



Managing your Bowel after your Anterior Resection

This leaflet provides information on how and why bowel function sometimes changes after treatment for bowel cancer. Each person will settle to their own unique pattern. These are no rules; this information will provide only guidelines and helpful hints.

The treatment of bowel cancer usually involves major abdominal surgery. It sometimes involves the use of chemotherapy or radiation treatment or both. The treatment of your bowel cancer may change the way in which your bowel functions.

Your bowel before your operation

The large bowel or colon is the last part of your intestines. When you eat, the food passes down your oesophagus (gullet), into your stomach and then into your intestines. The first part (small bowel) is where the nutrients are absorbed; the waste then enters the large bowel and is a thick liquid. Its journey through the large bowel can take a couple of days and, in this time, the water is reabsorbed and the result is a formed stool.

There is a wide range of 'normal' bowel function between different people. It is not essential to have one bowel action a day. Understanding of what is normal is based on personal experiences.

What is the Rectum?

This is a specialised part of the bowel. In normal health, it is quite elastic and is capable of filling up with faeces without immediately creating a powerful urge to go to the toilet.

If the rectum is diseased, or if it has been damaged by radiotherapy, or if the rectum has been removed and replaced by another piece of the large bowel that is not as specialised as the rectum, it cannot accommodate as much faeces without having to contract forcefully and push things out. This means that when part of, or the entire rectum has been removed (especially if this treatment is combined with radiotherapy), urgency and occasionally urge incontinence of faeces (loss of bowel control) can be a problem.

What will your bowel pattern be like after surgery or when your stoma has been reversed?

Different bowel patterns are experienced. It is a very individual thing and therefore is difficult to predict what your bowel pattern will be like.

You may experience any of the following problems:

- Frequency of stool
- Urgency of stool
- Diarrhoea
- Fragmentation of stool (this is when you need to visit the toilet frequently and can pass only small amounts of stool)
- Incontinence of stool

How can problems with bowel function be treated?

Although bowel function after bowel surgery is often disturbed, it is nearly always possible to bring it under satisfactory control with simple treatment.

Bowel function is at its worst immediately after bowel surgery (or the closure of a temporary colostomy or ileostomy if you have had one constructed). The bowel pattern usually settles in a matter of months but it can take up to two years before you will learn what is normal for you, so do not be disheartened if your bowel function is particularly difficult to manage at first. It is likely to keep getting better overtime.

It must be emphasised that your bowel function is unlikely to return to the same as before your operation (i.e. before developing any symptoms).

After your surgery, it is much better for you to have solid, dry and slower bowel motions that soft, moist and frequent ones. Although this seems to contradict much of the advice we give to the general population.

Ways to improve bowel function

A combination of:

- Diet
- Food with fibre and fibre supplements
- Medication that can slow down the colonic transit time(the time it takes bowel motions to move through the bowel) and improve function
- Exercise, for example walking.

Diet

The best approach to diet rests with identifying those foods that make out bowel motions too fast, too soft and too gassy- and then restricting them or remove them and try again at a later date.

Initially try:

- Eating small frequent meals
- Eating slowly
- Drink fluids between meals.

The following information is intended as a guide. Do not forget that what suits one person may not be the same for another.

Try to include as many foods on the 'Take care' list as you can tolerate. Foods in the take caution list may be troublesome so add these foods cautiously, one at a time.

Information for Patients

Food	Start with these foods	Take Care	Be Cautious
Breads and Cereals (starchy foods)	White/wholemeal bread/toast, crackers, pasta, cornflakes, Weetabix, rolled oats, white or wholemeal flour, white rice, plain biscuits and cakes	Wholegrain bread, brown rice, wholegrain crackers and cereals containing nuts and fruit	Wholegrain, Nuts, Dried fruit, Bran
Fruit	Ripe, peeled, raw or cooked without hard skins, pips, or stringy parts, e.g. apples, apricots, bananas, nectarines, peaches, pears	Fruit that is stringy or has pips, seeds or hard skins e.g. grapes, rhubarb, plums, gooseberries, grapefruit, oranges, passion fruit, pineapple, berry fruit.	Kiwifruit, Dried fruit or peel.
Vegetables	Tender and well cooked vegetables, e.g. asparagus tips, beetroot, carrots and broccoli tips, potato, pumpkin, Swedes, spinach and pureed vegetables	Vegetables with tough skins, pips or coarse stalks, e.g. green beans, Brussels sprouts, lettuce, parsnips, tomatoes, cabbage, celery, cucumber, leeks, garlic.	Pips, cabbage, celery, cucumber, leeks, onions, radishes, sweet corn, beans, peas, lentils.
Dairy Products	Milk puddings, cheese, plain cottage cheese, yoghurt (no pips), plain ice cream	Flavoured cottage cheese with added fruit and herbs	Yoghurt with pips
Fats	Butter, margarine, cooking oils, etc. In moderation	Very high fat meals.	
Meat, fish and eggs	Tender red meat, chicken, fish, eggs, as desired.	Gristly and stringy meat	
Fluids	Water, tea, coffee, meat extract drinks, malted milk drinks, complan, strained fruit juices (not prune juice), smooth and strained soups, flat fizzy drinks, sports drinks.	Alcohol (unless advised against by doctor), lemon juice, fizzy drinks, e.g. lemonade, cola, Drinks with caffeine which can be found in tea, coffee, chocolate drinks, cola and energy drinks	
Miscellaneous	Salt, honey, jam (no pips), jelly, yeast extract, smooth	Chocolates, liquorice, toffees, coconut, pastry,	Fruit cake, nuts (including

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	peanut butter, jellies, sugar, plain boiled sweets	pepper, mustard, spices, herbs, curry powder. Sugar free chewing gum and mints	crunchy peanut butter), fruit steamed pudding, relishes, pickles, and chutneys
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Fibre

Fibre absorbs water and makes the bowel motion thicker. There are different types of fibre. Most fibre containing foods have a mixture of fibres, but some foods contain more of one type than another.

The two main types of fibre are:

- **Soluble fibre** (soaks up water) which is found mainly inside plant cell walls. This sort of fibre turns into gel during digestion and helps bulk up the bowel motions, making them softer and easier to pass. Sources of soluble fibre are oats, barley, rye, legumes (lentils, kidney beans, and chick peas), peeled fruits and vegetables.
- **Insoluble fibre** which makes up the structural part of the plant cell walls. This sort of fibre adds roughage to the diet and bowel motions. Major sources of insoluble fibre are wholegrain wheat, wheat bran, and wholegrain rice cereals, fibrous vegetables such as carrots and celery and the skins of fruits and vegetables. This type of fibre should be avoided or reduced if you have soft, frequent bowel motions or leakage.

Which fibre should I be eating?

It's generally best to eat a mixture of both soluble and insoluble fibre. More soluble fibre can help improve constipation and loose motions. You may be encouraged to increase the amount of soluble fibre in your diet.

For many people who are experiencing problems with their bowel motions after bowel surgery, dietary changes on its own may not be completely effective. If you have difficulty making changes to your diet ask your specialist nurse, consultant or GP to refer to a dietician.

Medications

If diet alone does not improve your bowel pattern medications may be needed. The two main types used are either anti diarrhoeal (Imodium/Loperamide) or bulk- forming agents such as Fybogel. It is important to speak to one of your health care professionals before taking them as it depends on what your stool is like as to which will be beneficial.

If diarrhoea is a problem and you are passing frequent amounts of watery stool then Imodium will be recommended. If you find that you are visiting the toilet frequently but only passing small bits of stool then Fybogel will be recommended.

Occasionally a combination of both is needed. Both can be bought over the counter without prescription however, your GP will be able to prescribe them too.

Information for Patients

How does Imodium work?

The bowel works by squeezing the food through it in wave like movements. Imodium slows this action down thereby allowing the food to stay longer in the bowel which means more is reabsorbed. To allow the bowel to slow down prior to food getting to it we would recommend you take Imodium 30-60 minutes **before** a meal. Imodium comes in different preparations including capsules, caplets, syrup or melts.

On the packet instructions it says to take it after every bout of diarrhoea but this advice is for people who take it to treat a tummy bug.

Excessive intake or anti-diarrhoeal medication can cause troublesome constipation. These medications should always be commenced at low dosage and steadily increased until satisfactory effect has been achieved. The advantage of Loperamide over other agents is that prolonged use does not lead to tolerance. Therefore it remains effective and can be taken safely for long periods- for life if necessary.

How does Fybogel work?

This helps to bulk out the stool so if you are finding that you are passing small and frequent bits of stool, Fybogel may help to pass it all in one go. Fibre in breakfast cereals also helps to bulk out the stools.

There are some medications that can cause diarrhoea or make it worse. The most common of these are:

- Antibiotics
- Metformin used in the treatment of diabetes.
- Some anti-depressant medications.
- Vitamin C (high doses)
- Magnesium (in antacids).

If you are on these medications and have diarrhoea, you may need to discuss with your doctor the feasibility of using an alternative.

Other ways to improve bowel function:

1. Good toileting habits

Always hold on until the urge is strong.

Having a good bowel motion depends on getting to the toilet when the urge to go is strong. This is even more important if your bowel motions have been firmer and slower. If you find you're sitting on the toilet for a long time before anything happens, it's best to get up and leave. Return only when the urge is strong.

Good posture when sitting on the toilet is important

- Lean forward slightly and rest your elbows on your knees.
- At the same time, lift your heels (as if your feet are on tip-toes), or place a foot rest under your feet, so that your knees are higher than your hips.

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- Bulging your abdomen outwards may help (avoid this step if you have a hernia or weak abdominal muscles after repeated abdominal surgery).

Don't assume straining will help prevent leakages from happening later. Straining like this is harmful because it may lead to weakening of the pelvic floor muscles.

2. Pelvic floor exercises

Pelvic floor exercises are important in maintaining anal sphincter control. This is one of the key factors in preventing leakage. The exercises are simple and can be done any time at home. Leaflets on pelvic floor muscle training are available from the colorectal nurse specialist.

3. Physical activity

It is important to remain active and you should try to do some gentle exercise such as walking for at least 30 minutes most days of the week. Daily exercise helps to promote regular bowel activity and benefits your overall health.

Skin care

If you are having frequent visits to the toilet the skin around your back passage can get sore. The aim of skin care is to prevent this becoming a problem. Moist toilet wipes can be bought from most supermarkets. We do not recommend that you use 'wet wipes' as this will make the skin red and inflamed from the chemicals in them.

Many of the manufacturers of toilet paper now make paper that is very soft and include Aloe Vera which is soothing for the skin. This type of paper may be more expensive but you may find having a packet in the cupboard for loose days is helpful. Applying a barrier cream onto the skin is also helpful in protecting it.

A word on incontinence

A small number of people have on-going problems with their bowel function after bowel surgery and referral to the Bowel Function Service may be necessary, where consideration of specialist treatments such as rectal irrigation or Sacral Nerve Stimulation can be made.

Summary

This information has been written based upon suggestions that previous patients have found helpful. The idea is that you try them and see what works for you.

We have mentioned earlier that your bowel function is unlikely to return to what was 'normal' for you pre surgery. Due to the alteration in your anatomy your bowel will take time to adjust.

Remaining positive will help as you adjust to your new routine and learn to find out what your new 'normal' is.

References

<https://www.bowelcanceruk.org.uk/about-bowel-cancer/>

University Hospitals Birmingham

Information for Patients

Colorectal Nurse Specialists

Heartlands /Solihull Hospital Telephone: 0121 4242730

Good Hope Hospital Telephone: 0121 4247429

Queen Elizabeth Hospital Telephone: 0121 371 4501 email: colorectalnursingcns@uhb.nhs.uk

Follow us on Twitter [@uhbcolorectal](https://twitter.com/uhbcolorectal)

Bowel cancer UK

020 7940 1760 open Monday to Friday 9am-5pm

Email :admin@bowelcanceruk.org.uk

The Macmillan Support Line

Can help with clinical, practical and financial information. Call 0808 808 00 00, open seven days a week 8am-8pm.

Cancer Research UK

Cancer nurses on 0808 800 4040, open Monday to Friday 9am-5pm.

Our commitment to confidentiality

We keep personal and clinical information about you to ensure you receive appropriate care and treatment. Everyone working in the NHS has a legal duty to keep information about you confidential.

We will share information with other parts of the NHS to support your healthcare needs, and we will inform your GP of your progress unless you ask us not to. If we need to share information that identifies you with other organisations we will ask for your consent. You can help us by pointing out any information in your records which is wrong or needs updating.

Additional Sources of Information:

Go online and view NHS Choices website for more information about a wide range of health topics <http://www.nhs.uk/Pages/HomePage.aspx>

If you require this information in another format, such as a different language, large print, braille or audio version please ask a member of staff or email patientexperience@uhb.nhs.uk.