The ROYAL MARSDEN
NHS Foundation Trust

Patient information

Bowel obstruction in gynaecological cancer

What is bowel obstruction?
Bowel obstruction is a common problem for women whose cancer has come back. It happens when food and/or fluids can no longer pass along your bowel because your bowel is not working normally. You may not be able to pass wind or open your bowels at this time.

Bowel obstruction can be **partial**; some wind, food or fluid can pass through the bowels or it can be **complete**; when nothing can pass through the bowels. Regardless of whether it is a partial or complete obstruction, you will always need to be reviewed in hospital and often you will be admitted to hospital for the obstruction to be addressed.

What causes bowel obstruction?
Bowel obstruction may be due to either a narrowing of your bowel or due to your bowel not moving normally. Both these effects can be caused by the cancer or by the late effects of previous treatment you may have had; such as radiotherapy and surgery.

How will I feel?

You may notice the following symptoms:

- nausea (feeling sick)
- vomiting
- tummy (abdominal) cramps or pain
- bloating
- lack of passing wind.

What investigations will I have?
We will carry out blood tests and an x-ray of your abdomen. Sometimes a scan (CT) of your abdomen can also be helpful. We may repeat these tests if there is a change in your symptoms or examination findings.

How will I be treated?
One approach is called 'conservative management' - this aims to rest your bowel. In this situation you may be advised not to eat but to have sips of water only. You will have a drip in your hand or arm which will provide you with fluids directly through your vein. Anti-sickness medicine and painkillers can be given as an injection or can be given as a continuous drip. If you are vomiting, you may have a tube put in your nose (nasogastric tube, NGT) and down into your stomach to help release the air in your stomach. You would not normally be given laxatives at this time as they may cause harm. We may insert suppositories into your back passage to help stimulate a bowel action.

The palliative care team will advise on medications to be used to control your symptoms at this time. A trial of steroids to help reduce swelling of the bowel will be considered as part of your management.

How long will the bowel obstruction last for?
It is very difficult to predict exactly how long your symptoms will last. In some cases, the bowels start to work again over a few days but this can sometimes take up to a week. There is a possibility that the bowel obstruction may not be resolved and surgery may be the only option.

Will the lack of food harm me?
Being without food can be worrying and can sometimes cause distress, however this will not harm you as it is for a short time. You will have an intravenous drip which will provide you with the fluid you need and your nutritional needs will be assessed regularly by your doctors and nurses. If appropriate, we will refer you to a dietitian to consider other forms of nutrition.

Will I need surgery?
If your pain or bloating continues or gets worse then surgery may be necessary to remove the blockage (obstruction) or to bypass it. You may need a permanent stoma which is a loop of bowel brought to the surface of the skin through which bowel contents (stools) pass into a bag. Occasionally, a 'mucus fistula' is created. It is an opening in the skin of your abdomen that serves as a safety valve. The opening is also covered by a stoma bag. A stoma specialist nurse will see you to advise you on how to care for your stoma(s).

Surgery is not always possible and each individual's treatment options will be considered by the team. If surgery is an option and your condition is stable, you may be started on artificial feeds through your vein, to improve your strength prior to surgery. This is called Parenteral Nutrition.

Who will look after me?

You will be looked after by a team made up of:

- Surgeon
- Medical oncologist
- Palliative care team
- Dietitian
- Clinical Nurse Specialist (CNS)
- Stoma Nurse Specialist.

The team will work closely together and any decision made will be made jointly. A member of the team will see you every day and any member of the team will be happy to answer questions that you and your carer/family may have. You will be given a 'key worker' as a contact person - if you are unsure who this is, please ask.

After you have had surgery, you are likely to have a follow up appointment with the dietitian who will advise you on a special diet. Please contact your Clinical Nurse Specialist if you have any other queries to clarify.