



Improving bowel function after treatment

Te whakapai ake i te mahi a te puku hamuti
whai muri I te maimoatanga



Cancer Society of New Zealand – Te Kāhui Matepukupuku o Aotearoa

ANY CANCER, ANY QUESTION
0800 CANCER (226 237) Cancer Information Helpline



About this booklet

Bowel function may change after treatment for bowel cancer.

Surgery for bowel cancer involves removing some of the colon and/or rectum. These operations can cause changes in how the bowel works.

This booklet looks at:

- normal bowel function
- changes that can occur after treatment
- the ways bowel function can be improved, including changes to what you eat, activity and relaxation.



See the Cancer Society booklet: *Bowel Cancer-Matepukupuku Puku Hamuti* for more information on bowel cancer treatment.

Tērā pea ka rerekē te tiko whai muri i te maimoatanga mō te matepukupuku puku hamuti. Ko tā te mahi a te hāparapara mō te matepukupuku puku hamuti, ko te tango i tētahi wāhanga o te kōpiro, o te tero rānei, ā, ka puta he panoni ki te āhua o te tiko.

Ka hāngai pēnei tēnei puka ki:

- te mahi auau a te mahi tiko
- ngā panonitanga tērā pea ka puta whai muri i te maimoatanga
- ngā huarahi e whakapai ake ai i te mahi tiko, tae noa ki ngā panoni kai, ngā ngohe, me te whakangātanga

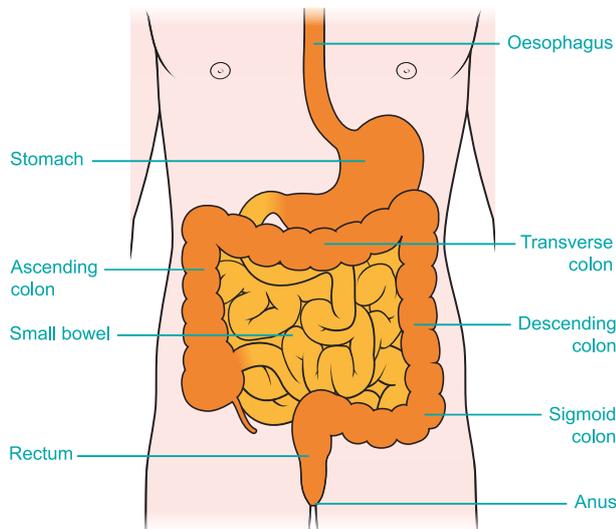


Tirohia te puka: *Bowel Cancer-Matepukupuku Puku Hamuti* mō te roanga o ngā kōrero mō ngā maimoatanga matepukupuku puku hamuti.

Understanding the bowel

The bowel is part of the digestive system. It is divided into the small bowel and the large bowel.

The large bowel is made up of the colon, rectum and anus. After food is swallowed it moves through a tube (the oesophagus) into the stomach for digestion. From there food goes into the small bowel where nutrients and minerals are absorbed. The digested food then moves into the colon where water is absorbed. Waste matter (poo) is left and held in the rectum until it is ready to be passed out of the body through the anus.



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The colon

An adult colon measures approximately 1.2 to 1.5 (0.8-10) metres in length and has three main purposes:

- to store and get rid of waste
- to re-absorb the water from the food and fluid we take in
- The colon contains a lot of useful bacteria that break down waste products from food. These bacteria (our microbiome) may also be important for our general health.

A bowel motion involves moving waste products from the colon to the rectum. Using a wave-like action, the bowel pushes the bowel motion (faeces) towards the rectum. This usually happens once every 12 to 24 hours.

The colon absorbs salts and 1 to 2 litres of water each day. It plays an important role in changing bowel motions from liquid to a soft, formed motion.

‘Normal’ bowel function

One bowel action per day is not vital. Bowel function changes from person to person. Some people go several times per day, others go several days between bowel actions.

There are no rules about this but there are ways to improve your bowel function.

You should be able to:

- ‘hold on’ for a reasonable length of time after the first urge occurs
- have a bowel motion as soon as you sit on the toilet
- empty the lower bowel completely when you have a bowel motion.

Bowel function changes after treatment

After bowel surgery your large bowel may be shorter than before and poo passes through more quickly. Stools may be softer and looser and you may go to the toilet more often and the need may be more urgent.

You will usually see improvements 3 to 6 months after your operation. But if part of the rectum was removed there may be long-term changes in your function.

After surgery for rectal cancer, the nerves and muscles that control the bowel may be affected. You might not hold waste in your bowel as well and need to go to the toilet more urgently. Your bowel might not empty completely.

Surgery on the right side of the colon may have removed a part of the bowel that re-absorbs bile acids which help us digest food. This can cause bile acid malabsorption and result in sudden episodes of diarrhoea.

Radiotherapy can weaken the lining of the bowel and the small blood vessels in it and can cause bleeding from the bowel. It can also cause scarring (fibrosis) in the large bowel making the large bowel narrower, thicker and less flexible. This can cause waste to pass through more quickly than before.



You may experience the following changes after bowel cancer treatment:

- change in consistency of bowel motions – softer or watery bowel motions or constipation
- frequent bowel motions
- difficulty in emptying the bowel
- loss of control – incontinence of bowel motion (faecal incontinence)
- bloating and wind.

Tērā pea ka rongo koe i ngā panonitanga e whai ake nei, ka mutu ana tō maimoatanga ā-matepukupuku puku hamuti:

- ka rerekē te ōritenga o tō tiko – ka ngāwari ake, ka waiwai rānei tō tiko, ka mate kōreke kē rānei
- ka nui ake ō haerenga ki te tiko
- te uaua te whakaputa tiko
- te kore āhei ki te whakahaere i ngā wā tiko– tiko turuturu
- te pupuhitanga me te kaha patero.

Bowel problems may be more severe if you have a combination of treatment, such as surgery and radiation treatment and/or chemotherapy.

Advice for people following treatment for bowel cancer may be different to advice given to the general population.



Ways to improve bowel function

Changes in bowel function can seem difficult at first, but it is likely to improve and you will develop a 'new normal'.

Bowel function is often at its worst immediately after bowel surgery (or the closure of a temporary ileostomy/colostomy).

Bowel function is likely to improve over the first few months and can continue to do so for up to two years.

You can improve bowel function through a combination of:

- changing what and how you eat, including food with fibre
- fibre supplements
- medications that can slow down the time it takes bowel motions to move through the bowel and improve function
- changing your physical activities.

Whai muri tata i te mahi hāparapara puku hamuti te wā tino kino mō te mahinga o te tiko (te katinga rangitahi rānei o tētahi ileostomy/colostomy).

Kāore e kore ka pai haere te mahinga o te tiko i ngā marama tōmua me te piki haere tonu o te painga mō te rua tau.

Ka āhei koe ki te whakapai ake i te mahinga tiko mā:

- te whakarerekē i ō kai me te āhua o te kai, tae noa ki ngā kai kākoa
- ngā kākoa āpiti
- ngā rongoā whakapōturi i te tere o te heke o te tiko ki roto i te puku, me te whakapai ake i te mahinga
- te panoni i ō ngohe.

Changes to your eating

After bowel surgery you will need to eat low-fibre food for 4-6 weeks.

To start with, eat small frequent meals rather than large meals. Take your time over meals and eat slowly. Regular eating times encourage regular bowel movement.

Your bowel needs time to rest so it can heal after surgery, avoiding pips, seeds and skins for 4-6 weeks is important.

Me kai koe i ngā kai iti ake te kākoa mō te 4 ki te 6 wiki whai muri te hāparapara puku hamuti. Hei tīmata, me iti noa iho te kai engari me nui ake ngā wā kai. Me āta haere noa iho te kai i ō kai, kaua e tere rawa te kai. Ka āwhina te kai auaua i te mahinga puku hamuti auau hoki. He mea nui kia whai wā tō puku hamuti ki te whakatā, kia ora mai ai whai muri i te mahi hāparapara, mā te karo hoki i te kai i ngā kākano me te kiri mō te 4 ki te 6 wiki.

What low fibre eating looks like for the first 4-6 weeks

	For the first 4-6 weeks:	Then after 4-6 weeks gradually re-introduce the following:
Breads and cereals	White bread and wraps Plain muffins and crackers, biscuits and cakes Ricies, cremota porridge, cornflakes, rolled oats White rice and pasta	Quinoa, polenta and couscous Wholemeal bread, weetbix, brown rice and wholemeal flour
Fruit and vegetables	Banana, tinned or cooked pears, peaches, cooked apples, apricots Cooked carrots, kumara, potatoes, zucchini, mushrooms, broccoli, cauliflower, pumpkin	More varied fruit and vegetables like grapes, plums, rhubarb, feijoas, grapefruit, pineapple and berry fruit Green beans, cabbage, celery, cucumber, leeks, onions, beans, peas, avocado, salad and tomatoes
Milk and milk products	Natural yoghurt or fruit yoghurt with no seeds Cheese, cottage cheese and cream cheese, ice-cream	Stronger flavoured cheese and yoghurt with pips in
Legumes (beans and pulses), fish, seafood, eggs, poultry, meat	Eggs Tofu Tuna, salmon, poached or baked fish, fish cakes Very tender or minced red meat or chicken	Tinned or fried fish Other meats Lentils and baked beans
Fats and oils	In moderation	Fried foods
Fluids	Milk, water, tea, milo, complan, strained juices (not prune), smooth and strained soups, soya, almond, rice and coconut milk	Other fluids and alcohol (consult your GP)
Misc	Honey, salt, jam without pips, marmite and vegemite, butter, jellies, smooth peanut butter	Crunchy peanut butter, baking with fruit and nuts, pastry, curry and spices, pepper, relishes, pickles and chutneys

After 4-6 weeks you can gradually increase your range of foods and progress to a healthy eating pattern with higher amounts of fibre.



Go to <https://www.health.govt.nz/our-work/eating-and-activity-guidelines> to see what they advise.

Ka pau ana te 4 ki te 6 wiki, ka āhei koe ki whakapiki ake i ngā momo kai me tō kauneke ki tētahi tauira kai hauora e whai ana i te nui ake o te kākoa.



Tirohia <https://www.health.govt.nz/our-work/eating-and-activity-guidelines>

Some foods may upset your bowels and make them too loose, move too quickly or you may produce too much wind. You may need to restrict food that upsets your bowels or remove them altogether and then try them again later.

Nuts and corn are often not well tolerated and may need to be avoided long term.

Trouble Shooting Guide

Use the trouble shooting guide if you suspect a food or drink is causing one of these problems. If they are it's best to leave them out one at a time. Note the effect of removing one item for a few days before testing another.

Problem: bloating, gas or wind

Possible cause

Foods: Cabbage, onions, peas, split peas, lentils and legumes such as baked beans, sprouts, broccoli, pickled foods, fizzy drinks, chewing gum

Other: Gulping fluids

Suggestions to correct the problem

Avoid offending foods. Flatten fizzy drink before drinking (add a pinch of salt to each glass).

Hint: Eat in a relaxed environment and chew food well. Avoid talking too much while eating.

Problem: odour, smell

Possible cause

Foods: Cabbage, onions, garlic, split peas, lentils and legumes, radish, cucumber, asparagus, leeks, eggs, some spices or seasonings, fish, strong cheese, alcohol (especially beer)

Suggestions to correct the problem

Foods: parsley, yoghurt (natural unsweetened)

Other: deodorising drops (discuss with your stoma nurse)

Problem: loose motions

Possible cause

Foods: sweet corn, too much raw fruit or vegetables, liquorice, highly flavoured spices or seasoning. Spicy foods such and/or fatty foods such as pies, pastries and sausages. Caffeinated beverages, alcohol, fruit juice, prune juice and some herbal teas such as green tea

Foods that contain sorbitol, mannitol and xylitol

Other: Nervous upsets, bacterial infections

Suggestions to correct the problem

Foods: white bread, dry biscuits, mashed potato, noodles, pasta, white rice, tapioca, mashed ripe banana, sieved stewed apple, smooth peanut butter, cheese





Drink plenty of fluids: water, diluted fruit juice, weak tea/coffee, sports drinks

Other: treatment of any infections. Try psyllium (Metamucil)

Problem: constipation

Possible cause

Not enough Fluid

Not enough fibre

Other: Not enough exercise

Suggestions to correct the problem

Food: Use higher fibre breads and cereals including oats or bran varieties. Include regular fruit and vegetables such as prunes and kiwifruit

Increase fluids to 8-10 glasses per day. Try fluids such as prune or fruit juice or Kiwi Crush.

You may need a fibre supplement.

Other: Increase your daily activity to 30min most days.

If you do not open your bowels for three days contact a health professional.

Problem: food intolerance

Possible cause

Some people react to foods such as lactose in dairy products, gluten, or fructose. These can provoke abdominal pain, bloating, gas/wind and diarrhoea.

Suggestions to correct the problem

Consult with a dietitian or health professional.

Bloating and wind (flatus)

Most wind is caused by the production of gas from the bacteria that live in the large bowel and break down undigested food. Swallowing air can cause wind, such as drinking through a straw or from fizzy drinks. It is normal to produce some wind each day. The amount varies from person to person and can

be related to your eating patterns and the type of bacteria that live in your bowel. Wind can be a problem if you pass it more than the usual 7 to 12 times a day or you are unable to control it.

Food with fibre and fibre supplements

Fibre is found in plant foods such as breads, cereals, fruit, vegetables, nuts and legumes. Fibre helps to regulate bowel function.

There are different types of fibre: soluble and insoluble. 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 acts like a sponge, absorbing fluid and making the bowel contents softer and able to move more easily. Good sources include oats, legumes (such as dried peas, beans, lentils) and some fruit and vegetables like broccoli, brussel sprouts, carrots, potato, kumara and apples, pears, citrus, stone and berry fruit.
- Insoluble fibre acts as a 'bulking agent' which, with soluble fibre, helps to keep us regular. Wholemeal and wholegrain breads and cereals and fruit and vegetables are good sources.

Which fibre should I be eating?

It's generally best to eat a mixture of both soluble and insoluble fibre. However, more soluble fibre might help with loose bowels and more insoluble fibre with constipation.–

A daily fibre supplement may additionally be worth trying if what you are eating and your activity are not enough to support regular bowel function.

If needed, talk with a health professional or dietitian for further advice.

Relaxation techniques

Some people find that relaxation or meditation help them to feel better. The hospital social worker or nurse or your local Cancer Society may know whether the hospital runs any relaxation programmes. They may also be able to advise you on local community programmes.

Pelvic floor exercises

Pelvic floor exercises are important in maintaining anal sphincter control. This is one of the key factors in preventing leakage. These exercises should be done regularly by both women and men to prevent problems, as well as to help improve any existing problems. If you have had recent treatment it is advisable to consult with a health professional before starting.

Staying active

Many people find that leakage is made worse by heavy lifting, squatting and other physical exertion.

In the first few weeks after treatment, avoid these activities wherever possible, especially when the bowel motions are particularly loose or soft.

Research has indicated that people who keep active cope better with their treatment than those who do not. Ask your cancer treatment team what kind of exercise is best for you.



For more information, you can read the Cancer Society's brochure *Being Active When You Have Cancer*.

The Ministry of Health advise people to regularly move and be active. Their advice is to:



Sit less, move more! Break up long periods of sitting.



Do at least 2½ hours of moderate or 1¼ hours of vigorous physical activity spread throughout the week.



For extra health benefits, aim for 5 hours of moderate or 2½ hours of vigorous physical activity spread throughout the week.

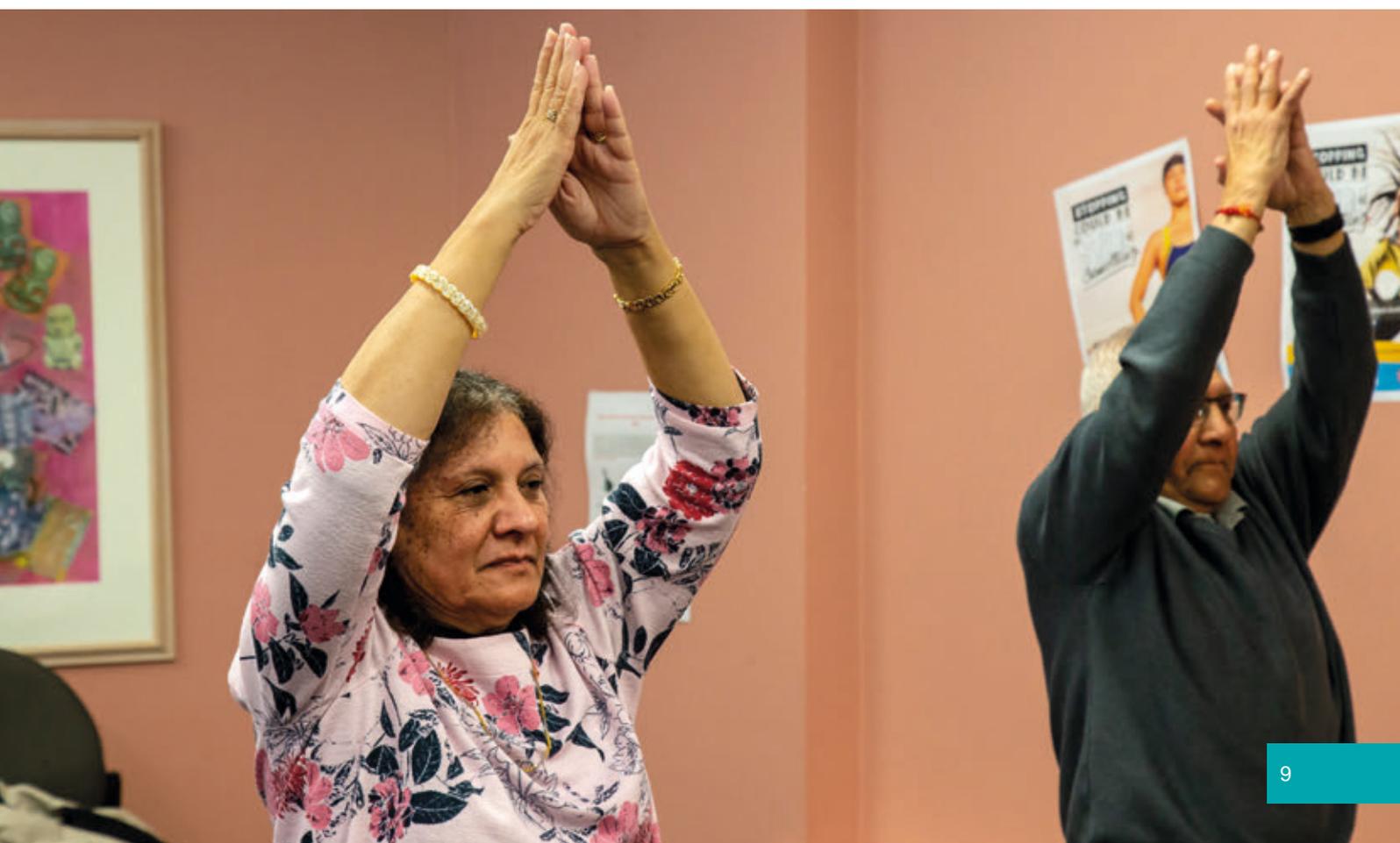


Do muscle strengthening activities on at least 2 days each week.



Doing some physical activity is better than doing none.

(Retrieved from www.minhealth.govt.nz)



Cancer Society of New Zealand Inc Te Kāhui Matepukupuku o Aotearoa



The Cancer Information Helpline is a Cancer Society service where you can talk about your concerns and needs with cancer nurses on **0800 CANCER (226 237)**.



Your local Cancer Society offers a range of services for people with cancer and their families/whānau. These services may include:

- volunteer support, including drivers providing transport to treatment
- accommodation while you are having treatment away from home
- support and education groups.

The range of services offered differs in each region, so contact your local Cancer Society to find out what is available in your area.

National Office

PO Box 651, Wellington 6140
Telephone: 04 494 7270

Auckland Division

PO Box 1724, Shortland Street, Auckland 1140
Telephone: 09 308 0160
Covering: Northland

Waikato/Bay of Plenty Division

PO Box 134, Waikato Mail Centre, Hamilton 3240
Telephone: 07 838 2027
Covering: Tauranga, Rotorua, Taupō, Thames and Waikato

Central Districts Division

PO Box 5096, Terrace End, Palmerston North 4441
Telephone: 06 356 5355
Covering: Taranaki, Wanganui, Manawatū, Hawke's Bay and Gisborne/East Coast

Wellington Division

52-62 Riddiford Street, Newtown, Wellington 6021
Telephone: 04 389 8421
Covering: Marlborough, Nelson, Wairarapa and Wellington

Canterbury/West Coast Division

PO Box 13450, Armagh, Christchurch 8141
Telephone: 03 379 5835
Covering: South Canterbury, West Coast and Ashburton

Otago/Southland Division

PO Box 6258, Dunedin North, Dunedin 9059
Telephone: 03 477 7447
Covering: Urban and rural Otago and Southland



www.cancernz.org.nz



You can get copies of Cancer Society booklets and information sheets from your local Cancer Society, by phoning the Cancer Information Helpline 0800 CANCER (226 237) or by downloading them from our website www.cancernz.org.nz.

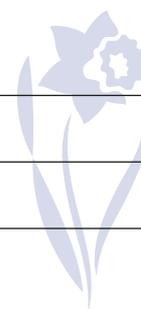
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Your general practitioner: phone _____

Your cancer team: phone _____

Your local Cancer Society: _____

24-hour emergency phone 111





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Translation



We value your feedback on the information we provide, such as this booklet. There is an online form you can fill in here: www.cancernz.org.nz/cancer-information/other-links/feedback.



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