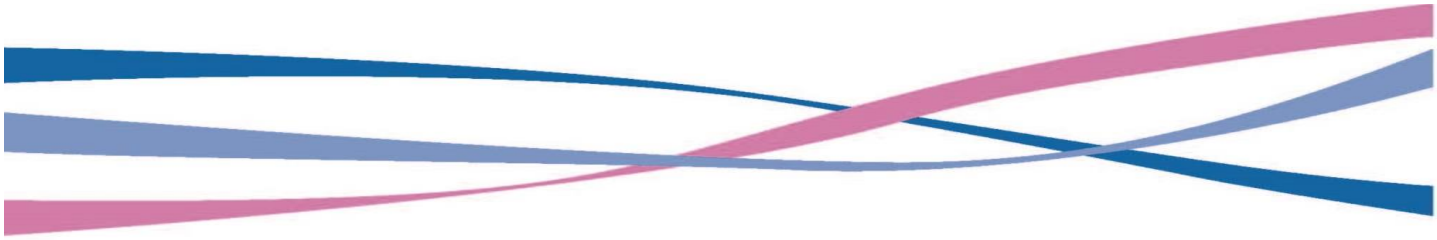
Mid Cheshire Hospitals
NHS Foundation Trust

Colorectal Cancer Treatment Summary

Information for patients after bowel surgery



You have now completed your initial treatment for colorectal cancer and a summary of your diagnosis, treatment and ongoing management plan is outlined in your consultation letter.

A copy of this letter has also been sent to your GP. Everyone's management plan is different as it is based on their diagnosis and treatment. This plan is specific to your needs and has been designed to increase your knowledge and wellbeing as you move forward in your cancer care.

Please remember if you feel anxious or would like further advice you can contact your Colorectal Nursing team. This includes the Colorectal Nurse Specialists (sometimes referred to as keyworkers) and the Colorectal Support Workers. They can both help support you with specialist's knowledge and know a wide range of resources and services that are designed to help you.

Advice following bowel surgery
The following information is designed to help you after your discharge from hospital and to guide your return to normal activity. You would have already been given advice regarding the first few weeks at home following your discharge.

First 4 weeks
Start by taking things gently. You may begin light activities in the house such as washing up, dusting and easy household jobs.

After 4 to 6 weeks
You may further increases activities to include for example, vacuuming, ironing, cooking, hanging out washing, making beds.

After 6 weeks
Provided there are no problems at your outpatient appointment, resume normal activities within your own limits. You can start light gardening jobs. Hand weeding, planting small plants kneeling on all fours and light hoeing are acceptable.

Sport and active hobbies
A gradual return to exercise is essential.
After 4 weeks at home you can start low impact exercises, for example, use of a cross trainer in a gym, swimming (provided your wound has healed), dancing or hill walking.
After 6 to 8 weeks at home more strenuous exercise such as golf, racquet sports, jogging, aerobics, cycling and most other sports can be started. If in doubt, check with your doctor.

Driving
Do not drive for 4 to 6 weeks following surgery. In the interests of road safety, you must be sure that you can safely control your vehicle at all times. For example, you must be able to do an emergency stop safely. However, we do advise that you check with your insurance company if you have an exclusion clause on your policy related to major surgery. Some insurance companies insist on a fitness to drive report from your GP. Check with your doctor if you are in doubt. You can also contact the DVLA for advice by visiting www.dvla.gov.uk or telephone 0870 600 0301.

Wound healing and massage
We recommend that when your wound has healed you can firmly massage over the scar and skin of your abdomen with a simple moisturiser. This may help reduce the risk of tight scar formation and keep the skin supple. Use your fingers or the palm of your hand. Move the top layer of skin on the underlying layers in a circular motion or away from the scar. We suggest using for example Bio Oil or E45.

Abdominal Stretching
Once your wounds have healed, you can begin to gently stretch your abdomen. This may help you regain your normal posture and prevent tight scarring. Progress from lying flat on your back to lying on your tummy and then to lying on your tummy propped up on your elbows.

Changes in bowel habit
In the early stages of recovery, your bowel or stoma will be sensitive.

Following surgery many people have changes in how their bowel works. Part of your large bowel has been removed, making it shorter than before, so stools pass through more quickly and can be loose and frequent.
It can take many months for the bowel to settle down but most people find that, with time, symptoms become manageable. Although your bowel habits may not go back to how they were before treatment most people establish a new pattern.
Try to eat small regular meals, chew food well and avoid skipping meals. Drink water frequently throughout the day and reduce the amount of tea, coffee, fizzy drinks and alcohol. Common problems include:

- Going to the toilet several times a day (frequency)
- Rushing to the toilet when the urge to pass a stool comes on (urgency)
- Leakage of stool
- Difficulty emptying the bowel completely
- Excessive wind
- Loose stools or diarrhoea
- Constipation

Possible post-surgery effects/late effects with an ileostomy (if applicable to you)
When an ileostomy is formed, there is a risk of dehydration if the stoma output is high (1000ml+daily). This can lead to loss of weight, malnutrition and potentially kidney malfunction. This requires additional monitoring, including blood tests to check kidneys are functioning effectively.

Please seek advice from your Stoma Nurse/GP who, will liaise closely and further prescribe anti diarrhoeal medication such as Loperamide. Specific fluids and diet to reduce the output will also be advised.

Possible post-surgery effects/late effects with a colostomy (if applicable to you)
When a colostomy is formed it may take several months or your colostomy to settle down and establish a bowel pattern. If you experience irritation, swelling around the colostomy (which may indicate a hernia), pain or bleeding at the site of the colostomy, please contact your Stoma Nurse 01270 6124423.**Slowing the bowel down**
If your stools are soft, and you are going to the toilet frequently, avoid foods high in fibre for the first few weeks. Too much fibre too quickly can cause diarrhoea, wind and bloating.
Slowing down the passage of stools through your bowel will help to reduce the frequency and firm them up, making it easier to control. Fibre is important to regulate how the bowel works. There are two types of fibre-insoluble which speeds up bowel motions and soluble which helps to firm up and slow down bowel motions.

Limit these foods if you have diarrhoea or soft frequent stools

- Bran, seeds, wholegrain/wholemeal/multigrain cereals and bread
- Some fruits - grapes, apricots, plums, peaches, prunes and berries
- Vegetables - especially beans, broccoli, sprouts, peas, cabbage, onions, peppers, sweetcorn, spinach and garlic
- Greasy or fried food
- Spicy food - chilli, curry
- Caffeine in coffee, tea, chocolate drinks, cola and energy drinks
- Chocolate
- Alcohol

Introduce these foods back into your diet gradually as your bowel slows down

Foods that can help firm up motions

- Porridge oats
- White bread
- White rice and pasta
- Apples and pears (with skins removed) bananas, mashed potatoes
- Chicken and fish
- Yogurt, smooth peanut butter and marshmallows

If changes to your diet are not enough to control the bowel you may also need anti-diarrhoeal tablets or soluble fibre supplements.

Loperamide (Imodium)
This is the most commonly used anti-diarrhoeal medication. It is safe to take over long periods of time and is non-addictive. It is useful to firm up the stools and reduce diarrhoea**. Loperamide** works by slowing down the passage of food through the gut and encouraging the body to absorb more water from the waste in the large bowel.

What dose should I take?
Start on a low dose (1 tablet=2mgs Loperamide) and build up slowly over a few days until your bowels are more manageable. The more you take the firmer your stools will become. If you take more than you need you may feel constipated. Maximum dose = 8 tablets in 24 hours.
It is best to take one tablet half an hour before a meal, as this will slow down gut activity stimulated by eating. If your bowel is more active in the morning take a tablet before breakfast. It will work within ½ hour and is effective for 8-12 hours. A further tablet at bedtime can help early morning frequency.

Fybogel
This works by absorbing water, making the stool bulkier and easier to push out, so it helps with frequent bowel motions, leakage and incomplete bowel emptying. Sachets can be taken 1 or 2 times a day. Make sure you drink plenty of water and avoid if you are taking strong painkillers such as codeine, tramadol or morphine.

Faecal Incontinence
Having surgery that involves removing part of the rectum can damage the muscles wrapped around the anus (sphincters) so that you cannot squeeze enough to stop yourself passing a stool.

Surgery can also damage the nerve supply to the muscles, giving the brain the wrong signals. This makes it difficult to tell if you need to pass wind or stool. If you have had an accident and cannot control your bowels it is natural reaction to tense all your muscles, hold your breath and rush to find a toilet when you get the urge. It is better to sit or stand still, breathe deeply and squeeze your anal sphincter until the urge passes.

Exercises to control your sphincter muscles can help strengthen them to improve bowel control and stop leakage of gas or stool. The more you do the exercises the stronger and more efficient the muscles will become. Ask your colorectal nurse specialist for details on sphincter exercises.

Controlling wind
After your bowel operation you may produce more wind and feel bloated. Sitting still for long periods of time can cause discomfort. Try to move about or change position every 30 minutes, this will help to avoid a build-up of wind that can get trapped in the bowel.

You may have less control over when you pass wind if your rectal muscles are weaker or if you have a stoma. The amount of wind that certain foods can cause varies from person to person but it is usually foods high in fibre. Try experimenting with different foods to see what suits you. Keeping a food diary can be useful to eliminate the foods that cause excess wind. Try to eat slowly and chew food well. Eat little and often rather than one large meal.

Foods that may cause wind

- Sprouts, broccoli, cabbage, beans, onions, spinach, sweetcorn, cauliflower and cucumber
- Dairy products, rich fatty foods
- Nuts, lentils, bran, spicy food
- Beer and fizzy drinks
- Chewing gum

Medicines which can make or increase wind
Metformin, antibiotics, beta-blockers, magnesium in antacids and anti-inflammatory painkillers, such as voltarol and ibuprofen. Some anti-depressants, such as venlafaxine and citalopram and also fybogel and lactulose.

Also try these tips

- Peppermint oil capsules, peppermint water/tea, charcoal tablets
- Live yoghurts and probiotics drinks can also be helpful
- Eat regularly and sit down to eat
- Drink water little and often

Tiredness (fatigue)
This is the most common side effect of bowel cancer surgery. Think about what you have been through - worry and uncertainty about your cancer diagnosis, undergoing a major operation and being discharged from hospital after a very short time. You may lack energy and find even the smallest tasks exhausting. Resting often does not make it better. Fatigue can last for many months after treatment has finished. It can be linked to other problems such as depression, pain, disturbed sleep, anaemia or low levels of oestrogen, testosterone or thyroid hormones. It is important to find out if there is another cause for your fatigue so that it can be treated. Speak to your GP, consultant or specialist nurse if your energy levels do not improve over time.
Fatigue can make it more difficult to do the things you enjoy and can affect your mood and relationships with other people.

Returning to work
Your doctor will advise you when to return to work. It may be any time up to 12 weeks depending on the type of work you do, the amount of travelling involved, the amount of lifting involved and the rate of your recovery.

Sexual intercourse
This may be resumed as soon as you feel comfortable.

Alert symptoms that require referral back to the specialist team

- Any new changes to your bowel habit lasting longer than 4 weeks e.g. looser stool which is not settling with medication.
- Rectal bleeding or discharge from the back passage.

Managing your wellbeing: Looking after yourself in good times and bad
We can all struggle on a day to day basis. Dealing with a diagnosis of cancer and undergoing treatments can be particularly challenging and it may add an additional level of complexity in looking after yourself when you are not feeling your best. You may notice that you are more worried and stressed than usual, or you may feel sluggish and low. Adjusting and adapting to everything you have been through can take time, and sometimes it needs a bit of extra support and effort to figure out how to be ok when life is proving challenging.
We are including a ‘tips’ sheet to help you think of ways to prioritise your well-being, even if things feel ok at the moment. It might give you some ideas to keep focusing on ways to be resilient and give yourself permission to self-care. There is a lot of support available if you need it, so please contact your Colorectal Cancer Support Worker or Colorectal Nurse Specialist for help and advice.

Reducing alcohol to within safe limits
The current UK guidelines to keep health risks to a low level for both men and women are to avoid or not to regularly drink more than 14 units a week. If you would like more advice, please speak to your Colorectal Nurse Specialist or Colorectal Cancer Support Worker.

Stopping smoking
Giving up smoking will improve blood circulation, lower blood pressure, reduce the risk of a stroke, improves your immune system (ability to fight infection), and help to improve your breathing or stop it from getting worse. If you would like more help and advice, please speak to your Colorectal Cancer Support Worker or Colorectal Nurse Specialist.

Eating well
Eating a healthy balanced diet is an important part of maintaining good health and can help you feel better. This means a wide variety of foods in the right amounts and maintaining a healthy body weight. Depending on the surgery you have had on your bowel you may need additional advice and support to achieve this. Please speak to your Colorectal Cancer Support Worker or Colorectal Nurse Specialist.

Please contact your Colorectal Nurse Specialist (Keyworker) if you develop any of these symptoms

- Unexplained weight loss
- Unexplained tiredness
- Pain in your abdomen
- Pain in your back passage or pain on opening your bowels
- Feeling of pressure or wanting to have your bowels open at all times
- New or worsening incontinence

Your Key Contact Numbers
Colorectal Nurse Specialists: 01270 612047
Colorectal Cancer Support Workers: 01270 612047
Stoma Nurses: 01270 6124423

This information is available in audio, Braille, large print and other languages. To request a copy, please telephone 01270 612047.

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