



Consumer Case Study Essay

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Introduction

Colorectal cancer has been established to be the second most prevalent variant of the disease in Australia, with treatment mainly involving screening, surgical resection, and adjuvant therapy. However, an estimated 30 to 50% of patients who have been treated for the disease are likely to develop recurrent infections within the first five years after recovery (Arnold et al., 2017, p.684). The primary objective of this case study will be to create a survivorship care plan for managing John's condition, which incorporates the follow-up regimen, colorectal cancer recurrence symptoms analysis, plans to improve survival, and evidence-based communication strategies to enhance patients' literacy on the issue.

Discharge Planning

John's colorectal cancer diagnosis and treatment summary will incorporate staging, surgery, and adjuvant therapy, designed to prevent recurrence and reduce the severity of side effects including peripheral neuropathies, ototoxicity, and mucositis (Duineveld et al., 2016, p. 219). Staging will include tumor histology and an abdominal Computed Tomography (CT) scan to establish perineal invasion, lymphovascular involvement, and the degree of spread. Loco-regional staging will be conducted to inform decisions regarding the need to undergo post-treatment chemo-radiotherapy (Duineveld et al., 2016, p. 221). Extensive tests that will be performed will include Carcinoembryonic antigen (CEA) blood tests, CT scans, colonoscopy, and recto-sigmoidoscopy at intervals of between 6 and 12 months depending on the likelihood of recurrence (Miller et al., 2019, p. 109). Conducting CEA tests at intervals of 3 to 6 months will allow for timely detection of the Carcinoembryonic antigen protein, which is usually low in adults apart from instances where one suffers from different types of cancers, ulcerative colitis, rectal polyps, emphysema, and pancreatitis.

Adjuvant therapy will also incorporate the use of antineoplastic drugs such as Irinotecan, 5-Fluorouracil, Capecitabine, and Oxaliplatin, alongside other medicine combinations including Trifluridine and Tipiracil (Lonsurf). The patient will be informed of adverse drug reactions, for example, diarrhea for patients who use Irinotecan, which may complicate the treatment process. According to information released by (Danenberg et al., 2016, p. 119), Oxaliplatin has been associated with neuropathy, whose physical manifestation is often in form of intense esophageal sensitivity to cold and hot substances which cause difficulties when swallowing, pain, numbness, and tingling in the feet and hands (Malouf et al., 2018, p.75). The management of these side effects will involve the prescription of pain medications like morphine, oxycodone, and methadone. Original patient documentation which must be incorporated in the care plan includes relevant

laboratory test results, allergies and adverse drug reaction reports, treatment plans, patient demographic forms, and medication charts (Reed et al., 2018, p.1182). These records are critical in fostering quality and continuous care as they act as a means of communication between the numerous care providers such as anesthetists, surgeons, oncologists, and counselors involved in John's treatment and care process.

The main symptoms of colorectal cancer recurrence include weight loss, belly pain, altered defecation, constipation, and abdominal pain. Duineveld et al. (2016, p. 220) state that patients often suffer from similar physiologic signs as in the first instance, thus, John is likely to report belly pain, loss of appetite, diarrhea or difficulties passing fecal matter. Other symptoms may include general body weakness, troubled breathing, and back pain (Wille-Jørgensen et al., 2018, p. 2101). The effectiveness of management and treatment procedures depend on the timeliness of diagnosis (Steele et al., 2015, p. 716). Therefore, routine check-ups and testing should be conducted regularly to determine abnormalities early enough.

Collaborative Approaches to Education and Planning for Self-Management

Survivorship has recently emerged as a critical aspect of colorectal cancer care trajectory, which addresses the physical, psychological, spiritual, and social concerns of patients during and after treatment. Current survivorship programs have been designed to enable survivors and patients to face their health issues, reduce the level of panic and anxiety associated with the symptoms of the disease, and lessen the costs related to treatment (Young et al., 2014, p. 262). A research conducted by Bulkley et al. (2013, p. 2517) established that individuals who had been diagnosed with or treated for colorectal cancer might have difficulties finding meaning in life. These spiritual survivorship concerns may change over time and involve feelings of depression, panic, stress, and anxiety.

John may also suffer from adverse psychological disorders due to the daunting nature of the treatment processes and medication reactions. Side effects including the loss of hair, constant itching, diarrhea, pain, and nausea may cause one to be depressed. Research by Chang and Johnson (2017, p. 4) revealed that cancer patients are four times more likely to suffer from mental issues such as suicidal ideations, panic, and anxiety disorders. Additionally, John may exhibit worsening symptoms of psychological conditions which existed before the diagnosis. For instance, if John had a confirmed case of an anxiety attack, he may show worse symptoms such as prolonged heart palpitations, severe sweating, and trembling. El-Shami et al. (2015, p. 434) also highlighted distress as a psychological reaction to cancer diagnosis. According to the authors, individuals who are overwhelmed by the fear of death and financial constraints may develop feelings of sadness, vulnerability, and despair.

The primary physical survivorship issue that John will experience is severe physical fatigue, likely to be caused by anemia, hypothyroidism, pain, and drug reactions. Fardell et al. (2018, p. 497) indicate that malaise is a common side-effect of the disease, which worsens with age. Additionally, John may also suffer from rectal urgency, bowel dysfunction, and bowel necrosis. Although numerous gastrointestinal issues have been categorized as minor in individuals undergoing chemotherapy and radiotherapy treatments, a significant number of male patients have reported severe constant diarrhea, bowel necrosis, and fecal soiling. Interventions to cope with these uncomfortable symptoms may involve the prescription of painkillers to relieve abdominal pain and colostomy for dealing with severe side-effects. Sexual dysfunction can also be a likely concern for John. According to Liu et al. (2013), colorectal cancer patients and survivors often report reduced sexual functioning which is characterized by dry ejaculations and compromised sexual drive. Liu et al. (2013) also state that patients with impaired sphincter control and severe bowel movement problems were more likely to experience erectile dysfunctions. John could be prescribed

treatment with drugs such as sildenafil citrate and prostheses. Lastly, Cancer medications have been proven to cause osteoporosis, which can significantly impair a patient's ability to move.

John's psychological, spiritual, and physical problems may cause social issues, like embarrassment, and subsequently social withdrawal. Symptoms including diarrhea, depression, and hair loss may affect John's social life and result in reduced participation in social events such as family gatherings, parties, and sporting activities. Moreover, he may feel like a burden to the community and develop feelings of guilt considering the time and financial resources that are being invested in his care and treatment. Strategy for preventing these issues include the patient joining psychological support and assistance groups, some of which might be religion-based, if a patient is a religious person. Many cancer survivors who engaged in these programs reported their increased appreciation of life and the need to mend relationships, address financial issues, and get in touch with superior beings through prayers. Subscribing to social support groups will enable John to have increased self-esteem and confidence in his ability to collaborate with professional care providers and overcome overwhelming feelings.

The health education that John should be provided with will include extensive information on management of side-effects and adverse drug reactions, medication adherence, and the importance of making healthy lifestyle choices. Sharpe et al. (2018) emphasize that in addition to other forms of therapy, patients should be enlightened on the impact of personal habits such as smoking, lack of physical activity, and unhealthy diet on the pace of progression of cancerous tumors. Motivational Interviewing (MI) will be applied as an evidence-based technique of communication that focuses on the patient to determine their willingness to undergo the recommended behavioral changes.

The main advantages of MI include enhancing adolescent's mindfulness as for his care procedures and the need to adopt healthier lifestyle choices (Dennett et al., 2018, p. 257). MI will be appropriate for patients who feel unsure of particular behavioral alterations. Additionally, MI increases the level of patient engagement in their care as they are allowed to present their questions and concerns to a skilled and empathetic care provider. This technique also encourages reflective listening in which the patient is assisted to find their inspiration for change such as engaging in physical exercises and reducing the level of alcohol consumption (Sun et al., 2018, p.65). Exercise and diet counseling should also form fundamental elements of survivorship care as a part of MI for cancer patients and survivors.

Therefore, motivational interviewing presents a practical approach to managing cancer patients' psychosocial needs, social insecurities, and behavior. However, the frequency and duration of contact form primary determinants of the effectiveness of MI technique. Successful interventions should include weekly and monthly interaction with the patient through emailing, face-to-face sessions, and telephone calls (Wöhlke, Perry, and Schicktanz, 2018, p.179). The design of motivational interviewing will concentrate on different factors including John's type of cancer, the treatment regimen, the stage of development, and his attitude towards the change process.

Conclusion

In summary, John's colorectal cancer diagnosis, treatment, and adjuvant therapy will adhere to evidence-based and customized treatment plans. The main goals of treatment and follow-up care will be to prevent disease recurrence, to increase John's ability to cope with the adverse treatment side effects, and to reduce the severity of disease symptoms. The first step to avoiding recurrence will include undertaking several routine tests including colonoscopy and abdominal CT scans which would ease the identification of abnormalities within the rectum and colon. Additionally, it is essential to provide patient counseling using the Motivational Interviewing technique that addresses possible physical, spiritual, psychological, and social survivorship issues

that John is likely to experience, alongside offering recommendations on the best way of managing these occurrences.

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