Development of a Comprehensive Health Management Program for Elderly Postoperative Patients with Colorectal Cancer: Postprint

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Abstract

Background The elderly population exhibits a high incidence of colorectal cancer with complex conditions, facing numerous challenges in postoperative rehabilitation. Constructing a scientific, practical, and comprehensive postoperative health management protocol for elderly colorectal cancer patients is of significant importance for improving patient health outcomes.

Objective To construct a comprehensive health management protocol for elderly postoperative colorectal cancer patients, providing reference for postoperative rehabilitation of elderly colorectal cancer patients.

Methods Based on literature research and qualitative interviews, a preliminary draft of the comprehensive health management protocol for elderly postoperative colorectal cancer patients was constructed. The Delphi method was employed to conduct two rounds of consultation with 16 experts from tertiary Grade-A hospitals in Nanjing and Shanghai. Expert engagement was evaluated using questionnaire response rate and text modification rate, expert authority was assessed using the authority coefficient, and the coordination of expert opinions was evaluated using the coefficient of variation and Kendall's coefficient of concordance. After integrating expert opinions and discussion by the research team, the item contents were adjusted to form the final version of the comprehensive health management protocol for elderly postoperative colorectal cancer patients.

Results The questionnaire response rates for the two rounds of expert consultation were 94.12% and 100%, respectively, with expert text modification rates of 56.25% for both rounds, and an expert authority coefficient of 0.91. In the first round of expert consultation, the importance scores for each item ranged from 3.81 to 5.00 points, with a coefficient of variation of 0–0.24. In the second

round, the importance scores ranged from 4.13 to 5.00 points, with a coefficient of variation of 0–0.20. The Kendall's coefficients of concordance for the two rounds were 0.211 and 0.222 (P<0.001), respectively, with the second round showing improvement over the first. After two rounds of expert consultation and research team discussion, the final comprehensive health management protocol for elderly postoperative colorectal cancer patients was formed, comprising 9 first-level items (team establishment, psychological support, physical activity, stoma care, nutritional intervention, traditional Chinese medicine rehabilitation techniques, peer education, treatment and follow-up, self-management) and 39 second-level items.

Conclusion The health management protocol for elderly postoperative colorectal cancer patients constructed in this study demonstrates good scientificity, reliability, applicability, and practicality, and can provide guidance for postoperative rehabilitation of elderly colorectal cancer patients.

Full Text

Construction of a Comprehensive Health Management Program for Elderly Postoperative Colorectal Cancer Patients

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Abstract

Background: The elderly population faces a high prevalence of colorectal cancer with complex clinical presentations, and postoperative rehabilitation presents numerous challenges. Developing a scientific, practical, and comprehensive postoperative health management program for elderly colorectal cancer patients is essential for improving health outcomes.

Objective: To construct a comprehensive health management program for elderly postoperative colorectal cancer patients and provide a reference for their postoperative rehabilitation.

Methods: Based on literature review and qualitative interviews, we developed an initial draft of a comprehensive health management program for elderly postoperative colorectal cancer patients. We then conducted two rounds of expert consultation using the Delphi method with 16 experts from tertiary hospitals in Nanjing and Shanghai. Expert engagement was evaluated using questionnaire

response rates and text modification rates, authority was assessed using the authority coefficient, and opinion coordination was measured using coefficient of variation and Kendall's W coefficient. After integrating expert opinions and discussion by the research team, we revised the items to form the final version of the comprehensive health management program for elderly postoperative colorectal cancer patients.

Results: The response rates for the two rounds of expert consultation were 94.12% and 100%, respectively, with text modification rates of 56.25% for both rounds. The expert authority coefficient was 0.91. In the first round, importance scores for items ranged from 3.81 to 5.00 points, with coefficients of variation from 0 to 0.24. In the second round, importance scores ranged from 4.13 to 5.00 points, with coefficients of variation from 0 to 0.20. Kendall's W coefficients were 0.211 and 0.222, respectively ($P<0.001$), showing improvement in the second round. After two rounds of consultation and research team discussion, the final program comprised 9 primary items (team building, psychological support, physical activity, stoma care, nutritional intervention, traditional Chinese medicine rehabilitation techniques, peer education, treatment and follow-up, and self-management) and 39 secondary items.

Conclusion: The health management program constructed in this study demonstrates good scientific validity, reliability, applicability, and practicality, and can provide guidance for the rehabilitation of elderly postoperative colorectal cancer patients.

Keywords: Colorectal neoplasms; Colorectal cancer; Health management; Aged; Comprehensive; Delphi method

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Colorectal cancer is a common malignant tumor of the digestive system, ranking third in global cancer incidence and second in mortality [1]. Population aging is a significant factor contributing to increased colorectal cancer incidence, with 31% of colorectal cancers occurring in individuals over 75 years old worldwide [2-3]. Elderly patients present with complex conditions, and postoperative complication rates increase progressively with age. Problems such as declining physical strength, pain, activity limitations, functional impairment, anxiety, and psychological stress are more prominent [4-6]. Literature reports indicate that among postoperative colorectal cancer patients over 65 years old, 17.0% depend on assistive devices due to limited mobility, 9.6% experience mental health issues, and 20.5% lose self-care ability [7]. In patients over 85 years old, the incidence of cardiovascular complications, pneumonia, deep vein thrombosis of the lower extremities, and renal failure reaches as high as 37.8% [8], imposing a severe burden on families and society.

The General Office of the State Council proposed in the "China Chronic Disease Prevention and Treatment Medium- and Long-Term Plan (2017-2025)" [9] that we should "adhere to coordinated planning, shared development, prevention-first principles, and classified guidance to promote the shift from disease treat-

ment to health management." Health management is a long-term, continuous, cyclical, and spiraling health service that is whole-person, whole-process, and all-encompassing, centered on human health [10]. Controlling health risk factors to promote health levels and improve prognosis is an important approach to achieving comprehensive, full-cycle management of chronic diseases. The demand for continuous rehabilitation services among elderly colorectal cancer patients increases significantly with age [11], and health management issues in physiological function, psychological adaptation, and social interaction urgently need to be addressed. However, clinical practice often focuses on the diagnosis and treatment of the primary disease, while continuous rehabilitation support after discharge is frequently neglected, or limited to the physical and psychological status of special populations with stomas. Insufficient attention is paid to postoperative nutrition, activity, psychology, and social interaction in elderly patients, and there is a lack of comprehensive rehabilitation practice guidance. Therefore, constructing a scientific, comprehensive, and practical postoperative continuous health management program for elderly colorectal cancer patients is particularly necessary.

1.1 Research Team Formation

In February 2023, we established a research team comprising 2 clinical physicians, 2 clinical nursing experts, 1 wound and stoma therapist, 2 health managers, 1 nutritionist, 1 psychotherapist, 1 rehabilitation therapist, 1 traditional Chinese medicine practitioner, and 1 graduate student. Team members participated in the entire process of evidence integration from literature review, patient qualitative interviews, expert consultation, and program discussion, supervising research quality. This study was approved by the Ethics Review Committee of Jiangsu Cancer Hospital (approval number: 2023-Ke-Kuai-001). The project was registered at the Fudan University Evidence-Based Nursing Center with registration number ES20230327.

1.2.1 Literature Search

We conducted computerized searches of PubMed, Web of Science, Cochrane Library, Science Direct, China National Knowledge Infrastructure (CNKI), Chinese Biomedical Literature Database (SinoMed), Wanfang Data Knowledge Service Platform, and VIP Database for literature related to health management of postoperative colorectal cancer patients. The search timeframe was from January 2012 to February 2023. Chinese search terms included: "elderly/advanced age," "colorectal cancer/colorectal tumor/large bowel cancer/large bowel tumor," "postoperative/stoma/radical surgery/perioperative period/surgery/surgical," "health management/health education/health guidance," "nursing," "nutrition/diet," "rehabilitation/exercise/training," "traditional Chinese medicine/Chinese herbs," "psychology," "activities of daily living/activity ability," "social interaction/social function," "quality of life/survival quality," and "self-efficacy." English search terms included:

"old age/advanced age," "colorectal neoplasms/cancer," "postoperative period/general surgery/surgical specialties," "health education," "nursing," "diet," "rehabilitation," "medicine, Chinese traditional," "psychology," "social interaction," "quality of life," and "self-efficacy." We used a combination of subject headings and free terms, developing search strategies according to the characteristics of different databases while also reviewing platform-recommended relevant literature.

Two team members conducted literature retrieval and strict screening, with disagreements resolved through consultation with a third team member. Inclusion criteria were: (1) study subjects were patients after colorectal cancer radical surgery; (2) study content involved continuous health management including postoperative psychological intervention, nutritional guidance, stoma management, traditional Chinese medicine rehabilitation, and activity training; (3) literature types included guidelines, standards, systematic reviews, randomized controlled trials, quasi-experimental studies, observational studies, expert opinions, or consensus statements. Exclusion criteria were: (1) literature with obvious data errors or incompleteness; (2) inability to obtain full text; (3) non-Chinese or non-English literature.

We used the Appraisal of Guidelines for Research and Evaluation II (AGREE II) [12] to evaluate guideline quality, which includes 6 domains with 23 items rated on a 7-point scale (1 representing strong disagreement, 7 representing strong agreement). We calculated the percentage of the possible maximum score for each domain using standardized methods, with most results >60% indicating strong recommendation, 30%-60% indicating recommendation, and <30% indicating non-recommendation [13]. We used the quality assessment tools from the Joanna Briggs Institute (JBI) Evidence-Based Healthcare Center [14] to evaluate randomized controlled trials, quasi-experimental studies, observational studies, systematic reviews, expert opinions, and consensus statements. Literature meeting all criteria was rated as Grade A, partially meeting criteria as Grade B, and not meeting criteria as Grade C. This study included Grade A and B literature, excluding Grade C literature. Two team members independently conducted quality evaluation, with significant disagreements resolved through discussion with a third team member.

1.2.3 Semi-Structured Interviews

From March to April 2023, we conducted semi-structured interviews with elderly postoperative colorectal cancer patients treated at Jiangsu Cancer Hospital to understand their health management needs and problems during the postoperative rehabilitation phase. Inclusion criteria were: (1) patients after colorectal cancer radical surgery with pathologically confirmed malignancy; (2) age $\geq$ 60 years; (3) no communication barriers; (4) voluntary participation. Exclusion criteria were: (1) terminal colorectal cancer with expected survival <6 months; (2) mental illness preventing cooperation with interviews.

Interviews were scheduled between 15:00-17:00 to avoid patient rest and treatment times, conducted in the ward education room. Before interviews, we fully explained the purpose, topics, duration, and audio recording to patients, beginning only after obtaining consent. During interviews, we carefully observed patients' facial expressions, reactions, and body language, with follow-up questions for meaningful viewpoints. Considering elderly patients' physical conditions, each interview lasted $ $20 minutes depending on actual circumstances. Recordings were transcribed and saved within 24 hours after each interview. Information saturation was reached after interviewing 18 patients, and data were analyzed using Colaizzi's seven-step method.

1.3.1 Development of Expert Consultation Questionnaire

Based on the preliminary health management program for elderly postoperative colorectal cancer patients, we developed an expert consultation questionnaire divided into three parts: Part 1 was a letter to experts introducing the study's purpose and content; Part 2 was the item opinion form for the comprehensive health management program, including instructions, item content, importance ratings, and modification suggestions, using a 5-point Likert scale; Part 3 collected basic expert information including demographics, familiarity with the research topic, and judgment basis.

1.3.2 Expert Selection

To ensure scientific validity and reliability of results, we selected 17 experts for consultation. Selection criteria were: (1) associate senior professional title or above; (2) bachelor's degree or higher; (3) $ $10 years of work experience; (4) expertise in relevant fields including clinical medicine, nursing, nutrition, exercise and rehabilitation, traditional Chinese medicine, psychology, or health management; (5) voluntary participation with ability to provide constructive feedback.

1.3.3 Implementation of Consultation

From May 8, 2023, we conducted expert consultations via email or paper distribution, with experts completing questionnaires within 7 days. After the first round, we calculated response rates, authority coefficients, coordination coefficients, and text modification rates, organizing expert suggestions. Following research team discussion, we revised items to form the second-round questionnaire. The second round was initiated on June 2, 2023, with experts re-evaluating items to form the final comprehensive health management program for elderly postoperative colorectal cancer patients.

1.4 Statistical Analysis

We established a database using Excel and performed statistical analysis using SPSS 25.0 software, with double data entry and verification. Measurement

data were expressed as ($\bar{x}\pm s$), and count data as frequencies and percentages. Expert engagement was represented by questionnaire response rates and text modification rates. Expert authority was represented by the authority coefficient (Cr), calculated as the arithmetic mean of the familiarity coefficient (Cs) and judgment basis coefficient (Ca). Opinion coordination was represented by coefficient of variation (CV) and Kendall's W coefficient. $P<0.05$ was considered statistically significant.

Results

2.1.2 Expert Engagement and Authority

In the first round, 17 questionnaires were distributed with 16 valid responses returned (94.12% response rate). In the second round, 16 questionnaires were distributed with all 16 returned (100% response rate). Nine experts provided textual modifications in both rounds (56.25% modification rate), indicating high expert engagement. The experts' Cs was 0.85, Ca was 0.97, and Cr was 0.91, suggesting high authority and scientific judgment, with credible consultation results.

2.2.2 Expert Opinion Scores and Coordination

In the first round, importance scores for items ranged from 3.81 to 5.00 points with standard deviations of 0-0.91 points. In the second round, scores ranged from 4.13 to 5.00 points with standard deviations of 0-0.81 points, indicating good consensus. After excluding deleted items, CVs were 0-0.24 and 0-0.20 for the two rounds, respectively (all <0.25). Kendall's W coefficients were 0.211 (^{2}=159.03, P<0.001) and 0.222 (^{2}=166.85, P<0.001), demonstrating that expert opinions converged after two rounds with high program acceptance.

2.3 Program Revision and Refinement

After the first round, we summarized expert suggestions and, based on clinical reality and thorough research team discussion, revised some items.

2.3.1 Deleted Items We deleted the primary item "sexual life" as experts considered it low priority for elderly populations. We deleted the secondary item "formulate next-step rehabilitation plan" as experts believed it was too difficult for elderly patients. We deleted "bowel function training" as experts considered it poorly operable with limited effectiveness. We also deleted the secondary item "postoperative prescription based on Sijunzi Decoction" as experts believed traditional Chinese medicine treatment should be conducted under specialist guidance without excessive intervention in prescriptions, and deleted "record mood diary" as experts believed it might reinforce negative emotions in some patients.

2.3.2 Added Items We added the primary item "team building" as experts believed multidisciplinary health management team establishment should precede program implementation. Added secondary items included: "stoma supplies should be stored in dark, dry places"; "if coughing is uncontrollable, use both hands to cover the stoma and surrounding incision area"; "daily water intake should be $ $1,500 mL, with guidance for elderly patients with jejunum and ileum stomas to monitor fluid intake"; "for elderly patients with insomnia, constipation, pain, or other symptoms, non-pharmacological therapies such as auricular point pressing or moxibustion may be used under physician guidance"; and "especially for ileostomy patients, avoid changing dosage or administration methods without authorization, adjusting medication only under specialist guidance."

2.3.3 Modified Items We revised "develop regular bowel habits" to "guide elderly patients with permanent colonic stomas to develop regular bowel habits." We changed "replace refined grains with whole grains" to "during rehabilitation, recommend whole grains account for approximately 1/3 of staple food intake." We modified "if elderly patients develop malnutrition, oral nutritional supplements should be taken under medical guidance" to "conduct nutritional monitoring for elderly patients; if indigestion, decreased appetite, or rapid weight loss (>5 kg) occurs, seek medical attention promptly for professional assessment and diagnosis before nutritional therapy and management under physician guidance."

The final program comprised 9 primary items and 39 secondary items for elderly postoperative colorectal cancer patients (Table 2).

Discussion

3.1 Importance and Necessity of Constructing the Comprehensive Health Management Program

Postoperative colorectal cancer patients not only endure physical pain from stress and trauma but also face psychological and social activity barriers that affect quality of life and prognosis [31]. Elderly patients, in particular, experience cognitive and functional decline, may feel too proud to express needs, or lack communication skills and solutions, making professional, comprehensive continuous rehabilitation intervention especially necessary. Most Chinese cancer patients have urgent health management needs regarding emotional distress (90.1%), rehabilitation (76.2%), disease symptoms (59.3%), and nutritional support (56.8%), yet only 24% can access relevant health management information [32]. Studies show that continuous health intervention for cancer patients significantly improves symptoms and function, enhances quality of life, and promotes health levels [33]. Yang et al. [20] found that lifestyle management including exercise, dietary guidance, and emotional adjustment significantly improved quality of life in postoperative colorectal cancer patients. Stoma skills training, peer education, and psychosocial support can enhance self-efficacy and

reduce complications [22-23]. Health management for elderly cancer patients includes cognitive therapy, exercise, daily functional training, family support, and nutritional intervention [33], with recommendations for multidisciplinary involvement of medical, nursing, social work, psychology, rehabilitation, and genetic counseling experts [34]. Therefore, improving accessibility and quality of health services for cancer patients is essential [33], yet evidence-based, comprehensive health management practice guidelines for elderly postoperative colorectal cancer patients are currently lacking.

3.2 Scientific Validity and Reliability of the Constructed Program

This study constructed a comprehensive health management program for elderly postoperative colorectal cancer patients based on evidence-based medicine theory. After defining the research question and registering with the Fudan University Evidence-Based Nursing Center, we conducted systematic literature retrieval, selected appropriate quality assessment tools, and organized high-quality evidence. Combined with patient clinical needs identified through qualitative interviews and research team discussion, we developed preliminary items grounded in theoretical and practical foundations. Using the Delphi method for expert consultation, our experts demonstrated high professional competence and rich clinical experience in health management for colorectal cancer patients, providing credible and representative opinions. Experts showed positive engagement, adequate evaluation basis, and high authority. Opinion concentration and coordination remained stable, with high recognition of indicators. Therefore, the professional, scientific, and standardized research design established a solid foundation for the program's scientific validity and reliability.

3.3 General Applicability and Practicality of the Program

This program addresses current needs for continuous health management among cancer patients and aligns with China's chronic disease management status, representing an important approach to comprehensive, full-cycle chronic disease management with general applicability and practicality for elderly postoperative colorectal cancer patients. Developed from actual patient needs and considering elderly patients' physiological and psychological characteristics, the program includes 9 primary items and 39 secondary items addressing team building, psychological support, physical activity, stoma care, nutritional intervention, traditional Chinese medicine rehabilitation techniques, peer education, treatment and follow-up, and self-management. The detailed, comprehensive, and highly operable content overcomes traditional health management limitations and provides standardized guidance for healthcare institutions. The program applies to home-based health management after colorectal cancer surgery and can be implemented through combined online intervention and offline follow-up.

The program can be developed into an electronic version incorporating text, images, audio, and video, presented through user-friendly formats on WeChat mini-programs or public platforms. Patients and families can access information

online, learn health management skills, communicate with the team, and complete assessment scales without time, geographic, or economic constraints, saving medical resources and improving efficiency. Offline follow-up involves face-to-face communication and guidance by health managers to ensure patients and caregivers master basic operations and self-monitoring skills, guaranteeing standardized and effective implementation. The program can be delivered through community-based elderly health service institutions [35] with active caregiver involvement, creating a hospital-community-family collaborative health management model [32]. Studies show that multidisciplinary collaboration in medical, nursing, psychological, and social work health management improves quality of life and self-efficacy in cancer patients [34,36]. By incorporating "team building," our program enables multidisciplinary teams to leverage professional strengths, ensure communication, guarantee quality and effectiveness, and allow precise strategies based on individual needs within group delivery, dynamically adjusting the program according to disease changes and embodying a people-centered health management philosophy.

This study constructed a health management program for elderly postoperative colorectal cancer patients through literature review, qualitative interviews, and Delphi expert consultation, comprising 9 primary items and 39 secondary items with strong scientific validity and clinical application value. However, limitations include: (1) experts were mainly from tertiary hospitals in Nanjing and Shanghai, not representing regional differences in economic development, medical levels, and chronic disease management models; (2) the program has not undergone empirical research to verify its effectiveness and operability. The research team will further refine the program and conduct randomized controlled trials to validate its clinical application value.

Table 2 Results of Expert Consultations for the Comprehensive Health Management Program for Elderly Postoperative Colorectal Cancer Patients

1. Team Building - **1.1** Establish a multidisciplinary health management team including physicians, nurses, national health managers, wound and stoma specialist nurses, psychotherapists, nutritionists, rehabilitation therapists, and traditional Chinese medicine practitioners. Importance score: 5.000$\pm$0$-$**1.2* *$Teammembersshouldbeproficientincommunicationskillsforelderlypatients, basicdiseaseknowledge, health$ 4.875$\pm$$0.340

3. Physical Activity - **3.1** Elderly patients should prevent falls, joint injuries, and muscle strains during activity, progressing gradually according to rehabilitation status. Particularly for elderly patients with chronic diseases such as coronary heart disease or emphysema, they may appropriately perform manageable household tasks (cooking, room organization, shopping) before transitioning to gentle exercises like walking, qigong, and Tai Chi [20,24,27-28]. Importance score: 4.813$\pm$0.400 $-$ $*$ $*$ 3.2 $*$

$*Instructelderlypatientstoavoidmovementsincreasingabdominalpressuresuchascoughing, vomiting, orliftin$
$4.813\pm0.400 - **3.4**Guideelderlypostoperativerectalcancerpatientsinpelvicfloormuscletraining:$
$assumeacomfortableposition, relaxlowerlimbs, abdomen, andbuttocksmuscles, voluntarilycontractperinealar$
$10seconds, thenrelaxfor10seconds$[18].$Importancescore: 4.938\pm\$0.250$

4. Stoma Care - 4.2 Explain to elderly patients and caregivers the timing for stoma bag replacement, pre-replacement preparation, positioning, and procedure, demonstrating how to cut and remove the base, and evacuate gas and liquid from the bag [24,27,30]. Importance score: $4.750\$\pm0.450 - **4.3*$
$*Instructelderlypatientsandcaregiversonusingskinprotectionandleakpreventionproductsincludingskinprote$
$4.563\pm0.510 - **4.4**Guideelderlypatientsandcaregiversinpreventing, identifying, andmanagingstomaandp$
$mucosaseparation, mucosalbleeding, stomaretraction, stomaprolapse, andparastomalhernia, seekingmedical$
$4.563\pm0.510 - **4.6**Instructelderlypatientstoprefersoft, comfortable, loose, lightweight, andbreathableclot$
$4.813\pm0.400 - **4.7**Whenelderlypatientstravelforworkorleisure, clarifyprecautionssuchaslocatingrestroo$
$4.688\pm0.480 - **4.8**Informelderlypatientsaboutbathingandswimmingrequirements:$
$bathingispermissibleaftercompletewoundhealingfollowingsutureremoval.Colostomypatientsmaybatheafter$
$15minuteswithwatertemperature37 - 40°C; waterprooftapeorelasticadhesivemaybeappliedaroundthestomab$
$4.750\pm\$0.450$

5. Nutritional Intervention - 5.1 Guide elderly patients to maintain healthy eating habits with gradual progression, reasonable combination, regular meals, and thorough chewing [21,27]. Importance score: $4.875\$\pm0.340 - **5.2 * *Instructelderlypatientsonlight, high - protein, high - calorie, high -$
$vitamin, easilydigestiblediets, increasingfreshfruitandvegetableintake, reducingfattyfoods, withwholegrai$
$4.813\pm0.400 - **5.3**Adviseelderlypatientstoreduceredandprocessedmeatconsumption, limitpickledproducts$
$4.875\pm0.340 - **5.4**Guideelderlystomapatientstofollowdietaryprinciples:$
$comprehensive, balanced, nutritious, andeasilydigestible.Consumemoderateamountsofcoarsefiberfoods(su$
$producingfoodslikesodaandbeans$[24, 27, 30].$Importancescore: 4.625\pm0.500 -$
$**5.6**Conductnutritionalmonitoringforelderlypatients; ifindigestion, decreasedappetite, orrapidweightlos$
$5kg)occurs, seekmedicalattentionpromptlyforprofessionalassessmentanddiagnosisbeforenutritionaltherap$
$4.188\pm\$0.750$

6. Traditional Chinese Medicine Rehabilitation Techniques - 6.1 Traditional Chinese medicine treatment should be conducted under specialist physician guidance following syndrome differentiation principles, adhering to supporting health and dispelling pathogenic factors, addressing root and branch aspects, individualizing treatment by person and season, adapting to local conditions, and comprehensive treatment [17]. Importance score: $4.500\$\pm0.730 - **6.2 *$
$*ElderlypatientsmayapplyexternaltraditionalChinesemedicinetherapiesincludingacupuncture, five-$
$elementmusictherapy, dietarytherapy, andguidedexercises(Baduanjin, Wuqinxi, TaiChi, Yijinjing)underp$
$4.438\pm\$0.510$

8. Treatment and Follow-up - 8.1 Guide elderly patients requiring adjuvant chemotherapy or radiotherapy to receive timely treatment after physical recovery and contraindication exclusion [15-17]. Importance score: $4.563\$\pm0.510 - * * 8.2 * *Postoperativefollow -$
$upfrequency(seekmedicalattentionpromptlyifabnormal) : StageI :$
$onceevery6monthsfor5years; StagesII - III : onceevery3monthsfor3years, thenonceevery6monthsuntil5yea$

$surgery, then annually after 5 years [16, 19]. Importance score: 4.125 \pm 0.810 - **$
$8.3 ** Main follow-up content includes: (1) physical examination emphasizing digital rectal examination; (2) ser$
$II); (4) annual chest/abdominal/pelvic CT (Stage III or when CEA/ultrasound is abnormal); (5) colonoscopy, rec$
$surgery [15 - 16, 19]. Importance score: 4.625 \pm \$0.500$

9. Self-Management - 9.2 Guide elderly patients with chronic diseases requiring long-term medication to record medication diaries including drug usage and adverse reactions, providing timely feedback to physicians when necessary. Especially for ileostomy patients, avoid changing dosage or administration methods without authorization, adjusting medication only under specialist guidance. Importance score: $4.813\$ \pm 0.400 - ** 9.3 *$
$*Instruct elderly patients to record stoma diaries including baseplate replacement dates, wearing duration, skina$
$4.750 \pm \$0.450$

Note: Figure translations are in progress. See original paper for figures.