5 SIMPLE WAYS

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to manage bowel problems after cancer treatment

Chronic gastrointestinal symptoms often affect those who have been treated with **pelvic radiotherapy** for urological, gynaecological and colorectal cancers. These symptoms can often be managed with simple interventions by following the advice below.

However, please note:

- If **recurrent disease** is suspected refer urgently to the oncology team
- If the patient is **currently undergoing cancer treatment** refer to cancer treatment unit or acute oncology team.
- Acute GI side-effects due to infection, perforation, haemorrhage or bowel obstruction are **oncological emergencies and require immediate attention**.

For more detail on each of these steps, please refer to *Managing lower gastrointestinal problems after cancer treatment - a quick guide for professionals*.

1. Ask trigger questions:

The following questions should be asked regularly to any patient who has had pelvic radiotherapy.
If the answer is "yes" to any of the following further assessment and advice is required.

- Are you woken up at night to have a bowel movement?
- Do you need to rush to the toilet to have a bowel movement?
- Do you ever have bowel leakage, soiling or a loss of control over your bowels?
- Do you have any bowel symptoms preventing youfrom living a full life?

Use the Bristol Stool Chart to clarify exactly what patients mean.

2. Basic assessment:

- Recommend keeping a bowel and food diary.
- **Medical/drug history**: Consider drug-induced GI symptoms (eg opioids, ondansetron, anti-muscarinic drugs, loperamide, iron supplements, PPIs, laxatives, beta-blockers, metformin and selenium.
- **Rectal bleeding**: Guidance on investigations and management is available here. If you are not in a position to follow guidance refer to gastroenterology.

3. Basic advice and treatment:

- Generic advice on physical activity, alcohol consumption and stress management.
- Signpost to advice on access to toilet facilities (eg Radar keys).
- Regular toileting and bowel training.
- Pelvic floor exercises reduce faecal urgency, leakage and incontinence.
- Stool bulking agents for constipation or tenesmus.
- Anti-diarrhoeal medications eg Loperamide for chronic diarrhoea and reducing gastrocolic reflex.

4. Dietary advice:

- If dietary changes are made, they should be done in a systematic way and should initially always be for a trial period.
- **Fibre** - Excessive fibre is a common cause of GI problems, especially following pelvic radiotherapy. A reduction in fibre may be beneficial. Inadequate fibre intake can also exacerbate GI symptoms.
- **Fluids** - Patients who are taking fibre supplements should be advised to drink additional fluids each day.
- High fat, caffeine and alcohol intake, artificial sweeteners and carbonated drinks can contribute to bloating, excessive flatulence and diarrhoea.
- Patients may develop carbohydrate intolerances – refer to dietitian if suspected.
- Avoid skipping meals as this makes bowel habits unpredictable.

5. Referral to a specialist:

- If a new diagnosis of cancer or recurrent disease is suspected refer urgently to the oncology team.
- If the symptoms do not improve following assessment, advice and management, patients will require referral to gastroenterology or other specialist departments.

For further information and resources please visit **be.macmillan.org.uk/cot**

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