

Following your anterior resection



Who is this leaflet for?

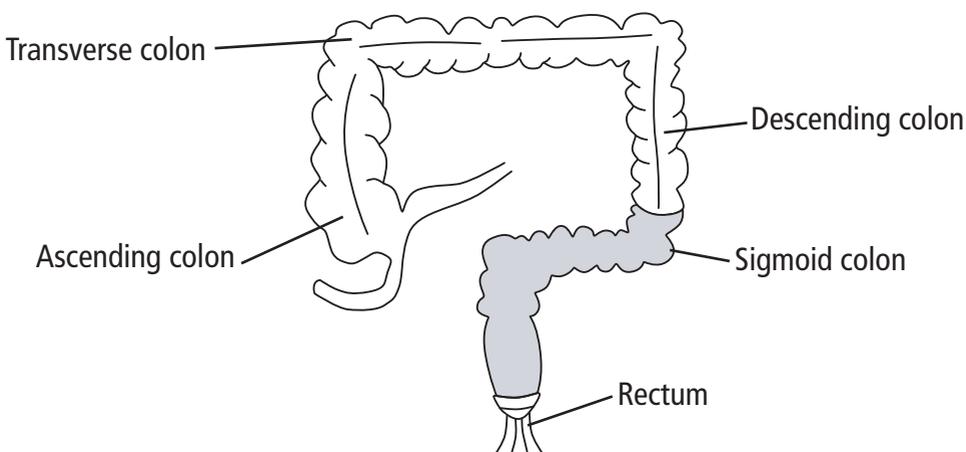
This leaflet is for people who have had an operation called an anterior resection to remove most or part of their rectum. It explains how your bowel habits may be affected following your operation, and provides tips and strategies you may find helpful.

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 and by the time it reaches your large bowel all the goodness has been taken into your blood stream.

The waste that enters your large bowel is a thick liquid. Its journey through your large bowel can take a couple of days and, in this time, the water is reabsorbed and the result is a formed stool.

Your large bowel ends with your rectum, which stores your stools. When it is full a message is sent to your brain, which tells you to go to the toilet and empty your bowels.



How has the operation changed my bowel function?

The operation involved removing most or part of your rectum, ie the storage part. This reduces your capacity to hold stools, meaning you may have to make more frequent visits to the toilet. The area to reabsorb water back into your body is also reduced, so your stools will contain more water and be looser.

Some of your symptoms before your operation may have been looser bowel movements and a change in frequency. Do not be alarmed if this seems to be the same following your operation, as the cause is different.

What will my bowel pattern be like?

Following surgery or stoma reversal, different bowel patterns are experienced. You may encounter any of the following problems with your stool:

- frequency
- urgency
- diarrhoea
- fragmentation (this is when you need to visit the toilet frequently and can pass only small amounts of stool)
- incontinence.

Bowel patterns vary widely so it is difficult to predict what yours will be like. Similarly, the remedies will differ and what suits one person might not suit the next. Your bowel pattern will usually settle in a matter of months, but it may take up to two years before you learn what is normal for you.

This booklet has been written based on suggestions that previous patients have found helpful. Try them and see what works for you.

Diet

Initially we recommend that you eat foods that are low in fibre. Fibre is a waste product, derived from food that cannot be digested and used by the body. Foods that are high in fibre are fruit, vegetables and some cereals.

Different foods have different effects on the bowel:

- fibre in cereals such as 'All bran' or brown bread will make your stool softer
- fibre in vegetables and fruit will help to stimulate your bowel, making it work more frequently.

Your bowel movements will tell you which foods you need to avoid. You may need to avoid fruit and vegetables for the first couple of weeks, then gradually introduce them into your diet.

Over the months you will become aware which foods make your stools looser and how best to manage it. As your confidence improves you will find that you don't need to avoid the food but you will know how it will affect your bowel.

Drinks

You may find that drinking lots of caffeine causes loose stools. If you like lots of tea and coffee, try to reduce the amount that you drink or choose a caffeine-free version.

Alcohol can have the same effect. This doesn't mean you cannot have a drink, but just be aware that the day after your stools could be loose.

Fizzy drinks may make your bowel produce more wind, making your bowel pattern more explosive. Following your operation, either avoid fizzy drinks at first or try letting out the fizz before drinking.

The amount of wind that you produce will also increase and may be quite strong smelling. Green leafed vegetables can produce wind, so if you do find you have a problem with wind, avoid eating these for a couple of weeks to see if it improves.

Yoghurts with live bacteria or 'friendly bacteria' may help replace any bacteria in your bowel that has been removed by antibiotics. Trying them won't do any harm, and you may find they help your bowel pattern generally.

Medications

If diet alone does not improve your bowel pattern, you may need medication. The two main types are either anti-diarrhoeal (Imodium/Loperamide) or bulk-forming agents such as Fybogel.

It is important to speak to one of the nurse specialists (stoma care or colorectal) before taking them as it depends on what your stool is like as to which will benefit you:

- Imodium – recommended if diarrhoea is a problem and you are passing frequent amounts of watery stool
- Fybogel – recommended if you are visiting the toilet frequently but only passing small bits of stool.

Occasionally a combination of both is needed. You can buy both over the counter without a prescription, or your GP may prescribe them for you.

Patients who talked about their experiences for the purpose of this booklet found that medication helped, but it was very much trial and error and juggling with the dose to suit them. Some found it reassuring to have Imodium in the cupboard in case of a loose day and also if they were going out, just to be on the safe side.

How does Imodium work?

Your bowel works by squeezing the food through it in wave-like movements. Imodium slows down this action, allowing your food to stay longer in your bowel so more is reabsorbed. To allow your bowel to slow down before food arrives there, take Imodium 30 – 60 minutes **before** a meal. Imodium comes in different preparations including capsules, caplets, syrup or melts.

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

How does Fybogel work?

This helps to bulk out your 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 adds bulk, so you may wish to try this first. All-Bran is highest in fibre but not everyone likes the taste. Cereal packets usually state the fibre content, so have a look and experiment.

How do I care for my skin?

If you are frequently visiting the toilet, the skin around your back passage may get sore. To prevent this, try:

- moist toilet wipes – these can be bought from the toilet paper section in most supermarkets. Do not use 'wet wipes' or baby wipes as these contain chemicals that will make the skin around your anus red and inflamed. If your stool is very soft and you need to wipe your skin a lot, using the moist wipes will cut down on the amount of dry paper you need
- soft toilet paper – many of the main toilet paper brands now make paper that is very soft and some include Aloe Vera, which is soothing for the skin. Although they may be more expensive you may find it helpful to have a packet in the cupboard for loose days
- barrier cream – applying this onto your skin will help to protect it. There are many barrier creams (such as Sudocrem) available to buy 'over the counter'. They are usually found in the baby section along with nappies and wipes.

How can I protect my underwear?

Although incontinence isn't a common problem, you may fear that due to the urgency to pass a stool, you will lose control. Wearing a pad in your underwear will give you some protection if you are 'caught short'.

Many patients wear a pad (such as ladies sanitary pads or pant liners) just to be on the 'safe side'.

Can exercise help?

Please refer to separate information leaflet regarding exercises to help improve your back passage muscles.

Will my bowel pattern affect my social life?

Due to the erratic and unpredictable nature of your bowel pattern, you may not feel confident enough to go out much in the early weeks. There are no magic

words that we can say that will make you feel safe and confident. This comes with time, and by trying the various suggestions in this booklet you will develop a protection package that suits you. The nursing team will also be able to offer support and advice.

The vast majority of patients who have had this operation look forward to getting on with their lives. Having a positive attitude helps you to adjust to your new bowel pattern and knowing that what you are experiencing is normal is also reassuring.

Patients may look forward to getting back to 'being normal' again (which usually means going to the toilet once a day after breakfast). Due to the changed anatomy of your bowel this is very unlikely to happen.

Try to forget what was normal for you before your operation and instead think that your new bowel pattern is the new norm. However, as mentioned earlier, it may take months before you can be confident to say what is normal.

You may well be feeling daunted and disheartened about what the future holds in terms of bowel function. Please don't be. This booklet aims to give you some tips and reassurance. There are patients who, following their surgery, have a very good bowel function and it doesn't disrupt their social life at all, so please keep positive as it will improve.

Further information

Please feel free to contact either the colorectal cancer nurse specialist or the stoma care department with any further questions you may have. (We are used to dealing with this problem so you will not be bothering us by telephoning.)

Colorectal Clinical Nurse Specialist

Clare Ferris	(01872) 252693
Candy Coombe	(01872) 252693
Karen Cock	(01872) 250000 - page via switchboard

Stoma Care department

Barbara Brown (01872) 252700
Meg Tremayne (01872) 252700
Wendy Parke (01872) 252700

Further information about bowel cancer is available from:

Beating Bowel Cancer

Website www.beatingbowelcancer.org
Telephone: 0208 892 5266

Colon Cancer Concern

Website: www.coloncancer.org.uk
Telephone: 08708 506050

Adapted with permission from Lynn de Snoo, Colorectal Cancer CNS, Ashford and St Peter's NHS Trust.

If you would like this leaflet in large print, braille, audio version or in another language, please contact the Patient Advice and Liaison Service (PALS) on 01872 252793

