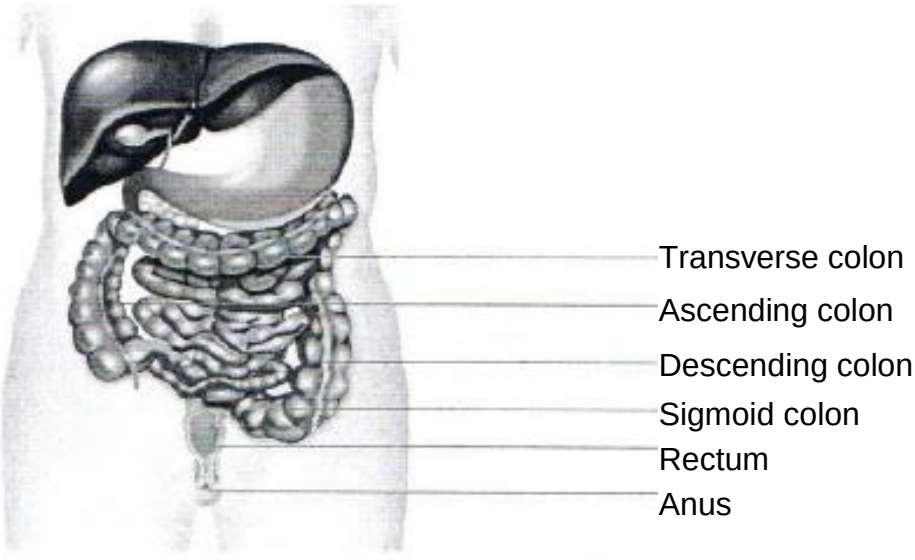
Patient information

Anterior resection – after care

Anatomy of your bowel



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.

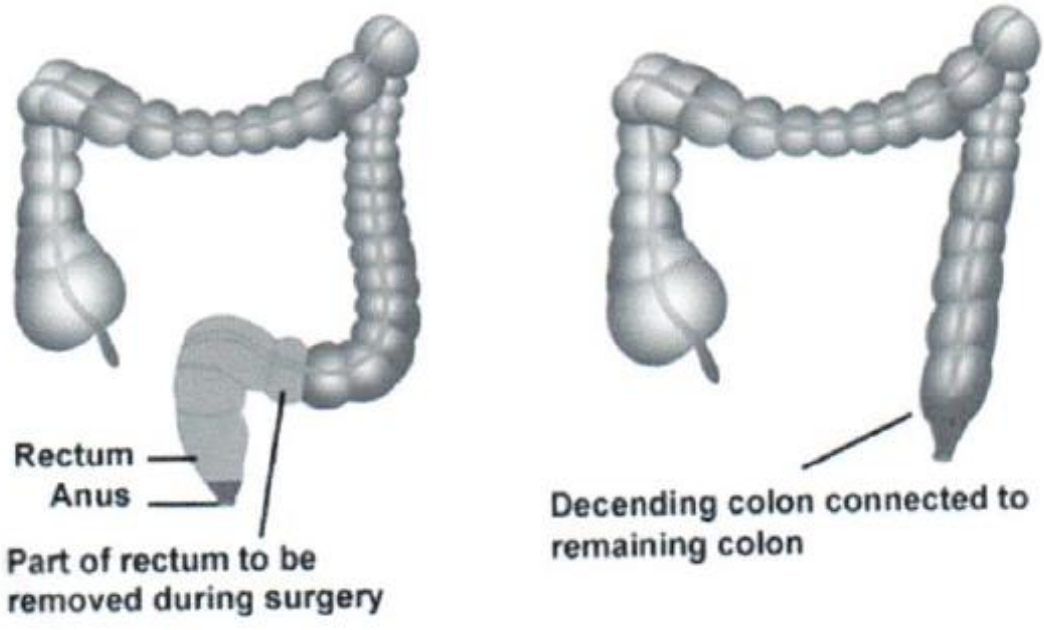
The waste that enters the large bowel is a thick liquid. Its journey through the large bowel can take a couple of days and, in this time, the water is reabsorbed and the result is a formed stool/motion.

The end of the large bowel is the rectum and this is the storage part for the motion. When it is full a message is sent to the brain which tells you to go to the toilet and empty your bowels.

- 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

- Removal of the rectum which acts as a storage chamber, causes a loss in rectal capacity

- Surgery and/or radiotherapy can damage the anal sphincters which are responsible for bowel control



Anatomical changes following anterior resection surgery

Rectal cancers in the proximal (upper two-thirds) of the rectum can be resected and the remaining two ends of the bowel then re-joined, or anastomosed, leaving the anal sphincters intact (as shown above).

A low anterior resection will be performed if the cancer is located in the lower third of the rectum, which involves removal of the rectum and a coloanal anastomosis (join in the bowel) is formed. Generally a defunctioning ileostomy is brought out to protect the new join. This is usually reversed after 3-9 months.

How has the operation changed your bowel function?

The operation involved removing most or part of the rectum, ie the storage part. This means that the capacity to hold motion is smaller and may result in you having to make more frequent visits to the toilet. This will result in a reduced area for water to be reabsorbed back into the body and so the motion will contain more water and be looser.

For some patients the 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 because the cause is different.

What will your bowel pattern be like after the surgery or when your stoma has been reversed?

Different bowel patterns are experienced. You may encounter any of the following problems:

- Frequency of stool/motion
- Urgency of stool/motion
- Diarrhoea
- Fragmentation of stool/motion (this is when you need to visit the toilet frequently and can pass only small amounts of stool/motion).
- Incontinence of stool/motion

It is very individual and therefore is difficult to predict what your bowel pattern will be like. Similarly, the remedies will differ and what suits one person might not suit the next. The bowel pattern usually settles quickly (in a matter of months) but it can take up to 2 years before you will learn what is normal for you.

This booklet has been written based upon suggestions that previous patients have found helpful. The idea is that you 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 that is found in cereals such as 'All bran' or brown bread will make the stool/motion softer. Fibre found in vegetables and fruit help to stimulate the bowel and therefore make the bowel work more frequently.

Your bowel movements will dictate which foods you need to avoid. You may want to try not eating much fruit and vegetables for the first couple of weeks and then gradually introduce them into your diet.

Over the months you will become aware which foods make your stools/motions 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 what to expect in terms of bowel pattern.

Drinks

Some patients find that drinking lots of caffeine can cause loose stools/motions. If you like lots of tea and coffee you may need to try to reduce the amount that you drink or choose a caffeine free tea/coffee.

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/motions could be loose.

Fizzy drinks may make the bowel produce more wind and therefore cause the bowel pattern to be more explosive following the operation. You may want to let the fizz out of the drink or try and avoid them initially.

The amount of wind that patients produce is also increased and can be quite strong smelling. Green leafed vegetables can be wind producing so if you find you do have a wind problem maybe avoid eating them for a couple of weeks to see if it improves.

Yoghurts with live bacteria or 'friendly bacteria' may help replace the bowel with bacteria that are helpful and that may have been removed by antibiotics. Certainly trying them isn't going to do harm and you may find they help your bowel pattern generally.

Medications

If diet alone does not improve your bowel pattern medications may be needed. The two main types we use 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/motion is like as to which will be beneficial.

If diarrhoea is a problem and you are passing frequent amount of watery stool/motion then Imodium will be recommended. If you find that you are visiting the toilet frequently but only passing small bit of stool/motion then Fybogel will be recommended.

Occasionally a combination of both is needed. Both can be bought over the counter without a prescription however, your GP will be able to prescribe them too.

Patients that 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?

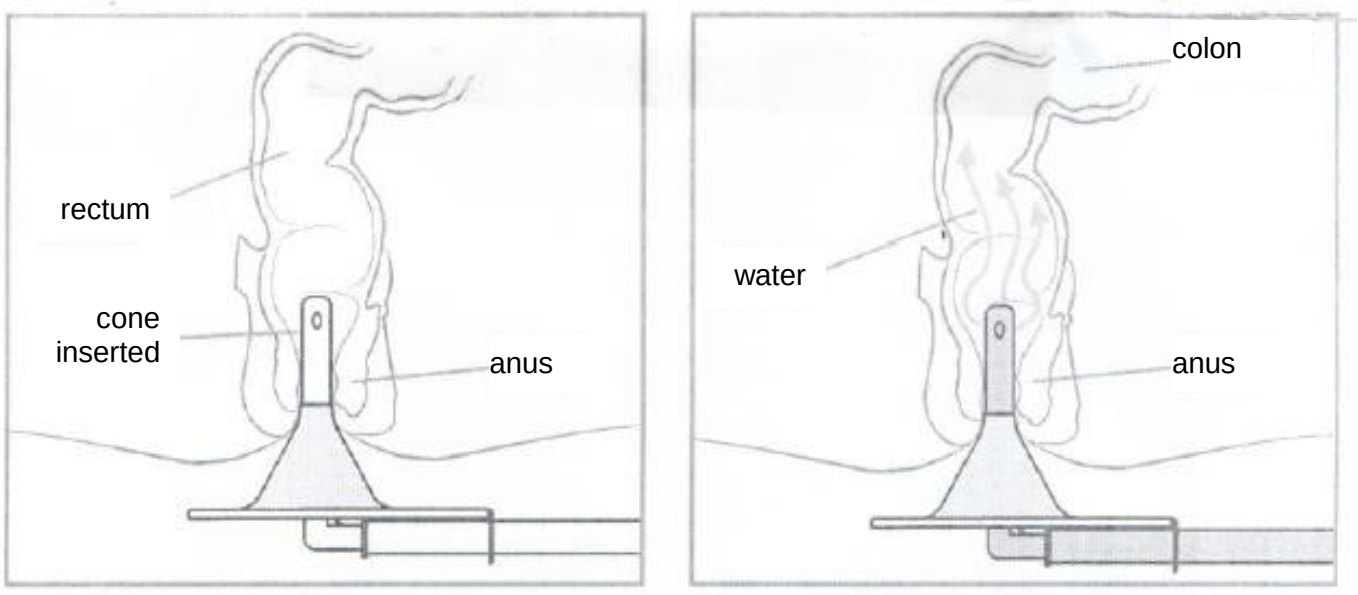
The bowel works by squeezing the food through it in wave like movements. Imodium slows this action down thereby allowing the food to stay longer in the bowel which means more is reabsorbed. To allow the bowel to slow down prior to food getting to it we would recommend you take Imodium 30-60 minutes **before** a meal. Imodium comes in different preparations including capsules, caplets, syrup or melts.

How does Fybogel work?

This helps to bulk out the stool/motion so if you are finding that you are passing small and frequent bits of stool/motion, Fybogel may help to pass it all in one go.

Fibre in breakfast cereals is also bulk. You may, therefore, want to try this first. All-Bran is highest in fibre content but not everyone likes the taste. Cereal packets usually state the fibre content.

Anal irrigation



Safety of anal irrigation

Anal irrigation is deemed as a safe method of bowel management. There may be some mild side effects such as abdominal cramping, sweating or chills. The risk of bowel perforation when irrigating remains a very rare risk which can also be minimised by patients knowing how to perform rectal irrigation. The published risk of bowel perforation (when using a rectal balloon catheter) due to rectal irrigation is 1/50,000. Bowel perforation is serious and will often require surgery.

Skin Care

If you are having frequent visits to the toilet the skin around your back passage can get sore. The aim of skin care is to prevent this becoming a problem. Moist toilet wipes can help. Applying a barrier cream onto the skin is also helpful in protecting your skin.

Protecting your underwear

Although incontinence isn't a common problem the fear is that due to the urgency to pass a stool/motion, you will lose control. Wearing a pad in your underwear means that if you were 'caught short' you will have some protection.

Many patients will wear a pad of some description just to be on the 'safe side'. Patients often wear ladies sanitary pads or pant liners.

Will my bowel pattern affect my social life?

Due to the erratic and unpredictable nature of the bowel pattern some patients don't feel confident enough to go out much in the early weeks.
However the vast majority of patients who have had their 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.

Other ways to improve bowel function

Good toileting habits: Always hold on until the urge is strong. Having a good bowel motion depends on getting to the toilet when the urge to go is strong. This is even more important if your bowel motions have been firmer and slower. If you find you are sitting on the toilet for a long time before anything happens, it’s best to get up and leave. Return only when the urge to go is strong.

Good posture when sitting on the toilet is important:

- Lean forward slightly and rest your elbows on your knees
- At the same time, lift your heels (as if your feet are on tip toes), or place a foot rest under our feet so that your knees are higher than your hips
- Bulging your abdomen outwards may also help (avoid this step if you have a hernia or weak abdominal muscles after repeated abdominal surgery)

CAUTION: If you have had recent hip surgery do not use this position, check first with your doctor.

Don't assume straining will help prevent leakage from happening later. Straining like this is harmful because it may lead to weakening of the pelvic floor muscles.

This booklet is aimed at giving 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 us with any further questions you may have. We are used to dealing with this problem so you will not be bothering us by telephoning:

Senior Colorectal Nurse Specialist

Sisters, Colorectal/Stoma Nurse Specialists

Stoma Care Support Nurse

On telephone: **01284 712697**

Additional information regarding bowel cancer can be obtained by logging into the following websites:

- **Beating Bowel Cancer:** www.beatingbowelcancer.org; Telephone: 0208 892 5266
- **Colon Cancer Concern:** www.coloncancer.org.uk; Telephone: 08708 506050