## BLADDER CANCER SURVIVORSHIP

A Guide for Creating a Survivorship Care Plan With Your Doctor



Bladder Cancer Treatment Hist	ory
Diagnosis:	
	Stage:
	tments and procedures that I received?
Monitoring & Check-ups	
Who will oversee my post-cancer trea	atment care?
How often will I need to come in for a	ppointments?
How will my doctors communicate ab	out my survivorship care?
What follow-up testing do I need and	how often?
Are there signs or symptoms I should	be aware of that may indicate a recurrence?
What should I do if I have a health issu	ue and I'm not sure if it's related to my cancer?
Who should I contact if I have a conce	ern?
Name:	Phone:
Name:	Phone:
Should I see a urologist or other speci	ialist regularly?

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Ongoing Health
How can I manage long-term effects of bladder cancer treatment?
Urinary urgency, frequency, or leakage:
Intimacy or sexual side effects:
Fertility:
Are there signs of infection or kidney problems I should watch for?
How can I manage long-term treatment side effects such as fatigue, pain or other issues?
Are there risks of secondary cancers or other health problems from the treatment I had?
If so, should I receive additional screening?
What cancer history should I share with other doctors (i.e., dentists, specialists) going forward?
Lifestyle
Is there a specific diet I should follow? Any specific foods to avoid?
Should I meet with a dietician?
Can I exercise regularly or are there any exercises I should limit?
Should I avoid any supplements, medications, alcohol or recreational drugs?
Emotional Health
Is it normal to feel anxious or depressed as a survivor?  When should leask help?
When should I seek help?  What mantal health resources do you recommand?
What mental health resources do you recommend?
Are there any bladder cancer survivor support groups you recommend?