

Improving Your Quality of Life

Supportive Care Center



THE UNIVERSITY OF TEXAS
MDAnderson
Cancer Center
Making Cancer History®

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Welcome to the Supportive Care Center

Clinic Information

Supportive Care Center at Main Building

Main Building, Floor 11, Elevator C

713-792-6072

Monday through Friday

8 a.m. to 5 p.m.

(Last patient check-in is 4:20 p.m.)

Quality of life is a person's overall well-being. The goal of the Supportive Care Center is to improve your quality of life by reducing the physical and emotional challenges of cancer.

The Supportive Care Center addresses a variety of factors, including:

- Side effects of treatment
- Pain and other symptoms
- Social and spiritual factors
- Advance care planning

You can make an appointment with the Supportive Care Center at any time during your cancer treatment. The Supportive Care Center team includes doctors, nurses, medical assistants, counselors, psychologists, dietitians, social workers, chaplains and pharmacists. The Supportive Care Center aims to provide support in a way that is best for you.

How to Contact Us

Call the number and you will be instructed to leave a message. Leave your name, the patient's name and medical record number, your phone number and the reason for your call.

We aim to respond quickly to your messages. The nurse returns phone calls in the order they are received.

- During regular hours, phone calls are usually returned within 3 hours of receiving the message.
- If you call after 3:30 p.m., your call will be returned the next business day.

You can also message your care team on MyChart.

If you have an urgent problem during regular hours, you may stay on the line so the Patient Service Coordinator can take your call.

If you have an urgent problem on weekends or after 4:30 p.m., call the on-call pager number at 713-404-1275. Enter your phone number, then press the # key. A Supportive Care team member will return your call.

Symptom Management

Some of the most common symptoms patients experience include constipation, loss of appetite, nausea, vomiting and pain. The following information provides tips for managing these symptoms. Based on your needs, the Supportive Care Center team will review the information with you and provide help with any other symptoms you may have.

Constipation

Constipation is the infrequent or difficult passing of a hard, dry stool. Symptoms include having no bowel movement for 3 or more days, passing hard stool and symptoms of gas or bloating. Constipation in cancer patients can be caused by the location of the tumor, cancer treatment, side effects of pain medicine, emotional distress or not eating or drinking enough.

The timing of your meals, fluids you drink, foods you eat and your activity level can affect your bowel movements. The following guidelines may help relieve constipation and regulate your bowel function.

Timing of Meals

To help stimulate bowel movements:

- Eat meals at about the same time each day.
- Drink 4 ounces of prune juice at the beginning of a meal.
- Drink a hot beverage at the end of a meal.

Fluids

- Drink at least 8 to 10 cups (1 cup = 8 ounces) of non-alcoholic fluids daily.
- Fluids may include water, juices, sports drinks, milk and nutrition supplements.
- Always keep water nearby. Carry water with you when you travel, keep it at your work area and nearby while you are at home.
- Limit the number of caffeinated drinks you have each day.



Drink at least 8 to 10 cups of non-alcoholic fluids daily.



Increase Fiber

Fiber is the part of plant foods that the body cannot digest. Fiber promotes regular bowel movements. It also absorbs water, which helps to decrease the amount of time stool is in the colon and adds bulk to the stool. Eating more fiber helps soften stool, making it easier to pass.

Eat 25 to 40 grams of fiber every day. Increasing your fiber intake a little bit each day. Increase of fiber helps avoid gas, bloating and abdominal cramps that may occur with an increase of dietary fiber.

Before you increase your fiber intake, make sure you are drinking enough fluids each day.

Ask your dietitian about how much fluid you should be drinking.

To increase fiber:

- Eat dry cereals that have at least 9 grams of fiber per serving. Some examples are Kellogg's Raisin Bran®, All Bran®, Fiber One® and Kashi Go Lean Crunch®.
- Use whole wheat flour.
- Eat whole grains such as brown rice, wild rice, barley, whole wheat pasta, and whole wheat or corn tortillas.
- Eat breads made with 100% whole grains (wheat, rye or oats). Look for breads that include nuts, seeds or bran for additional fiber.
- Sprinkle wheat germ, bran, ground flaxseed, Kashi Go Lean Crunch® or Fiber One® in with your cereal. Also add these items into yogurt, casseroles or baked products.
- Eat beans and legumes. 1 cup of beans provides 12 grams or more of fiber.
- Eat at least 5 servings of fresh fruits and vegetables daily, such as apples, oranges, pears, squash, tomatoes and berries.
- Eat snacks such as raw fruits and vegetables, nuts, seeds or popcorn.
- Read food package labels.
 - Fiber bars may not contain whole grains.
 - Products containing inulin (also called chicory root powder) may cause you to have gas.



Additional Information

Medicinal fiber (such as Metamucil® or Citrucel®) may be needed if you take in less than 25 to 40 grams of fiber in your diet daily.

These medicinal fiber products are not recommended if you have constipation related to opioid use or if you are unable to consume enough fluids. Talk to your nurse or dietitian for instructions on using medicinal fiber.

Most people who take opioid pain medicines will need laxatives to prevent or treat constipation. Your care team will talk with you about how to take laxatives, if needed.

Exercise

Exercise helps move food and stool through the digestive system. If you are able, add regular moderate exercise such as walking, hiking or riding a bicycle into your daily routine.

Contact your health care team if:

- You are unable to have a bowel movement or pass gas for more than 3 days.
- You have abdominal pain, cramping, nausea or vomiting.
- You feel that you need help having regular bowel movements.



Nausea and Vomiting

Nausea is a common side effect of cancer treatment that may be associated with vomiting. This can limit how much food you are able to eat. The following tips may help manage your symptoms.

Foods

- Eat small meals 6 to 8 times a day to keep something in your stomach. Try not to skip meals. An empty stomach may make nausea worse.
- Relax and chew food well to prevent or reduce stomach tension.
- Snack on dry foods between meals. Try eating crackers, toast, dry cereals or breadsticks. Keep these foods on hand for easy snacking.
- Avoid foods that cause you problems. Track what you eat in a food diary to help you identify problem foods.
- Try not to eat your favorite foods when you have nausea or vomiting. You may associate these with nausea later.
- Avoid greasy or spicy foods and foods with strong smells.
- Cold and bland foods may be more appealing because they tend to not have a strong smell.
- Suck on lemon drops, mints or ginger candy.
- Tart foods, such as pickles or lemons, may help reduce nausea.
- Some patients find that ginger relieves their nausea. Try cooking with ginger or drinking ginger tea or ginger ale.

Fluids

- Keeping your body hydrated with fluids is important. Try to drink 8 to 10 cups (1 cup = 8 ounces) of fluids every day.
- Drink most of your fluids between meals instead of with meals.
- Try clear soups, flavored gelatin, carbonated drinks, popsicles, tea and ice chips made of any kind of liquid.
- If smells trigger nausea, try drinking fluids from a cup with a lid and use a straw.



Try not to skip meals. An empty stomach can make nausea worse.



Suggested Foods to Try

- Toast, crackers, pretzels
- Oatmeal, cream of wheat, rice or grits
- Yogurt, sherbet
- Canned or cooked fruit such as peaches, pears, applesauce
- Baked or broiled chicken without skin and added seasoning
- Boiled potatoes, noodles or rice
- Clear liquids: broth, popsicles, tea, flavored gelatin, carbonated drinks



Suggested Foods to Avoid

- Fatty, greasy or fried foods
- Very sweet foods, such as candy, cookies and cake with icing
- Spicy foods
- Foods with strong odors

Additional Tips

- Your care team may treat your nausea with medicine. Carefully follow the instructions for how to take all your prescription medicines. Tell your care team before taking any over-the-counter products.
- If you are vomiting, do not eat or drink anything until the vomiting is under control. When you stop vomiting, drink clear liquids and eat soft foods such as cream of wheat, pudding or flavored gelatin.
- Rest and relax, but do not lie down right after eating. If you want to rest after eating, sit or recline with your head up for at least 30 to 60 minutes.
- To help avoid nausea caused by strong smells, eat in a well-ventilated area or outside to avoid smelling food. You may want to ask a friend or family member to prepare your meals for you. This will help prevent you from smelling the food while it is being cooked. After you finish eating, remove dishes from the room to reduce odors.
- If you have nausea in the morning, try eating crackers or toast before you get out of bed.
- Wear loose fitting clothing.
- Take good care of your mouth and teeth. You may rinse your mouth often to reduce bad tastes.
- Nausea and vomiting can sometimes cause, or be caused by, bowel problems like constipation. Talk with your dietitian and care team about any bowel changes or issues.



Loss of Appetite

Cancer and its treatment can cause a decrease in or a complete loss of appetite. You may eat less food or not feel like eating at all. It is important that you eat well to help your body stay strong. Eating less food can lead to weight loss, lower energy levels and reduce your ability to tolerate treatment.

Causes of Loss of Appetite

- Cancer and cancer treatments, such as surgery, chemotherapy and radiation
- Medical conditions, such as fever, pneumonia or shortness of breath
- Certain medicines
- Pain, sadness, depression and anxiety

Tips to Manage Loss of Appetite

- Try to eat 6 to 8 small meals throughout the day instead of 3 regular size meals. Include high-calorie and high-protein foods with your meals.
- Choose a time to eat instead of waiting to be hungry.
- Limit fried and greasy foods. They can be difficult to digest and may cause you to feel full.
- Keep foods that are easy to prepare in your kitchen.
- Plan to eat your largest meals when you are likely to be the most hungry.
- Try to enjoy eating.
- Light exercise, such as walking, before a meal may help improve your appetite.
- Ask your health care team about nutritional supplements that are right for you. Nutritional supplements may help you increase your calorie and protein intake.
- Ask your doctor if medicine to increase your appetite is right for you.



Pain Management

Pain is a common symptom of cancer. Uncontrolled pain may affect your quality of life. It may delay your cancer treatment or affect your response to treatments. Uncontrolled pain can also lead to emergency center visits and possible admission to the hospital.

Pain medicine is prescribed to ease and manage pain. It is important to take these medicines correctly. If they are used incorrectly, they can cause harm.

Your Role in Pain Management

The Supportive Care Center team can help you safely manage the pain you may experience from cancer or treatments. You are encouraged to have an active role in managing your pain. Having an active role means you:

- Tell your care team what you are thinking about your pain management plan.
- Understand your pain medicines.
- Take your pain medicine as directed.
- Understand the importance of scheduling pain medicines and tell your health care team about any changes.
- Monitor and report any side effects of pain medicine.
- Keep a record of your pain levels and medicine doses.

Personal Pain Goal

There are many ways to manage pain. Reaching a level of no pain is not always possible. It is important to set a personal pain goal. This is the level of pain you can manage. It may change at times. Knowing your personal pain goal will help you and your health care team make decisions about your pain management options.

Special Instructions

- You may need more medicine in addition to your regularly scheduled doses. These are called breakthrough doses. If you often need more than 4 breakthrough doses of medicine per day for pain, talk to your doctor or nurse.
- If you take your long-acting or breakthrough medicines differently than prescribed, talk to your doctor or nurse. Changing your medicines on your own can make you very sick.
- Contact the Supportive Care Center if you are uncertain about your treatment plan, or if a side effect you are having is normal.



Reminders When Taking Pain Medicines



Do

- Always take pain medicine only as directed.
- Only get prescriptions for pain medicine from MD Anderson Cancer Center.
- Tell your nurse if you must get pain medicine anywhere else, such as in an emergency or from a dentist.
- Tell your other doctors about the pain medicines you are taking.
- Bring any unused portions of all prescription medicines to the clinic. We routinely test your urine, saliva or blood for levels of prescription medicines.
- Ask for pain medicine refills only during regular office or clinic hours. Early refills for a replacement of lost, stolen or spoiled pain medicine may not be allowed, depending on what happened.



Do not

- Do not cut, chew, crush or dissolve extended release tablets or capsules.
- **Do not** cut a pain patch or expose to a heat source, like a heating pad, while the patch is on your skin.
- Never share, sell or trade your pain medicine with anyone. Do not use someone else's medicines for pain or any other reason.
- Never use pain medicines to help you sleep or combine with any sleep aid, such as tranquilizers or sedatives.
- **Do not** use illegal drugs (cocaine, heroin, crystal meth, etc.). Do not use marijuana, even where legal, or drink alcohol (wine, beer or hard liquor) without permission from your prescribing doctor.
- **Do not** drive a car or operate heavy equipment when taking pain medicine.



Plan Ahead for Refills

Do not run out of pain medicines. Suddenly stopping your pain medicines can cause your pain to increase or other health problems.

Most prescriptions for pain medicines are highly controlled. You will need to need to visit the Supportive Care Center at least once a month to make sure you are being prescribed the right medicines, in the right amounts and on an appropriate schedule.

At the end of each visit, the Supportive Care Center will schedule your next follow-up visit. If you need to call us for a pain medicine refill, call **at least** 5 days before you will run out of the medicine. When you call, we will check the date of your last visit. If your last visit was more than 30 days ago, you will need to schedule a new visit us.

If you are not able to go to the Supportive Care Center on a monthly basis because you do not live nearby, you may need to identify a health care provider in your local area who can manage your pain. Your care team is available to discuss your treatment plan with your local doctor.

A Note to Caregivers



Sometimes patients rely on their caregivers to communicate with us about their pain and symptom management needs. If possible, choose a primary person to communicate with us so that person can also become part of your pain management team.



Call at least 5 days before you will run out of medicine.

Pain Medicine Storage and Disposal

It is very dangerous to use pain medicines that are not prescribed to you. Side effects may include:

- Severe drowsiness
- Impaired judgment
- Confusion
- Seizures
- Trouble breathing
- Death

These medicines can cause severe harm when used improperly. It is very important that only you take your pain medicines. Do not allow any other person to take your medicine.

Proper storage and safe disposal of medicines can prevent someone else from taking your medicine. This is especially important for households with children and multiple family members.

Proper Storage

Follow these tips to keep your medicines safe and properly stored:

- Make sure children and pets can never reach the medicines.
- Store medicines where they are not visible to others besides yourself or a caregiver who helps manage your medicines.
- Consider keeping your medicines in a locked area.
- Keep track of the number of medicines you have used. Report any missing medicines to the police.
- **Do not** tell people that you are taking strong pain medicines.



Remember to bring all of your pain medicines with you every time that you have an appointment at the Supportive Care Center. Before you receive any new pain medicine, your pills must be counted to make sure you are using the medicine properly.



When to Dispose of Medicines

All medicines have an expiration date. If you take expired medicines, they may not work as well or may cause side effects. If your medicine has expired, even if you have not used them, safely dispose of them. Call your doctor if you need a new prescription.

Only keep the medicines you use. If your doctor changes your pain medicine dose or prescription, dispose of the old medicine. Always follow the guidelines for safe, proper disposal.

Guidelines for Proper Disposal

The U.S. Food and Drug Administration (FDA) recommends two ways to dispose of pain medicine.

- Flush the medicine down the toilet. Be sure to flush 2 times.
- Take the medicine out of the original container and mix it with coffee grounds or cat litter to make it undesirable. Place in a sealed container and throw away along with household trash.

The Drug Enforcement Administration (DEA) sponsors a National Prescription Take Back Day throughout the United States. Visit their website, (<https://www.DEADiversion.usdoj.gov/>) for the next DEA Prescription Take-Back Day in your area.

You can also take advantage of community drug take-back programs. The programs allow the public to bring unused medicines to a safe location for proper disposal. Call your city, county or state government's household trash and recycling services to see if a take-back program is available in your community.

You can find more information about proper medicine disposal at the following resources:

- **Dispose My Medicine**
www.DisposeMyMeds.org – help with finding medicine disposal programs offered through independent community pharmacies.

MD Anderson Take Back Bins

You or your caregivers can discard unused or expired medicines (including pain medicines) in green drug take-back bins located in outpatient pharmacies:

- **Floor 2 Pharmacy:** Main Building, Floor 2, near Elevator C, R2.2315
- **Mays Clinic Pharmacy:** Mays Clinic, Floor 2, near The Tree Sculpture, ACB2.1930

Advance Care Planning

The Supportive Care Center aims to provide care that is consistent with your individual values and goals. Your care team will work with you and your loved ones to identify and understand what is important to you.

The process of thinking about and sharing your values, goals and wishes as they relate to your health care is called **advance care planning**.

Advance care planning allows you to:

- Think about what is important to you.
- Share your values and goals with your loved ones and health care team.
- Decide what types of treatment you would or would not want to receive.
- Choose who will make decisions about your medical care if you are unable to speak for yourself.
- Record your decisions in writing.

Making decisions may take time, and you may not know all the answers yourself. It is important that you talk about these topics with the people you trust. Ask for help and talk with your loved ones and health care team.

Thinking About Medical Decisions

To begin, you may want to think about these questions:

- What is important to me?
- What does a good quality of life mean to me?
- What are my goals or values, and how do they affect my health care preferences?

Thinking through these questions may help you determine your preferences about:

- Use of life-sustaining treatments such as breathing support, eating and drinking support, cardiopulmonary resuscitation (CPR).
- Where you would like to receive care if you are dying. For example, would you like to be cared for at home or in the hospital?



Ask your care team to learn about life-sustaining treatments and how they apply to you.



Advance Directives

Advance directives are documents that record your wishes about future medical treatment. Three common advance directives are:

- Medical Power of Attorney
- Medical Living Will (Directive to Physicians)
- Out-of-Hospital Do-Not-Resuscitate (DNR) Order

Medical Power of Attorney

This advance directive names someone to make decisions for you if you are unable to speak for yourself. In the event that you cannot make decisions for yourself, this person will be able to make decisions for you.

The person you choose is also called your Medical Power of Attorney.

Choosing a Medical Power of Attorney may not be an easy choice, but it is important. It is especially important for individuals who are separated, not legally married or have more than 1 adult child.

Choose someone who will honor, respect and follow your wishes. Your Medical Power of Attorney should be someone who:

- Is willing to speak on your behalf.
- Is willing to act according to your wishes.
- Can be there for you when you need them.
- Understands what is important to you.
- Is willing to ask important questions and understand the possible outcomes of medical decisions.
- Is willing to talk with you about sensitive or difficult issues.
- Can handle conflicting opinions between family, friends and medical providers.

Discuss your goals, values and wishes with your Medical Power of Attorney before you complete and sign any forms. Make sure you tell them if you change any of your wishes.



Medical Living Will

This advance directive is an outline of your health care wishes. It gives specific details about what treatment you do or do not want. A Medical Living Will takes effect only when you have less than 6 months to live. It may address topics like artificial nutrition, hydration, dialysis, breathing support and comfort care.

Out-of-Hospital Do-Not-Resuscitate (DNR) Order

An Out-of-Hospital Do-Not-Resuscitate (DNR) order is a medical order that tells a health care team not to perform CPR if your heart or lungs stop working when you are not admitted to the hospital. This order is signed by you and your doctor.

If you do not have an Out-of-Hospital DNR order and your heart or lungs stop working properly, health care providers may do everything medically possible to restart your heart and help you breathe.

To show you have an Out-of-Hospital DNR order, you must have a copy of the DNR order, DNR bracelet or DNR necklace with you at all times.

Helpful Tips to Remember

- Give your Medical Power of Attorney access to your advance directive documents.
- Give copies of your advance directive documents to all medical providers.
- You may update your documents as often as you wish. It can be helpful to review them from time to time. Discuss the changes with your support system and doctor. Be sure to update your advance directive forms to reflect any changes made.

Making plans for future health care decisions can give you peace of mind. It may reduce confusion or disagreement among loved ones. If your loved ones know your wishes, they will be able to honor them.



Advance care planning topics can be challenging. Ask your Supportive Care team for help.



Additional Resources

Read more about advance care planning online at www.MDAnderson.org/AdvanceCarePlanning



The patient education workbook, **Advance Care Planning**, is available to you. This tool is a guide to thinking about your medical wishes, talking with others about your wishes and recording your wishes in writing. Ask your social work counselor or a Supportive Care Center team member for a copy.

Notes

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