managing Constipation section of this book) • Use a stool softener (can be found at any pharmacy) • Try to identify the foods that trigger you to have an urgent bowel movement or diarrhea • Practice kegels (see Exercise section for instructions) • If you have symptoms of a bowel blockage, contact your gyne-oncology team as soon as possible 	<ul style="list-style-type: none"> • Contact CancerCare Manitoba's Dietitian team at 204-787-2109 or 1-866-561-1026 extension 2109. • Riverview Incontinence Program - physician or nurse referral required 204-478-6108 • Incontinence & Pelvic Pain Clinic (Nova Physiotherapy & Sports Injury Clinic) 204-982-9176

Problem or Effect	What You Can Do At Home	Who Can Help You with the Problem
<p>Depression</p> <ul style="list-style-type: none"> • feeling sad, irritable, or hopeless • loss of appetite • trouble sleeping • mood swings <p>Depression is common after treatment for cancer, since many people fear the cancer will return. Many people have difficulty coping with the diagnosis of cancer and/or treatment. If these feelings persist, seek help.</p>	<ul style="list-style-type: none"> • Getting adequate sleep, activity, time outside/in the sun, and social interaction can be helpful. Often the same things you don't feel like doing when you are down are actually the things that help manage a depressed mood. • Practice mind body activities such as breathing techniques, restorative yoga, meditation, guided imagery, soothing music, and mindfulness • Join support groups and peer counselling networks • Exercise as you are able 	<ul style="list-style-type: none"> • Talk to your gynecological oncology team about how you are feeling. • Call CancerCare Manitoba's Patient and Family Support Services at 204-787-2109 or 1-866-561-1026 extension 2109 for counselling and other programs. • If you have any thoughts about harming yourself or anyone else, call the crisis line at 204-786-8686, call 911 or go to the nearest emergency room immediately.
<p>Fatigue (feeling constantly tired)</p>	<ul style="list-style-type: none"> • Exercise - be physically active if you can (start with 10 minutes twice a day) • Rest when you feel tired and nap during the day if you need to (be careful not to nap too late in the day as this can affect your ability to sleep at night) • Examine your sleeping environment and make improvements where possible • Try eating five to six small meals a day instead of three large ones - this helps your body to stay energized throughout the day • Drink lots of fluids • Practice mind/body activities such as breathing techniques, restorative yoga, guided imagery, soothing music, and mindfulness. 	<ul style="list-style-type: none"> • Talk to your gynecological oncology team and/or ask for a referral to an Occupational Therapist. • Contact CancerCare Manitoba's Patient and Family Support Services at 204-787-2109 or 1-866-561-1026 extension 2109.

What to Expect After Gynecological Cancer & Treatment

Problem or Effect	What You Can Do At Home	Who Can Help You with the Problem
<p>Female sexual problems</p> <ul style="list-style-type: none"> • pain with sex • vaginal dryness 	<ul style="list-style-type: none"> • Try a vaginal moisturizer available at any pharmacy (Replens) • Use a lubricant prior to intercourse (a plain, clear, water based gel) 	<ul style="list-style-type: none"> • Contact the CancerCare Manitoba Sexuality Counsellor directly at 204-787-4495 or 1-866-561-1026 extension 4495. • Call CancerCare Manitoba's Patient and Family Support Services at 204-787-2109 or 1-866-561-1026 extension 2109. • Talk to your gynecological oncology team about a referral to a Physiotherapist.
<p>Hernia - when an organ exits through the walls around it</p>	<ul style="list-style-type: none"> • Wear supportive clothing • Be careful when lifting • If you have severe abdominal pain, seek medical attention 	<ul style="list-style-type: none"> • Ask for an abdominal binder from your gyne-oncology team. • Ask your primary care provider or your gyne-oncology team if surgical hernia repair is an option if symptoms are affecting your quality of life.
<p>Hot flashes and night sweats</p> <p><i>This might be treatment induced menopause - menopause can also cause vaginal dryness, sleep problems, mood changes, weight gain, and dry skin.</i></p>	<ul style="list-style-type: none"> • Use fans when warm • Wear natural and moisture-wicking fabrics and dress in layers • Avoid drinking caffeine in the evening • Choose cold food and drinks • Sleep in a cold room • Adjust bed covers (lighter/ moisture-wicking) 	<ul style="list-style-type: none"> • Talk to your primary care provider and your gynecological oncology team about a prescription for medication that can help you with this. • Contact the CancerCare Manitoba Sexuality Counsellor directly at 204-787-4495 or 1-866-561-1026 extension 4495.
<p>Infertility</p> <p>Treatment for cancer can affect your ability to have a baby in the future. This can be upsetting and most people need support and information.</p>	<ul style="list-style-type: none"> • Communication with your partner is very important 	<ul style="list-style-type: none"> • Talk to your gynecological oncology team about a referral to the Heartland Fertility Clinic, 204-779-8888. <i>You can also contact them directly, however they do need details of your cancer history and treatment.</i>
<p>Intimacy and sexuality</p> <p>(Relationship intimacy, and sexuality, including body image and sexual activity)</p>	<ul style="list-style-type: none"> • Communicate openly with your partner about what you are thinking and feeling • Spend time touching and talking - sexuality is about connection and not just about sex • Be patient and kind with yourself and your partner as you recover 	<ul style="list-style-type: none"> • Contact the CancerCare Manitoba Sexuality Counsellor directly at 204-787-4495 or 1-866-561-1026 extension 4495. • Call CancerCare Manitoba's Patient and Family Support Services at 204-787-2109 or 1-866-561-1026 extension 2109.

Problem or Effect	What You Can Do At Home	Who Can Help You with the Problem
Leg swelling	<ul style="list-style-type: none"> • Wear a compression hose stocking 	<ul style="list-style-type: none"> • Talk to a lymphedema specialist at the Lymphedema Association of Manitoba www.lymphmanitoba.ca. • Contact the Vodder School for a specialized physiotherapist www.vodderschool.com.
Loss of muscle strength and/or weight gain (Trouble with daily activities, exercising, and/or unwanted weight gain)	<ul style="list-style-type: none"> • Follow the Canada Food Guide for healthy eating recommendations • Keep a food diary • Participate in regular activity, such as walking, yoga, or pilates • Start with ten minutes twice a day and work your way up to your new goal! 	<ul style="list-style-type: none"> • Talk to your gynecological oncology team about being active and/or ask for a referral to a registered dietitian in your community. • Ask for a referral to a physiotherapist or athletic therapist if further support is needed. • Look for an exercise facility in your community.
Memory and concentration problems (also known as brain fog or chemo brain)	<ul style="list-style-type: none"> • Use a daytimer to track appointments and medications • Create lists as reminders of outstanding tasks • Place items (such as car keys, cell phones, planners) in the same place • Allow extra time to accomplish personal and work related activities • “Exercise” the brain through activities like Sudoku or memory games 	<ul style="list-style-type: none"> • Talk to your gynecological oncology team and/or ask for a referral to an Occupational Therapist. • Contact CancerCare Manitoba’s Patient and Family Support Services at 204-787-2109 or 1-866-561-1026 extension 2109.
<p>Ostomy - when you have a stoma (an opening in the skin post surgery to allow drainage), a hernia can change how the ostomy appliance will sit on the belly and may require changes to the products</p> <p>If an ostomy was necessary, you were registered with the Manitoba Ostomy Program by the Enterostomal Therapy nurse before you left the hospital after surgery. You are able to order your ostomy care supplies through the Manitoba Ostomy Program. Manitoba Health pays for your supplies.</p>	<ul style="list-style-type: none"> • Watch for signs of infection such as redness, leakage, and warmth • Check out www.ostomysecrets.com for supportive undergarments or call 1-877-613-6246. • Refer to the Ostomy Canada website at www.ostomycanada.ca and the Winnipeg Ostomy Association website for resources at www.ostomy-winnipeg.ca 	<ul style="list-style-type: none"> • Talk to your primary care provider or your gyne-oncology team. • Health Sciences Centre, Enterostomal Therapy Nurses: 204-787-3537 • St. Boniface Hospital, Enterostomal Therapy Nurses: 204-237-2052 • For other hospitals, please call the Enterostomal Therapy nurses with the Manitoba Ostomy Program at 204-938-5757 or 204-938-5758. • For the Brandon area, call the Enterostomal Therapy Nurses: 204-578-4205.

What to Expect After Gynecological Cancer & Treatment

Problem or Effect	What You Can Do At Home	Who Can Help You with the Problem
Peripheral neuropathy (tingling, numbness, or pain in the hands or feet, burning sensation)	<ul style="list-style-type: none"> • Avoid walking barefoot • Use care and caution when trimming finger and toe nails • Use creams or lotions that have been recommended by your oncologist or nurse • Maintain activity and exercise regularly, however use caution so you can avoid injury 	<ul style="list-style-type: none"> • Talk to your primary care provider or your Gyne-Onc team as there are several medications that can help manage the symptoms of nerve damage. • CancerCare Manitoba Pain & Symptom clinics (physician or nurse referral needed)
Skin changes due to chemotherapy, radiation or surgery	<ul style="list-style-type: none"> • Use a gentle soap (Dove) • Use unscented lotions on the area of treatment two to three times a day • When bathing, use a clean washcloth and don't scrub the area. Pat the skin dry • Wear loose clothing and natural fabrics • Refer to the Managing Skin Changes After Treatment section in Part 3 	<ul style="list-style-type: none"> • Talk to your primary care provider or your gyne-oncology team.
Unplanned weight loss - losing weight without trying	<ul style="list-style-type: none"> • Eat small frequent meals that are high in protein • Keep a food diary 	<ul style="list-style-type: none"> • Talk to your primary care provider or your gyne-oncology team. • Contact CancerCare Manitoba's Dietitian team at 204-787-2109 or 1-866-561-1026 extension 2109.
Urination problems due to surgery or radiation therapy <ul style="list-style-type: none"> • frequent need to pee • difficulty emptying bladder • need to wear a pad 	<ul style="list-style-type: none"> • Practice kegels (see Exercise section for instructions) • Empty bladder frequently and regularly • Avoid bladder irritants in your diet such as coffee and spicy food 	<ul style="list-style-type: none"> • Talk to your primary care provider or your gyne-oncology team about how you are feeling. • Riverview Incontinence Program - physician or nurse referral required 204-478-6108 • Incontinence & Pelvic Pain Clinic (Nova Physiotherapy & Sports Injury Clinic) 204-982-9176 • Wellness Institute at Seven Oakes Hospital - Physiotherapy services 204-635-3900

Managing Constipation Following Treatment for Gynecological Cancer

Cancer treatment is not easy on our body. Sometimes, as a result of treatment, certain effects can arise, as you read in the previous section. This section will help you with managing some of the personal care issues that can happen after treatment for ovarian, fallopian tube, and peritoneal cancer.

Constipation

Constipation is when the bowel doesn't empty thoroughly and comfortably. You do not need to have a bowel movement every day. Your bowels should continue to follow their usual pattern. The amount might decrease if you are eating less. If your stools are soft and easy to pass, it is ok to have a movement every 2 to 3 days if your usual pattern is once a day.

Causes

Pain drugs, changes to your eating habits, and decreased physical activity can cause your bowels to move less often. If you are eating less than usual, you may notice that your stools become smaller - this is perfectly normal. Even if you are not eating at all, you still need to have regular bowel movements. If you have not had a movement within the last 3 days, contact your primary care provider.

Tips for Controlling Constipation

- Try to eat at the same time each day
- Try to have a bowel movement at the same time each day to establish regularity
- Drink 8 cups or more of liquid (example: water, juice, soup) per day. Your body needs liquids to help keep stools soft. (more if consuming alcohol or exercising a lot)
- Eat foods that contain fibre such as fruits (fresh and dried), vegetables, whole-grain breads and cereals, nuts and seeds, popcorn, natural bran, dried beans, peas, and lentils.
- Do some light exercise, such as a short walk, after each meal.
- If you are thinking about using a product containing *methyl-cellulose* or *psyllium* (example: Metamucil), check with your primary care provider. These products will make bowel movements very hard if you do not drink enough fluids (less than 6 cups/day).
- Choose foods that are natural laxatives (cause bowel movements) such as prunes, prune juice, papayas, kiwis, and rhubarb. You may also try one of the following natural laxative recipes:

**If you have an ostomy, please be sure to speak to a dietitian and/or your ostomy team about controlling and preventing constipation as some of these foods should be avoided.*

Fruit Lax

Ingredients

1/2 cup (125 ml) pitted dates
3/4 cup (200 ml) prune nectar
1/2 cup (125 ml) figs
3/4 cup (200 ml) raisins
1/2 cup (125 ml) pitted prunes

Directions: Simmer dates and prune nectar until dates are very soft. Put date mixture in a blender and add figs, raisins, and prunes. Blend into a smooth paste. Store in refrigerator. Use on crackers, ice cream, etc.

Managing Constipation Following Treatment for Gynecological Cancer

Fruit Bran Mix

Ingredients

- 2 TBSP (30 ml) natural wheat bran
- 1 cup (240 ml) applesauce
- 3/4 cup (200 ml) prune juice

Directions: Mix all ingredients together. Take 1-2 TBSP of mixture every morning. Mixture can be refrigerated for up to 5 days.

Medications for Managing Constipation

If you are still constipated after following the previous suggestions, you will need to take medications. The medications listed are not habit-forming. They need to be taken regularly in order to be most effective. All of them can be purchased without a prescription.

If you are having difficulty swallowing and/or have a feeding tube to meet your nutritional needs, you may need to take medications in a liquid form. Please refer to the suggestions under “Liquid Medications for Constipation” at the end of this section.

Note: If you have just started to take **prescription pain medications**, you will need to begin at Step 2. Talk to your primary care provider prior to beginning these steps.

STEP 1: Use a Stool Softener

Stool softeners containing docusate sodium or docusate calcium work by making bowel movements easier to pass. They are not laxatives. Start by taking 2 softeners in the evening. You may need to increase this to twice a day:

Breakfast: Take 2 stool softeners

Bedtime: Take 2 stool softeners

Brand names include Colace. Stool softeners are available in tablets/capsules, drops and liquid form. Check with your pharmacist to help you choose the softener that is right for you.

STEP2: Add a Laxative

If you do not have a bowel movement up to 2 days after starting stool softeners, you will need to add a laxative containing *sennosides*. Here is a plan that uses laxatives and stool softeners together:

Breakfast: Take 2 stool softeners

Supper: Take 2 stool softeners

Bedtime: Take 2 laxatives

Brand names include Senekot. The brand Senekot S contains both docusate sodium and sennosides. Check with your pharmacist to help you choose the laxative that is right for you.

If you have severe cramps after taking laxatives, stop taking them and consult your primary care provider.

STEP 3: Increase the Laxatives & Stool Softeners

If you do not have a bowel movement after adding laxatives for 2 days, increase the number of stool softeners and laxatives, as follows:

Breakfast: Take 2 stool softeners and 2 Senekot S

Supper: Take 2 stool softeners

Bedtime: Take 2 laxatives

or Breakfast: Take 2 tablets of Senokot S

Bedtime: Take 2 tablets of Senokot S

STEP 4: Add a Suppository or Lactulose

If you have not had a bowel movement after using stool softeners and laxatives for three days, add a glycerin or bisacodyl (example: Dulcolax) suppository (small capsule inserted into the rectum). You should keep the suppository in place for at least 15 minutes. Do not use suppositories (or enemas) if you have low blood counts or have a bleeding problem. Contact your primary care provider.

If your constipation is still present after following these 4 steps, please consult your primary care provider. They may tell you to add a liquid laxative called *lactulose* as well. You should have 3 to 4 large bowel movements over 48 hours to be considered clear of stool.

Do not use the liquid laxatives that contain mineral oil or magnesium without talking to your primary care provider or pharmacist first. These laxatives may not be safe for long-term use.

Liquid Medications for Constipation

If you are unable to swallow pills, you can still follow the steps listed above using liquid medications. The following medications are available in a liquid form:

Stool softeners - Colace

Laxatives - Senokot, lactulose

If you are not able to swallow liquids and you have a feeding tube in place, liquid medications for constipation can be used through your tube. Talk to your nurse or dietitian to determine what medications are the most appropriate for you.

Diet & Nutrition Following Gynecological Cancer

Ovarian, fallopian tube, or peritoneal cancer patients with chronic bowel problems due to side effects of treatment or surgery may have difficulties when putting fruits, vegetables, whole grains, legumes (beans and lentils), and other fibre containing foods back into their diet.

If constipation is an issue after treatment, please refer to the previous section regarding dealing with constipation.

The tips below include suggestions to help manage diarrhea/frequent bowel movements, cramping, and abdominal gas:

- Eat smaller, more frequent meals
- Drink at least 6-8 cups (1.5-2 litres) of fluid per day by sipping slowly throughout the day
- Drink fluid between meals rather than with meals
- Limit drinks containing caffeine (such as coffee or cola soft drinks) and alcohol
- Limit fatty or greasy foods (French fries, fried meats, bacon, potato chips, gravies, and rich desserts)
- Limit spicy foods
- Eat more foods that are high in soluble fibre such as oatmeal, oat bran, barley, white rice, bananas, white bread, applesauce, and canned fruit such as peaches and pears
- Eat less foods containing insoluble fibre such as wheat bran, whole grain breads and cereals, beans, peas, popcorn, and raw vegetables (well cooked vegetables are ok)
- Peel and remove seeds of fruit and vegetables

If you have had an ostomy (an opening to allow drainage from your bowel) and have trouble with gas, try these tips:

- Limit your intake of these foods if they cause you problems: cabbage, onions, dried beans and peas, lentils, lettuce, cucumber, broccoli, cauliflower, radishes, brussel sprouts, corn, turnip, green pepper, sauerkraut, melons, grapes, raw apple, prunes, and raisins.
- Avoid chewing gum
- Avoid talking while eating
- Avoid carbonated beverages and drinking with a straw

Once symptoms improve, slowly start to put foods back into your diet in small amounts, one at a time. If you get diarrhea, gas, or cramping after restarting a food, avoid that food and try again at a later time.

For more recommendations and information about maintaining a healthy body weight and eating well, please refer to **Part 3 - Moving Forward After Cancer Treatment booklet and the Canada Food Guide.**

Exercise & Activity Following Gynecological Cancer

Being physically active after treatment for ovarian, fallopian tube, or peritoneal cancer is important whether you are getting back to activities you enjoy or starting a new healthy lifestyle plan. Though it is limited, research on exercise and gynecological cancers has observed improved quality of life and less fatigue, peripheral neuropathy, depression, anxiety and sleep dysfunction with Canadian Public Health exercise recommendations. For more recommendations, information and tips on how to get started with exercise and activity, see the **Part 3 - Moving Forward After Cancer Treatment** booklet. **Always check with your primary care provider before starting an exercise plan.**

Exercise Precautions Following Gynecological Cancer

- Women with swelling/inflammation in the abdomen, groin, or lower extremity should only exercise with their lower body when issues have been managed and treated under the guidance of their medical team. They should also be evaluated for lymphedema before vigorous exercise or resistance training is started.
- Women with Lymphedema should wear a well-fitting compression garment during exercise, and be attentive to preventing injuries in the lower body. This condition is complex to manage, and exercise should be under the guidance of a lymphedema specialist or medical team, especially if any lymph nodes were removed or radiated.
- Women being treated with hormonal therapies or those with osteoporosis should be aware of the risk for fractures.
- If peripheral neuropathy is present, seated or supported exercise (such as a stationary bike) is preferable to weight bearing or standing/stepping exercise (such as jogging or dancing).
- Part 3 - Moving Forward After Cancer Treatment has further precautions you may need to take when starting to exercise.

Exercise with Bowel Problems

As mentioned earlier in this book some patients have side effects from treatment such as constipation and incontinence that can be a problem when exercising. Exercising can speed up your food digestion. This can increase the need to go to the bathroom immediately after exercising.

Here are some tips for exercise:

- Go to the bathroom before exercising and take short breaks to go the bathroom throughout your exercise routine
- Know where nearby washrooms are before you start exercising
- Sip water throughout your activity; do not gulp down large amounts before your activity or early on. The more intense the activity or the more you are sweating, the more water you should be drinking.
- Exercising with stress/urgency incontinence or the need to pee frequently or urgently can be challenging. Doing routine Kegel exercises (see below) can help you decrease this incontinence and make exercising much more enjoyable. Talk with your gyne-oncology team about your incontinence as they may be able to help you. Wearing a pad or panty liner may also help if leaks occur during exercise.

Kegel Exercises

How do I learn how to do Kegel exercises?

First ask your primary care provider how to do them right. He or she can help you get started.

It is sometimes hard to figure out the right muscles to tighten for a Kegel. Use the diagram on **page 14** of this book to help guide you.

A woman might learn to do Kegel exercises by:

- Putting a finger inside her vagina and squeezing the muscles around her finger; or
- Pretending that she is sitting on a marble and has to pick up the marble using her vagina

Exercise & Activity Following Gynecological Cancer

It is important to know is that the muscles involved are not in your belly or thighs.

After you learn which muscles to tighten, you can do the exercises in any position (sitting in a chair, standing or lying down). You do not need to do them while you are in the bathroom.



The mobile phone app **Gynzone** has a daily Kegal routine you can follow and customize as you need. Go to www.gynzone.net to download it.

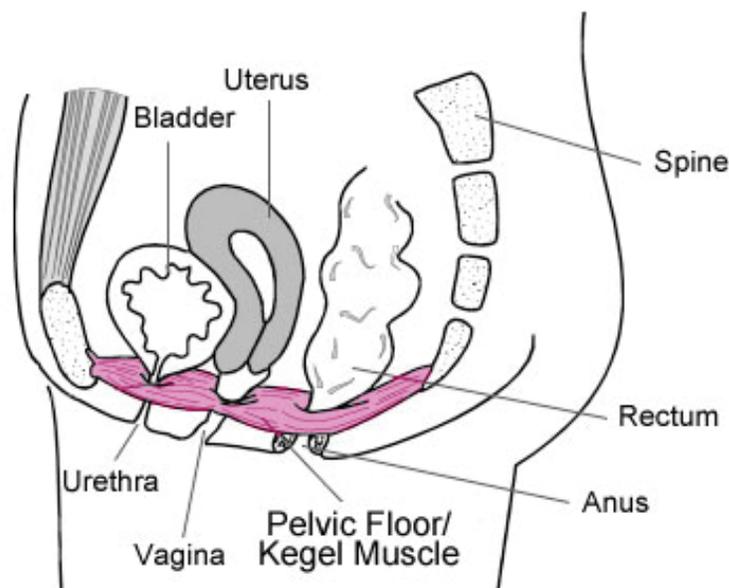
How often should I do the exercises?

Do the exercises 3-4 times a day, every day if possible, otherwise at least 4 days a week. Each time, flex your muscles 8 to 12 times, and hold them tight for up to 10 seconds each time you tighten, and relax them for 10 seconds between contractions. If you do Kegal exercises regularly, you can expect results within a few months. For continued benefits, make Kegal exercises a permanent part of your daily routine.

How do Kegal exercises help?

Kegal exercises can help:

- Reduce urine leaks in people who have “stress incontinence”, which means they leak urine when they cough, sneeze, laugh, or strain
- Control sudden urges to urinate that happen to people with “urgency incontinence” (urgency incontinence is also know as urge incontinence - when you feel like you have to pee “right now” or very often and often result in leaking before getting to the bathroom)
- Control the release of gas or bowel movements
- Reduce pressure or bulging in the vagina caused by pelvic organ prolapse. (If you have a bulge in the vagina, see your gyne-oncology team to find out the cause.)
- Might also be helpful for women who have persistent difficulty reaching orgasm
- If you are still having problems despite regular Kegal exercises, you may benefit from support by a Physiotherapist that specializes in helping strengthen the pelvic floor muscle



Gynecological Cancer Support & Resources

Support Groups



Ovarian Cancer Survivors of Manitoba is a self help support group that meets over lunch or dinner at a designated restaurant in Winnipeg. Periodic dinner meetings are held on the last Monday of the month at 5:30 pm. Lunch get togethers are held on the 2nd Friday of the month at 12:00 pm. For more information, please call 204-258-1073 or email ovariansurvivorsmb@gmail.com.

Support Group for Women Diagnosed with Gynecological Cancer within the Past Year is an 8 week support group for woman who have been diagnosed with a gynecological cancer within the past year. For the date of the next group meeting, please call 204-258-1073.

CancerChat Canada has professionally led face-to-face and online support groups provide an environment for those affected by cancer with an opportunity to talk with others in similar situations. Call 1-877-547-3777 extension 645234 or go to www.cancerchatcanada.ca.

Please see the **Additional Supports and Resources section in the Part 3 - Moving Forward After Cancer Treatment** booklet for other support groups you can access. You might want to talk with your Gynecology Oncology Counsellor who can help you sort out which group or program might be the best fit for you. Call 204-787-2109 for an appointment.

Non-Profit Organizations



Ovarian Cancer Canada - Ovarian Cancer Canada (OCC) is the only national charitable organization dedicated to supporting women and families affected by ovarian cancer across Canada. They can provide the following support, information, and resources for patients, family, friends, and health care professionals:

- The **“By Your Side”** book is a free patient guidebook and journal to help women and their families with an ovarian cancer diagnosis
- The **“Seeds of Hope”** newsletter is a monthly newsletter that can be emailed to you in order to provide hopeful positive stories, updates regarding events, research, and programs in your area.
- The **Ovarian Cancer Canada Regional Director for Manitoba** would love to hear from you and ensure that you have access to all of the resources that they offer. Please call **1-877-413-7970** to discuss your needs.



Websites – Cancer Information: The Internet is a great source of information, but it is also full of misinformation. These websites are ones you can rely on to provide you with accurate information about gynecological concerns:

Canadian Cancer Society	www.cancer.ca/cancer-information/cancer-type/fallopian-tube/fallopian-tube-cancer/?region=on
Foundation for Women’s Cancer	www.foundationforwomenscancer.org
National Cancer Institute	www.cancer.gov/types/ovarian/patient/ovarian-epithelial-treatment-pdq
Ovarian Cancer Canada	www.ovariancanada.org

Glossary

Anxiety: a state of being uneasy, apprehensive, or worried about what may happen; concern about a possible future event.

Chemotherapy: medications with cancer-fighting abilities to treat cancer. Chemotherapy medications are sometimes referred to as anticancer agents.

Debulking: the surgical removal of part of a tumor which cannot be fully removed.

De-conditioning: the loss of physical fitness, strength, or ability.

Depression: a common condition that affects your mood, resulting in feelings of sadness, hopelessness, inadequacy, worry, and dejection. Depression can affect your appetite, your motivation to perform daily activities, and your relationships.

Diagnosis: identification of a disease by means of a medical examination, signs, symptoms, laboratory tests and radiological findings.

Dietitian: licensed professional with specialized training in human nutrition who advises individuals on healthy eating.

Fatigue: physical or mental exhaustion; weariness.

Hernia: when part of an organ is displaced and protrudes through the abdominal wall.

Hypertension: high blood pressure.

Medical Oncologist: physician who specializes in the diagnosis and treatment of cancer with drugs.

Occupational Therapist: a specialist in the treatment of physical or mental illness that works to improve a person's ability to perform daily activities.

Psychosocial Clinician: a person with specialized training to talk with you and help you to regain social, emotional, and spiritual health. They specialize in assisting you with the quality of life aspects of cancer.

Radiation (therapy): use of gamma rays or high-energy x-rays to damage or destroy cancer cells.

Radiation Oncologist: physician who specializes in diagnosis and treatment of cancer and other diseases through the use of radiation therapy.

Recurrence: the return of cancer after a period of time when the person was considered cancer-free (remission).

Remission: a period of time during a serious illness when there are few or no signs or symptoms of the illness.

Side Effects: non-intended symptoms caused by medicine or treatment, such as nausea, rash, anxiety, or constipation.

Symptom: a sign or indication of a particular disease or disorder.

Urgency or Stress Incontinence: not making it to the toilet in time, urinating (peeing) in your pants or leaking.

Frequency: having to pee very often.

Urgency: feeling like you have to pee "right now" .

You can have both urgency and frequency in regards to urgency incontinence.

Vitamins: any of a group of substances that are found naturally in many foods; vitamins are necessary in small quantities for good health and normal development and functioning

Notes

