## MANAGING THE COMMON CONCERNS OF BOWEL CANCER SURVIVORS

### FUNCTIONAL BOWEL PROBLEMS

<table>
<thead>
<tr>
<th>Due to:</th>
<th>May include:</th>
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<tbody>
<tr>
<td>Surgery</td>
<td>More frequent and incomplete bowel movements</td>
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<tr>
<td>Irritation from chemotherapy and radiotherapy</td>
<td>Urgency</td>
</tr>
<tr>
<td>Nerve damage affecting anal sphincter function from surgery and radiotherapy</td>
<td>Leakage and incontinence</td>
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<tr>
<td>Some medications, anxiety, infection, a change in diet, or food allergy</td>
<td>Diarrhoea</td>
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<tr>
<td></td>
<td>Flatus</td>
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<tr>
<td></td>
<td>Constipation</td>
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</tbody>
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Bowel function often improves quite rapidly in the first few months and can continue to do so for up to one year.

#### Diarrhoea:
- Decrease high fibre foods (particularly insoluble fibres) e.g. whole grains, raw fruits and vegetables and their skins, seeds, nuts, legumes and dried fruit
- Avoid fatty, fried or spicy foods
- Drink plenty of recommended fluids e.g. water, herbal teas, sports drinks and electrolyte replacements
- Choose low lactose or soy based dairy products if dairy is poorly tolerated; cheese and yoghurt in small volumes are usually okay.
- Small snacks instead of large meals
- Eat in a relaxed environment
- Resume a balanced diet when bowels have returned to normal

#### Constipation:
- Drink at least 2 litres/day
- Advise on increasing dietary fibre. E.g. wholegrains, fruits and vegetables, legumes, nuts and dried fruit.
- Light daily exercise.
- Advise on correct positioning on the toilet (lean forward, knees bent and higher than hips, feet on ground). A stool can help.

#### Improving Urgency:
- Advise on pelvic floor exercises and refer to pelvic floor physiotherapist if appropriate
- Advise patient to exercise sensibly and avoid strenuous activity
- Avoid straining on the toilet and avoiding constipation. See correct toilet position above.
- Encourage the use of toilet maps to decrease anxiety [www.toiletmap.gov.au](http://www.toiletmap.gov.au)

### STOMA

- Advise patient to measure stoma periodically to ensure appliance fits properly
- Advise patient to take equipment and supplies with them if they are going to hospital
- Ensure patient has local support from a Stomal Therapy Nurse and knows how to contact them

**Advise them to contact you if they have:**
- Skin irritation or itching or a bulge in the skin around the stoma
- Ongoing leakage from the stomal appliance
- Blood in stomal output
- Persistent watery stools/diarrhoea with pain and/or vomiting
- A sudden stop or reduction in the amount of fluid from stoma

The government offers access to free stoma supplies for patients through their ostomy association. Advise patients to talk to their stomal therapy nurse about these benefits.

### URINARY FUNCTION

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Radiotherapy to the pelvis</td>
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</table>

Includes:
- Pain on urination
- Increase in urinary frequency
- Incontinence

- Advise about managing constipation to avoid straining on the toilet. Straining can weaken pelvic floor muscles
- Avoid drinks and food that cause bladder irritation (caffeine, alcohol, artificial sweeteners, citrus fruits, spicy or acidic foods)
- Plan when to drink fluids. Cut down on fluids at night to avoid getting up
- Regular light exercise to manage weight and help avoid constipation
- Discuss pelvic floor exercises. Consider referral to continence physiotherapist if appropriate.
- Monitor for infections if patient is experiencing ongoing pain
- Toilet maps can help when the patient is out and about [www.toiletmap.gov.au](http://www.toiletmap.gov.au)
- Ensure the patient is in contact with a continence nurse in the community if needed

### FATIGUE

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<tbody>
<tr>
<td>Treatment</td>
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<tr>
<td>Anaemia</td>
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<tr>
<td>Loss of appetite and weight</td>
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<tr>
<td>Pain and nausea</td>
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<tr>
<td>Emotional distress</td>
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<tr>
<td>Insomnia</td>
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- Light exercise
- Balance rest and activities throughout the day and keep a diary of energy levels to help plan this
- Prioritise tasks and ask for help
- Maintain a good diet and drink plenty of fluids
- Patients may benefit from distractions, such as their favourite activities Talk to another cancer survivor or join a support group

- Advise about diet and anti-motility agents and refer to a specialist dietitian if needed
- For diarrhea:
  - Decrease high fibre foods (particularly insoluble fibres) e.g. whole grains, raw fruits and vegetables and their skins, seeds, nuts, legumes and dried fruit
  - Avoid fatty, fried or spicy foods
  - Drink plenty of recommended fluids e.g. water, herbal teas, sports drinks and electrolyte replacements
  - Choose low lactose or soy based dairy products if dairy is poorly tolerated; cheese and yoghurt in small volumes are usually okay.
  - Small snacks instead of large meals
  - Eat in a relaxed environment
  - Resume a balanced diet when bowels have returned to normal

- For constipation:
  - Drink at least 2 litres/day
  - Advise on increasing dietary fibre. E.g. whole grains, raw fruits and vegetables and their skins, seeds, nuts, legumes and dried fruit.
  - Light daily exercise.
  - Advise on correct positioning on the toilet (lean forward, knees bent and higher than hips, feet on ground). A stool can help.

- For improving urgency:
  - Advise on pelvic floor exercises and refer to pelvic floor physiotherapist if appropriate
  - Advise patient to exercise sensibly and avoid strenuous activity
  - Avoid straining on the toilet and avoiding constipation. See correct toilet position above.
  - Encourage the use of toilet maps to decrease anxiety [www.toiletmap.gov.au](http://www.toiletmap.gov.au)

- For Stoma:
  - Advise patient to measure stoma periodically to ensure appliance fits properly
  - Advise patient to take equipment and supplies with them if they are going to hospital
  - Ensure patient has local support from a Stomal Therapy Nurse and knows how to contact them

- For Urinary Function:
  - Advise about managing constipation to avoid straining on the toilet. Straining can weaken pelvic floor muscles
  - Avoid drinks and food that cause bladder irritation (caffeine, alcohol, artificial sweeteners, citrus fruits, spicy or acidic foods)
  - Plan when to drink fluids. Cut down on fluids at night to avoid getting up
  - Regular light exercise to manage weight and help avoid constipation
  - Discuss pelvic floor exercises. Consider referral to continence physiotherapist if appropriate.
  - Monitor for infections if patient is experiencing ongoing pain
  - Toilet maps can help when the patient is out and about [www.toiletmap.gov.au](http://www.toiletmap.gov.au)
  - Ensure the patient is in contact with a continence nurse in the community if needed

- For Fatigue:
  - Advise about diet and anti-motility agents and refer to a specialist dietitian if needed
### Managing the Common Concerns of Bowel Cancer Survivors

#### Peripheral Neuropathy
**Due to:**
- Treatment with oxaliplatin chemotherapy
**Can cause:**
- Numbness, tingling or burning
- Changes in sensations for either very hot or cold things
- Difficulty with dexterity

**Consider medications for pain**
**Advise patient to take care walking around, remove rugs and other trip hazards and ensure there is adequate lighting in the home.**
**Wear well fitted shoes.**
**Use shower chairs and non-slip mats in the bathroom.**
**Use warm water when bathing (avoid hot and cold showers/baths).**
**Take precautions in the kitchen e.g. pot holders, take care with stoves and boiling water etc.**
**Use gloves to protect hands and check for skin breakdown.**
**Inspect feet for changes in colour and skin breakdown.**
**Advise against driving if feet are numb.**
**Patients should be advised to contact you if numbness or tingling is worsening.**

#### Appetite Loss
**Due to:**
- Chemotherapy
- Surgery
- Radiotherapy
- Depression, stress, anxiety, nausea
- Taste changes associated with treatment

Some people can also experience changes in taste and decreased appetite. Important for patients to remember this will get better over time and not to worry that diet is not ‘normal’ immediately.

**Eat at set times and plan meals in advance.**
**Small, frequent meals instead of 3 large meals.**
**Eat foods that are appealing and make meal times pleasant.**
**Avoid foods and smells that are off putting.**
**Regular exercise may help.**
**Advise on oral health and making sure mouth is clean and fresh before meals.**
**Monitor for weight loss and advise on nourishing drinks and supplements where appropriate – consider community dietetics referral if loss of appetite is ongoing.**

#### Nausea
**Due to:**
- Chemotherapy
- Radiotherapy
- Surgery
- Medications

Usually nausea and vomiting will settle once treatment has finished, but for some people it may continue for a short while following treatment.

**Offer anti-emetics as appropriate.**
**Eat small frequent meals (5 to 6) to avoid long periods between meals.**
**Eat largest meal at the time of day when you are least nauseated.**
**Avoid very sweet, spicy, fatty or fried foods.**
**Ginger flavours may help to settle nausea (e.g. dry ginger ale, ginger lollies)**
**Cold/room temperature foods are often better tolerated.**
**Drink plenty of fluids.**
**Avoid eating favourite foods when nauseated, can become off putting.**
**Rest in a chair after eating.**
**Get someone else to help with cooking (to avoid smells).**
**Deep breathing and relaxation, distractions and fresh air (good ventilation) can all help.**

#### Impotence and Sex
**Due to:**
- Surgery
- Radiotherapy (to pelvic region)
- Chemotherapy
- Alterations in body image
- Anxiety or depression

Encourage patients to speak to someone they feel comfortable with about concerns about sex or consider counselling.

**Erectile dysfunction:**
- Consider medications or other medical intervention.

**Vaginal dryness, discomfort and stenosis:**
- HRT for dryness.
- Oestrogen cream for discomfort.
- Vaginal moisturisers and lubricants for dryness and difficulties with sex.
- Dilators for discomfort having sex.

#### Concerns about Recurrence
It is common to worry. Worries about recurrence can last for years. Some may become more anxious around the time of follow-up appointments.

**Encourage regular follow-up.**
**Encourage healthy lifestyle changes (exercise, diet, smoking cessation, sun smart).**
**Encourage to report symptoms and ask questions.**
**Suggest support groups.**
**Consider coexisting anxiety and depression.**

#### Complementary Therapies
- Massage, meditation and relaxation can help with coping with cancer.
- Encourage to always consult you about any other complementary therapies

#### Community Services
Your patient has a survivorship care plan outlining some services that may be helpful to cancer survivors and they may ask you about these. Visit [http://www.nhsd.com.au/](http://www.nhsd.com.au/) to find local services.