

Managing your bowel function after Rectal Cancer Surgery

Patient Information Booklet



Introduction

Your Colorectal Team will have discussed the possibility of changes to your bowel function after your rectal cancer surgery. This booklet is designed to give you more information on why these changes occur and what you can do to help manage them.

After rectal cancer surgery, most people experience at least several weeks of altered bowel habit. The most common symptoms include needing to open your bowels more urgently more often, feeling you have not fully finished and when you return to the toilet you find you can't go. It is important to remember these changes are usually very manageable and that they will also improve over the weeks after your surgery. However, it is likely that your bowel habit long term will never quite be as it was before your surgery and we will help you understand why this happens and what you can do to help.

Most adults take bowel control for granted and give it little thought except for the few minutes a day that are spent emptying the bowel on the toilet. However, bowel control is a complex process which is not fully understood. It involves delicate co-ordination of many different nerves and muscles.

If you feel the information given in this booklet about your bowel function is not helpful, please contact your local Colorectal Nurses for further help and advice.

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What is the rectum and what does it do?

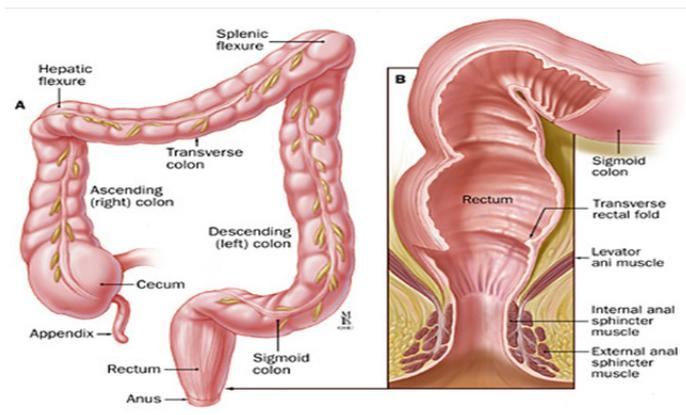
To understand why the bowel may work differently after rectal cancer surgery, it is helpful to know what the rectum does and how this surgery will change it.

The function of the large bowel (colon) is to absorb water from the intestinal contents and then rid the body of remaining water material as stools (poo).

The rectum is the last part of the large bowel and it acts as a temporary storage chamber. The rectum has been designed to stretch so that it can accommodate bowel motion. A full rectum sets off messages to our brain to let us know that we need to open our bowels.

It should be possible to hold on to a bowel motion until it is convenient for you to find and use a toilet. If the motion stays in the rectum too long, more water will be absorbed from it and hardened stools can result.

Below the rectum is the anal canal which is approximately 4cm long and has complex nerve supplies within it, which are thought to help tell the difference between flatus (wind) and stool.

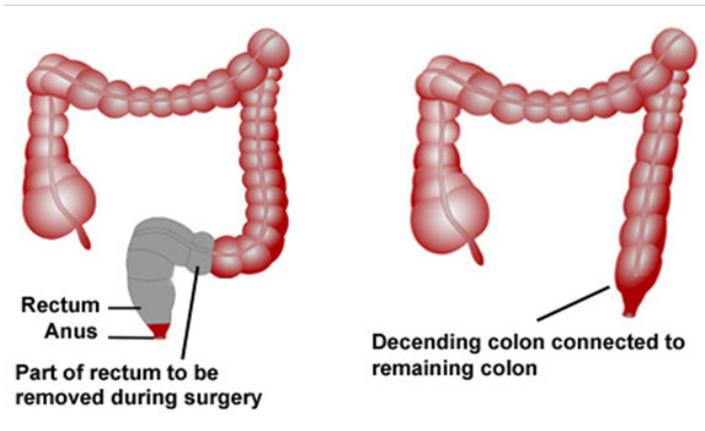


What happens to the rectum with surgery?

If you have a cancer in your rectum, you may be advised to have an operation called an Anterior Resection.

This involves removing a section of the rectum and colon, as you can see in the diagram below. There are two reasons for this:

1. To get a good margin of normal tissue around the cancer to make sure it is removed completely.
2. To ensure a good blood supply is plumbed into the join between the remaining rectum and colon. This will hopefully aid faster healing of that join.



“The amount of rectum removed will depend on where the cancer is in your rectum”

Why do some people need a temporary stoma (ileostomy)?

A member of staff will have discussed with you why you may need a temporary stoma.

An ileostomy is a stoma formed by bringing the end or a loop of the small bowel (ileum) out on to the surface of your abdomen. The food waste passes out of the ileostomy and is collected in an external pouch (generally known as an ileostomy bag). The waste produced is usually a thick liquid or semi-solid consistency.

There are several reasons for 'defunctioning the bowel':

- **Where your tumour is and how low the join in the bowel is**

The lower the join, the more likely it is that a temporary stoma will be

formed to give the join a chance to heal

- **If your surgeon finds that this join has a leak in it**

If a leak from the join (or anastomosis) is suspected, you will have a test to check this. If a leak is confirmed, a stoma is formed to reduce any risk of stool leaking outside the bowel

In due course, the ileostomy may be reversed with another, smaller operation, and you go back to using your bowels in the usual way.

“ We cannot advise you on exactly how long you will have your **temporary stoma** after your operation, as this will depend on whether you will need any **chemotherapy** treatment after surgery ”

What will happen to my bowel function after the operation (or after my stoma is reversed)?

Anterior resection surgery causes a change in the structure and function of the large bowel. This can alter bowel function in the first few months after surgery in several ways and you need to be aware of the concept of a ‘**new normal**’ bowel habit:

- The loss of the rectum, which acts as a storage chamber, can cause a loss in rectal capacity which can cause the stool to come out in smaller / thinner stool. It may also increase the frequency of your visits to the toilet
- There can be short-term changes in how well the colon is able to absorb fluid - which can cause loose stools / diarrhoea
- Surgery can damage the anal sphincters which are responsible for bowel control - this may create greater urgency for you to go to the toilet and may initially affect your control of both wind and also bowel motions
- There can be reduced sensation making it harder to tell the difference between wind and stools



Across the country there are teams of

specialist continence nurses

who can offer individuals with bladder and bowel problems
assessment, treatment, advice and support.

Referral is usually via your GP ”

What are the common bowel symptoms I may experience?

After your surgery, you may experience some common bowel symptoms.

Below is an explanation of some of the terms and symptoms your healthcare professional might discuss with you.



Frequency
Opening your bowels more often



Urgency
Having little or no warning of when you need to go



Stool fragmentation
Passing small amounts of stools frequently



Faecal incontinence
Leaking stools or being unable to control your bowel motions or wind



Tenesmus
Where there is a feeling of constantly needing to pass stools, despite the bowel being empty of stool



Sore skin
Your skin may become sore around the back passage area

What can I do to help manage changes to my bowel function?

You may be feeling a little disheartened at reading the possible changes that can occur after your surgery. However, we believe that if you are forewarned you are likely to cope much better.

We know from previous patients' experience that it is important that you are prepared for these changes and that we can give you advice on what to do if they happen.

“ In being prepared, we hope that you will be able to better **understand** why these changes are happening and help you **manage** any changes much easier and with much less distress ”

Good dietary habits: eating

- **Low fibre:** we would recommend that you try to reduce the amount of fibre in your diet that you may normally be used to. Fibre can cause stools to be looser and may give you more wind. For example, green leafy vegetables, nuts and pulses may need to be avoided.

For the first few weeks after your operation try to maintain a low fibre diet as per the Beating Bowel Cancer Low Fibre Diet leaflet (*please see Useful Resources on page 15 for more information*).

You can then slowly increase the amount of fibre in your diet and see how your bowels cope with these changes. If you find that a particular food upsets your bowels, cut down on this once again and then try and reintroduce it after another few weeks.

- **Sorbitol:** is found in sugar free sweets and chewing gum and can lead to looser stools, bloating and wind.

Good dietary habits: drinking

- **Caffeine:** can cause increased bowel activity and looser stools. Large amounts of caffeine can be found in energy drinks as well as soft drinks such as cola.
- **Alcohol:** particularly beer, lager and cider can also cause looser stools, bloating and wind the day after you drink them. It doesn't mean that you have to avoid drinking alcohol, just be aware that it may have an impact on your bowel function.
- **Fizzy drinks:** can cause more wind.

Initially you may want to avoid these drinks and then, when your symptoms have settled, slowly re-introduce them.

“ After surgery, try to keep a **positive outlook** and remind yourself that it takes time for your bowel to adjust to the **change in its anatomy** and, whilst it does, your bowel function will **continue to improve** ”

After your surgery you may find that your appetite isn't as good as normal and that you cannot face a large portion. You may lose weight. Your eating habits should settle into a routine over the next few weeks as you learn which foods you can safely eat without causing further urgency, frequency or bloating. Try and eat small amounts more often during the day as this will help with trying to reduce weight loss. Eating smaller portions more often may also help reduce this problem.

We find that some patients will avoid eating during the day so that their bowels are not so active. Please try to avoid skipping meals as this can cause you to lose weight, feel lethargic and irritable and will take you longer to get over your surgery. It will also, in the long run, take your bowel much longer to adapt to the changes made by your surgery. You can ask to be referred to a dietician if you would like more specialist help.

Good toileting habits

It is important during this time to establish good toileting habits. These include how you sit on the toilet, when to listen to the urge to go to the toilet and when to try to resist this urge.

The important thing to remember is not to sit on the toilet and strain heavily for long periods. We recommend no longer than 10-15 minutes at any one time. If changes to your diet and using medication are not helping, please speak to your local Colorectal Nurses.

It is important to check that you are sitting on the toilet correctly so that you are relaxed but also in a posture which will encourage more complete emptying of the stool (see diagram below).

We do realise that it can be difficult at first to know whether you need to pass wind or stool. You may feel the need to visit the toilet just in case. On occasions, there may be nothing to pass and it is just because of the heightened sensitivity in the bowel at this time as a result of the operation.

Carrying a 'Just Can't Wait' card may help you access a toilet more easily. These are available from Coloplast and other organisations, such as the Bladder & Bowel Foundation or Disability Rights UK. You can also use disabled toilets with a Radar Key (*for more information visit www.disabilityrightsuk.org*).

Over time, you will become more familiar with your bowel function and more confident about how long you can hold on before you have to go to the toilet without having an accident. You can try holding onto the stool a little longer each time by use of distraction and keeping calm.

If, after some weeks, it is not getting better and you do experience some leakage of stool from your bottom or have urgency to get to the toilet, please speak to your local Colorectal Nurses who can give further advice and help to manage these problems.

Evacuation posture



- Knees higher than hips
- Lean forward and put elbows on knees
- Bulge abdomen
- Straighten your spine

The Bristol Stool Chart

The chart below highlights the variation of stool type. After this surgery, it is not uncommon to find that your stool type is different to how it used to be before your operation and it may also alter over the course of a week. Whilst an ideal bowel movement is regarded to be Type 4, we advise you try to achieve a stool type between 3 and 6, by using the advice contained within this booklet.

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. ENTIRELY LIQUID

Adapted from The Bristol Stool Scale (Heaton et al 1992)

Exercise

Your pelvic floor and sphincter muscles can become weak as a result of surgery. It may be that you had weak muscles before the treatment due to general weakening over time with age but could manage to keep control. Now, since your surgery, this might seem more difficult.

Carrying out some strengthening exercises may help you to be able to squeeze these muscles enough to keep the sphincters shut and the stool contents from coming out before you are ready. Stronger muscle strength will

mean that when you feel urgency you can consciously tighten your sphincter to prevent leakage of gas, liquid or even solid stool. Like any other muscles in the body, the more you use and exercise them, the stronger the sphincter muscles will be.

More information on strengthening exercises is available from *Beating Bowel Cancer* (please see *Useful Resources* on page 15 for more details).

Skin care

Anyone who has frequent bowel motions, diarrhoea or accidental leakage (faecal incontinence) may get sore skin around the back passage from time to time. This can be very uncomfortable and distressing. Taking good care of the skin around your back passage can help to prevent these problems from developing.

The following tips may help you:

- After a bowel action, always wipe gently with soft toilet paper or, ideally, the newer moist toilet paper which you can buy from your pharmacy or supermarket
- Discard each piece of paper after one wipe, so that you are not re-contaminating the area you have just wiped
- Whenever possible, wash around the anus after a bowel action
- Don't be tempted to use disinfectants or antiseptics - warm water is best. Similarly, do not use creams or lotions unless advised to do so
- If you do use a barrier cream, choose a simple one (such as zinc and castor oil), use just a small amount and gently rub it in
- Have your skin looked at by your healthcare professional if the discomfort remains

Medication that will help

Like changes to your diet, using medication to try and help manage your bowel function can also be a trial and error process. If you have any concerns about using these medications, please speak to your local Colorectal Nurses.

- **Loperamide (Imodium)** is a drug which is very useful if you have very loose stools and frequency of needing to go to the toilet to pass stools. If the changes to your diet are not helping then we would advise you to try Loperamide (as per the Using Loperamide leaflet.)
- **Fybogel and Normacol** are bulking agents. They can be useful to try to bulk up loose stools, particularly if you are having frequency of small amounts of stool. It comes as powder in a sachet which is dissolved in a glass of water. You can take this once or twice daily.

You may have used Loperamide before as it is what people take abroad in case they have a spell of diarrhoea whilst on holiday. The packaging will say that you cannot exceed a certain dose and not to use long term. However, this advice is for people who do not know what is causing their diarrhoea. It is perfectly safe for you to use Loperamide for as long as it helps. It comes in capsule and liquid form.

Loperamide works by slowing down the passage of stool through the colon which gives it time to absorb more water. This will help form stools and reduce the amount of times you need to go. This may also help with urgency.

This can also be used in conjunction with Loperamide but we would ask that you speak to your local Colorectal Nurses first to get further advice.

You can buy these medications from a pharmacy, however, you may be entitled to free prescriptions if you are a UK resident or if you have a medical card in the Republic of Ireland (please ask your Colorectal Nurse / pharmacist for more information).

What happens if my bowel function doesn't improve?

The vast majority of our patients who have undergone an anterior resection will be able to get back to work or on with their life after adjustment to their 'new normal' bowel function. You should be no different.

However, for a small group of patients, their bowel function can take longer to settle into a habit that is not impacting on their life or activities. If this should happen, we see patients in our local Specialist Nurse clinic for intensive support and further management treatment and advice.

Biofeedback / Specialist Bowel Dysfunction Service

You may benefit from a referral to a biofeedback / specialist bowel dysfunction service. Continence specialists can help you re-train your bowel. As you gain more control over your bowel you will feel more confident when going out.

Peristeen® Anal Irrigation

Peristeen® is an effective and unique way of emptying the bowel using warm water and is used to prevent faecal incontinence, constipation or to reduce the amount of time spent on bowel management.

Peristeen works by introducing water into the large bowel using a rectal catheter inserted into the rectum. The water, along with the stools in the lower portion of the bowel, is then emptied into the toilet.

You may benefit greatly from establishing a bowel management routine. Using Peristeen regularly to regain control of your bowels can give you the confidence to live life the way you choose and enjoy the activities that are important to you.

Peristeen use may be short or long term, depending on your needs. It should only be instigated after discussion with your local specialist Colorectal team.



Key messages

We hope you have found the information in this booklet useful. Do remember:



Most people find their bowel symptoms after rectal cancer surgery do **improve** over time



However, if they are bothering you, causing you embarrassment and / or stopping you from doing the things you enjoy then please seek **help**



Nevertheless, it is important to **accept** that your bowel habit is unlikely to be quite as it was before surgery



Dietary changes often help



Medication can play a useful role in **reducing** frequency, urgency and improving evacuation but seek professional advice first



Practising sphincter exercises on a regular basis may improve the **strength** of the muscles which promote continence and thus control



There are a range of other **lifestyle factors** that can be considered so please do seek help from your specialist nurse, GP or treating team

Useful resources

You may be interested in visiting the following websites for further information and advice regarding bowel symptoms and management:

Beating Bowel Cancer

www.beatingbowelcancer.org/regaining-bowel-control-after-surgery
www.beatingbowelcancer.org/low-fibre-and-low-residue-diets

Bladder & Bowel Foundation

www.bladderandbowelfoundation.org

Bowel Cancer UK

www.bowelcanceruk.org.uk/information-resources/your-diet-living-with-and-beyond-bowel-cancer/

Disability Rights UK

www.disabilityrightsuk.org

Macmillan

www.macmillan.org.uk

PromoCon

www.promocon.co.uk

Useful resources continued

If you're in the Republic of Ireland:

Bowel Screen

www.bowelscreen.ie

Irish Cancer Society

www.cancer.ie

If you would like more information on Peristeen, please visit:

www.coloplast.co.uk

www.coloplast.ie

Your Healthcare Professional's contact details:

Name: _____

Team: _____

Contact telephone no: _____

Email: _____

Additional contact information: _____

Alternative details:

Name: _____

Team: _____

Contact telephone no: _____

Email: _____

Additional contact information: _____

This booklet is endorsed by:



County Durham and Darlington 
NHS Foundation Trust

Coloplast develops products and services that make life easier for people with very personal and private medical conditions. Working closely with the people who use our products, we create solutions that are sensitive to their individual needs. We call this intimate healthcare.

Our business includes ostomy care, urology and continence care and wound and skin care. We operate globally and employ more than 7000 people.

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