
Post-operative management after colorectal cancer surgery

GI Unit

Patient Information



Contents

Introduction	1
Pain management	1
Why do you experience pain?	1
Managing your pain	2
Warning signs	3
Wound care	4
Surgical wound infection	5
Psychological support	6
Contacting Adult Psychological Support Service	8
Stoma care – Ileostomy	9
Stoma care – Colostomy	11
Dietary advice	13
Contact details	17

Introduction

This leaflet is designed to provide you with practical tips and guidance in your journey after your operation, including caring for:

- pain management
- wound care
- psychological support
- stoma care
- dietary advice.

Pain management

Pain management is important because it will allow you to feel better, move, and breathe more easily.

Why do you experience pain?

After colorectal cancer surgery, you could experience pain, discomfort, and even mild swelling. These sensations may be caused by:

- surgical wound
- inflammation as part of your body's natural healing response
- nerve pain in the surgical wound or surgical site scar
 - prickling, tingling or pins and needles
 - electric shocks or shooting sensation
 - a burning sensation
 - numbness
 - pain made worse by light touching
- stitches or staples
- gas and bloating.

Chronic post-surgical pain (CPSP): is one of the most common long-term complications following surgery. Pain starts or worsens following a surgical operation and can last 3 months after the triggering incident, even beyond the healing process. The likelihood varies according to the type of surgery.

Medications for pain relief

- Simple painkillers such as paracetamol.
- Prescription pain medications including opioids.

Non-medication techniques

- Relaxation exercises, deep breathing, and distraction techniques.
- Heath therapy, music, aromatherapy, virtual reality, and stimulation-induced analgesia, eg acupuncture and TENS (Transcutaneous Electrical Nerve Stimulation).

Managing your pain

Here are some steps you can take to actively manage your pain.

- **Follow medication instructions:** take your prescribed medications as directed by your healthcare provider. **Do not skip doses.**
- **Pain journal:** keep a record of your pain levels, any side effects, and how well the medication is working. Share this information with your healthcare team during follow-up appointments.
- **Stay hydrated:** unless your healthcare provider instructs you differently, aim to have 1.5–2 litres of fluids each day to stay hydrated (as dehydration can worsen pain).
- **Stay active:** gentle movements and walking can help prevent complications and reduce pain. You must be comfortable enough to breathe deeply and cough after your operation, as not doing so can increase your risk of developing a chest infection.

- **Diet:** follow your surgeon's or healthcare provider's dietary recommendations to avoid stomach discomfort.
- **Relaxation techniques:** practise deep breathing, meditation, mindfulness, or guided imagery to reduce stress and pain.

Warning signs

While some level of pain is expected after surgery, certain symptoms may indicate a problem.

Contact your healthcare provider (GP, Royal Marsden Hotline, A&E) immediately if you experience:

- severe or worsening pain
- fever
- redness, swelling, or discharge at surgical sites
- nausea, vomiting, or other concerning symptoms.

Remember, effective pain management is essential for a successful recovery. You are not alone on this journey. Your healthcare team including surgeons, pain specialist doctors and nurses are here to support and guide you if you have any concerns, or any adverse effects of pain medications.

Wound care

Navigating the healing process of a surgical wound is a crucial aspect of post-operative care. An incisional surgical wound involves cutting through the skin, muscle, and fat to repair or remove internal organs. Laparoscopic or robotic surgeries also involve small cuts.

Types of materials used to close a surgical wound	
Stitches (sutures)	<p>Suturing involves sewing skin, muscle, fat, or other body parts together.</p> <p>Stitches can be absorbable (typically within 4–8 weeks) or non-absorbable, requiring removal by your healthcare provider.</p>
Surgical staples	<p>Metal clips used to close wounds.</p> <p>Removal usually takes place 10–14 days after your operation, performed by your healthcare provider.</p>
Steri-strips	<p>Adhesive strips applied to bring wound edges together.</p> <p>Keep them dry in the first 24 hours; they usually fall off after 7–10 days.</p>
Skin glue	<p>A surgical adhesive used on wounds.</p> <p>Typically falls off in 5–10 days.</p>

General principles

- Keep the wound covered and dressed, ensuring the dressing remains clean and dry.
- Change the dressing if there's excessive bleeding, a soaked dressing, suspected wound infection, or wound separation.

Use an aseptic Non-Touch Technique when changing the dressing; **this means that you must wash your hands and not touch the wound directly – your nurse will teach you how to do this.**

- For contaminated wounds, like an old stoma site, daily redressing is necessary, and the duration will be determined by your healthcare professional.

Cleansing your wound

- Use sterile saline in the first 48 hours.
- After 48 hours, you can shower or use tap water.
- Avoid baths, swimming pools, or hot tubs until the wound is fully healed.
- **Do not** use antiseptics, disinfectants, or shampoos on the wound.

Changing your dressing

- Wash your hands thoroughly with soap and water. Dry them with a clean towel.
- Remove the dressing without touching the inside or the wound directly.
- Cleanse the wound with sterile saline in the first 48 hours or tap water after 48 hours.
- Reapply the new dressing without touching the wound or the inside of the new dressing.

Surgical wound infection

Surgical wound infections are one of the most common complications that can affect your recovery.

- Your doctor may take wound swabs for culture and may prescribe antibiotics.
- In some cases, intentional wound opening may be recommended for drainage, requiring daily wound packing or dressing.

Seek immediate help if you experience:

- excessive bleeding
- a burst abdomen with visible internal organs
- signs of sepsis (eg confusion, fever, vomiting, general rash).

Seek urgent medical attention if you notice:

- redness, swelling, pain, or pus around the surgical wound site.

Psychological support

Life-changing colorectal surgeries and cancer can have varying impacts on both patients and their loved ones. These can include specific changes in your mood as well as how you feel physically.

You may experience:

- disinterest or little pleasure in doing things you usually enjoy
- feelings of sadness, depression, or hopelessness
- nervousness or anxiety
- feeling annoyed, irritable or agitated
- constantly feeling frightened as if something awful might happen
- difficulty relaxing or staying relaxed
- feeling bad about your appearance or yourself – or that you are a failure or have let yourself or your family down
- noticeable slowness in moving or speaking which other people have observed or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.

While these responses are experienced by many, should they persist for an extended period and/or significantly impact your daily life we encourage you to seek help.

Specifically if you experience one or more symptoms for two or more weeks and believe that talking to someone from the Adult Psychological Support Service would be beneficial, consider the following steps:

Three steps to seek support

1. Consult healthcare professionals:

Speak with health professionals involved in your care or your key worker for a referral.

2. Direct contact with APSS:

Reach out to the Adult Psychological Support Service directly through the provided contact number for self referral.

3. Visit the Help Centre for PALS and Patient Information:

- Head to the Help Centre at both hospital sites during operating hours (Monday to Friday, 10am – 4.30pm).

Contacting Adult Psychological Support Service

Available Monday to Friday, 9am – 5pm.

Contact your keyworker or CNS and ask them to make a referral.

Leave a message on the voicemail of the Adult Psychological Support Service and an administrator will respond to advise you of the referral process.

Remember, seeking support is a proactive step towards better mental well-being during your journey.

Sutton

020 8661 3006

Compton House

The Royal Marsden NHS Foundation Trust

Downs Road, Sutton, Surrey SM2 5PT

Chelsea

020 7808 2777

Floor 1, Markus Unit

The Royal Marsden NHS Foundation Trust

Fulham Road, London SW3 6JJ

Email: Psychological.SupportAdmin@rmh.nhs.uk

This is not an emergency service so if you have a psychological crisis or thoughts of harming yourself contact:

- your GP
- emergency services on 999
- attend Accident and Emergency
- Samaritans on Freephone 116 123.

Stoma care – Ileostomy

Managing a stoma is an adjustment that comes with its own set of considerations. From addressing high and low output scenarios to handling issues like redness, leakage, and bleeding, each section provides practical steps and information. Remember, you're not alone on this journey.

Redness around the stoma

- Remeasure the stoma and ensure the stoma bag is cut to the correct size.
- Contact community stoma nurse/Secure Start.

Leaking from the stoma

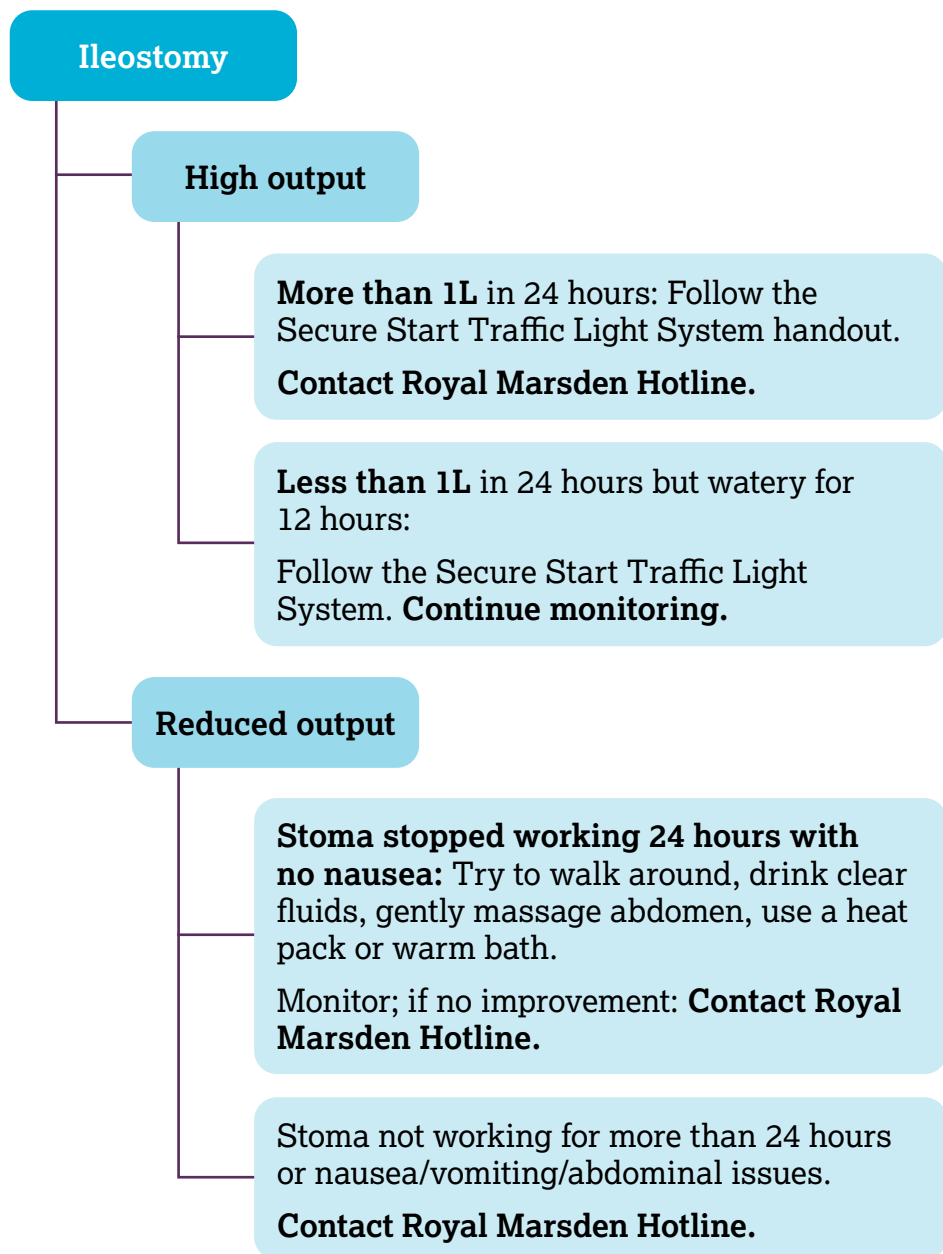
- Monitor where the stoma bag is leaking.
- Change the stoma bag, remeasure the stoma, and adjust the template if there's a size change.
- Monitor if these changes help prevent leakage.
- Make a note of stoma output consistency and skin condition around the stoma.
- Ensure skin is dry when applying the stoma bag.
- Use a finger to secure the adhesive around the stoma and around the outside of the bag, place a warm hand over the stoma bag once changed to secure adhesion.

Bleeding from the stoma

- Specs of blood when cleaning: Apply a cold compress, wait for it to stop, continue normal stoma care.
- Bleeding from the opening in stoma: Contact Royal Marsden Hotline, details on page 17.

See diagram on the next page (page 10).

Stoma care – Ileostomy diagram



Royal Marsden Hotline details on page 17.

Stoma care – Colostomy

Managing a stoma is an adjustment that comes with its own set of considerations. From addressing high and low output scenarios to handling issues like redness, leakage, and bleeding, each section provides practical steps and information. Remember, you're not alone on this journey.

Redness around the stoma

- Remeasure the stoma and ensure the stoma bag is cut to the correct size.
- Contact community stoma nurse/Secure Start.

Leaking from the stoma

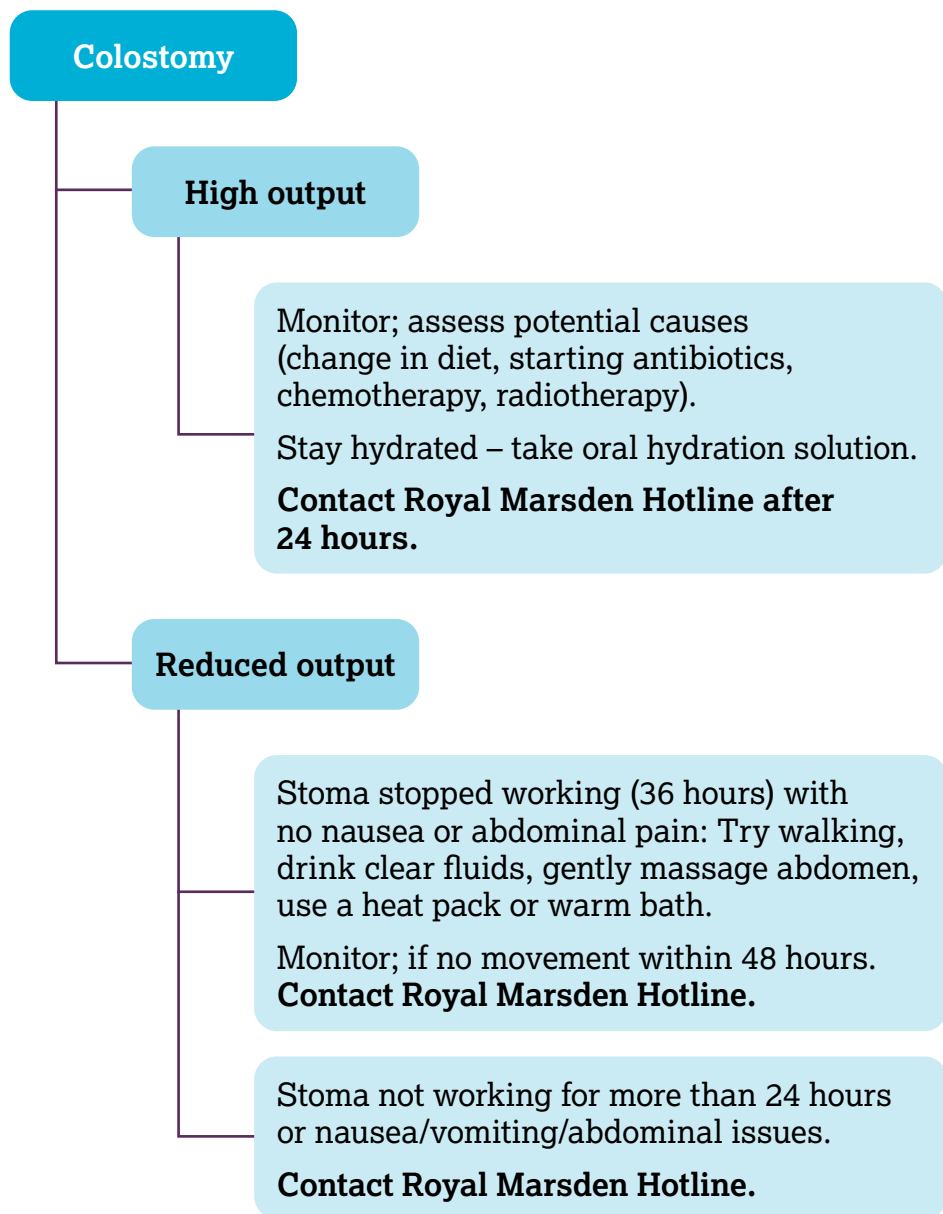
- Monitor where the stoma bag is leaking.
- Change the stoma bag, remeasure the stoma, and adjust the template if there's a size change.
- Monitor if these changes help prevent leakage.
- Make a note of stoma output consistency and skin condition around the stoma.
- Ensure your skin is dry when applying the stoma bag.
- Use a finger to secure the adhesive around the stoma and around the outside of the bag, place a warm hand over the stoma bag once changed to secure adhesion.

Bleeding from the stoma

- Specs of blood when cleaning: Apply a cold compress, wait for it to stop, continue normal stoma care.
- Bleeding from the opening in stoma: Contact Royal Marsden Hotline, details on page 17.

See diagram on the next page (page 12).

Stoma care – Colostomy diagram



Royal Marsden Hotline details on page 17.

Dietary advice

Colorectal Symptoms Traffic Light System Pathway (section 1)

Green – no symptoms

If the following applies to you, please see the information in section 2.

- Weight remaining stable, no visible weight loss.
- Normal bowel movement (no diarrhoea/constipation).
- Normal consistency of stoma output (porridge consistency).
- Nil gastrointestinal symptoms such as bloating/wind/cramps etc.

For further information, please ask your health care provider for extra material.

Amber – Mild/Moderate

If you experience any of the following symptoms, then see section 2 for help.

- Excessive or uncomfortable gas/wind after eating.
- Bloating.
- Stomach cramps after eating.
- Unintentional weight loss.
- Concerns around weight gain and unhealthy diet.
- Reduced appetite.

Colostomy/ileostomy:

- Undigested food in stoma output.
- Odour – foul smell in stoma (colostomy/ileostomy).

Reversal of stoma/bowel resection:

- Faecal incontinence/diarrhoea.

For further information, please ask your health care provider for extra material.

Red – Severe

If you experience one or more of the following symptoms, see section 2 for help.

- High stoma output (colostomy of more than 1.5L or ileostomy of more than 1.2L).
- Severe/rapid weight loss.
- Dehydration (headache, dizziness, thirst, reduced urine output, dark coloured urine, cramps, and tingling).

Colorectal Dietary Traffic Light System Pathway (section 2)

If you are in the GREEN zone

- Follow a balanced diet with a variety of fruits, vegetables, lean proteins, carbohydrates.
- Aim to eat regularly and avoid missing meals.
- Aim to stay hydrated with approximately 2L of fluids per day.
- If you find that you are needing to restrict your diet it might be useful to get a referral to see a dietitian to ensure you are following a healthy balanced diet.

Reversal of stoma/bowel resection:

- Gradually re-introduce fibre back into diet from 1–4 weeks post-surgery depending on your recovery and symptoms.

For further information, please ask your health care provider for extra material.

If you are in the AMBER zone

Ask for a referral to the dietitian if not already under review to help address symptoms, if you are struggling with:

- Bloating: Stagger food/fluid timings, aim to have fluids 30 minutes before/after meals.
- Excessive wind: Try reducing/avoiding fizzy drinks and foods such as onions, garlic.
- Weight loss: Focus on calorie rich foods (starchy carbohydrates such as potatoes, pasta, rice, full fat options such as yogurt/milk, butter, adding jams, honey, cream, milk powder to meals to fortify).
- Wound healing and muscle loss: Ensure adequate protein (meat, poultry, fish, eggs, tofu, lentils).

If you are in the AMBER zone *continued*

- Undigested food in your stoma bag: Fibrous foods such as skins of fruits/vegetables, mushrooms, nuts can often go into the stoma undigested during the early stages post-surgery, try peeling skin off fruit and avoiding whole nuts, instead try switching to ground nuts.
- Higher output from stoma than usual: Consider continuing low fibre diet if not already following (eg avoid salads, skins/seeds of fruits/vegetables), increase starchy foods such as white bread/pasta, potatoes, root vegetables (carrots, ginger, yams, onion, etc).
- Loose stoma output: Consider jelly babies/marshmallow/starchy foods such as white bread, pasta, rice or potatoes to help thicken output.
- Dehydration: Keep hydrated and add salt to foods, you may be asked to start a re-hydration solution (Dioralyte/ St. Marks solution).

For further information, please ask your health care provider for extra material.

If you are in the RED zone

Please contact your stoma nurse for advice or doctor if out of hours.

- Referral to dietitian to address nutritional needs.
- Royal Marsden Hotline telephone 020 8915 6899.

Contact details

For any questions or concerns, please contact:

Colorectal Clinical Nurse Specialist

Katy Hardy or Frank Wong

020 7811 8108

Alternatively, please call:

The Royal Marsden Hotline: 020 8915 6899

You can ring the hotline 24 hours a day, 7 days a week.

Call us straight away if you are feeling unwell or are worried about the side effects of cancer treatments.

This service provides specialist advice and support to all Royal Marsden patients, as well as to their carers, and both hospital and community-based doctors and nurses caring for Royal Marsden patients.

Notes and questions

References

This booklet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this booklet are available on request from:

The Royal Marsden Help Centre

Telephone: Chelsea 020 7811 8438 / 020 7808 2083

Sutton 020 8661 3759 / 3951

Email: patientcentre@rmh.nhs.uk

No conflicts of interest were declared in the production of this booklet.

Should you require information in an alternative format, please contact The Royal Marsden Help Centre.

The patient information service is generously supported by The Royal Marsden Cancer Charity.

royalmarsden.org

Registered Charity No.1095197



Published April 2025. Planned review April 2028
© The Royal Marsden NHS Foundation Trust GI-1830-01



Radiotherapy and
Chemotherapy Services
F538021 & F538022

