

## Advice following your bowel operation

### What can I expect afterwards?

Depending on the type of bowel surgery you have had, your bowel control may be irregular and take some time to settle. The bowel may act more frequently and urgently and control can take weeks or months to return. Your bowel control may never be the same as it was before your operation.

Many patients report problems with urgency and frequency and it is not unusual to go to the toilet many times a day to begin with after the operation. This is because a section of your bowel has been removed and your body will take some time to get used to it. The muscles that control your bowel action may also have been affected by the surgery. Therefore you may feel that you have lost the ability to control your bowels. Be patient, it will take time for your body and bowel to recover. It may take up to six months for your bowels to settle down.

### Diet and fluids

- Diet can sometimes help improve your bowel control
- Make sure that you have breakfast every morning, preferably cereal such as Weetabix™, a banana or brown or wholemeal toast, as these will add bulk to your stools
- Introduce high fibre foods back into your diet slowly, as your bowel needs time to rest. Examples of high fibre foods include wholegrain cereals, dried fruit, nuts, seeds and pulses, such as beans and lentils
- Avoid foods that have a laxative effect, such as prunes, dried fruit or nuts. Spicy foods may also make your bowel more active
- Ensure that you drink enough fluid 1.5 litres (8 cups) of fluid a day
- Avoid drinking coffee and fizzy drinks (especially diet drinks) as these may make your bowel more active
- Keeping your own food diary may be helpful.

### Leakage from the bowel (incontinence)

- Many patients report problems with faecal leakage and difficulty recognising the difference between wind and faeces
- Using a continence pad may help improve confidence when going out and about
- Some patients find a small piece of gauze or tissue placed between their buttocks helps to absorb any minor leakage and prevents soreness



- Anal plugs are also available. These are small absorbent bungs that are inserted into your anus. These will prevent faecal soiling, but are not effective for full incontinence.

### **Sore skin**

- Many patients complain of sore skin around their anus
- Ensure you keep the area clean and dry
- Moist toilet tissues or wet wipes may be more soothing than dry toilet paper
- Apply a barrier cream (for example, Sudocream™) after each bowel motion. If this is not helpful, your GP may be able to prescribe you an alternative.

### **Bowel control exercises**

Bowel control exercises may help to improve your bowel control by strengthening your pelvic floor and rectal muscles. Please ask your specialist nurse for The Royal Marsden leaflet *Exercises for your pelvic floor*. These exercises take at least four weeks before they make much difference in most people, and you probably will not get full benefit from them until you have done them for three or four months. You will need to persevere and do these exercises regularly.

### **Medication**

#### **Bulking agents**

Your doctor may recommend taking a bulk forming laxative (for example, Normacol). This is often referred to as a laxative which may seem strange if you are going to the toilet more frequently. Bulk forming laxatives work by improving the consistency of your stool, making it bigger. This helps your bowel sense when there is stool there, and achieve better evacuation when you do empty your bowels. This in turn, helps you to control your bowels better, reducing the need to rush to the toilet and improving the frequency in which you have your bowels open. Please ask your specialist nurse for further information on how to take this type of bulking agent. Some types of bulking agent (for example, Fybogel) are made of fermentable fibre and can produce quite a lot of gas, which can make things worse. Normacol does not ferment much in the bowel.

#### **Suppositories**

If you do not feel as though your bowel is completely empty after going to the toilet, you may find that inserting a glycerine suppository into your anus will help to evacuate your rectum and avoid soiling. These can be bought over the counter from most pharmacies.

#### **Anti-diarrhoeals**

Your doctor may also recommend that you take an anti-diarrhoeal (for example, loperamide or codeine phosphate) to thicken and dry up your loose stools. These often work better if taken in small doses 30 minutes before eating. Please ask your specialist nurse for more information.

#### **Rectal irrigation**

Rectal irrigation can be used to manage faecal urgency and leakage by using specialist equipment to introduce a measured amount of water into the bowel via the rectum. The water then causes



muscular contractions within the bowel, which in turn causes expulsion of its contents. It is important that you only start irrigation under nursing or medical supervision.

### **Contact details**

If you have any questions or concerns about this information, please contact your specialist nurse on 020 7811 8108.

Alternatively, please call:

**The Royal Marsden Macmillan Hotline** 020 8915 6899

(available 24 hours a day, 7 days a week)

