

## Following Anterior Resection

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Please read this leaflet carefully. It is important that you take note of any instructions or advice given. If you have any questions that are not answered by the information here, please ask your doctor or specialist nurse

### How has the Anterior Resection changed your bowel function?

The operation involved removing most or part of the rectum. The rectum is a specialised piece of bowel designed to hold stool before it is ready to be passed (defecate). The operation has reduced the capacity of the rectum to hold stool, resulting in a number of changes to bowel function. You may experience:

- Frequency of stool; this is when you need to go the toilet frequently and pass only a small amount of stool
- Urgency of stool
- Diarrhoea ( loose stool)
- Wind/flatulence
- Combination of the above

A prediction of what your bowel function will be like following this surgery is difficult, as every patient is an individual. It can take up to 2 years before there is an established pattern to bowel function.

The vast majority of patients who have had the operation look forward to getting on with their lives, and adjust to their change in bowel function. What we recommend is that you try a number of things that may help with these changes to your bowel function, and see what works for you.

### We recommend the following:

**Diet:** Your bowel movements will indicate which food to avoid. If your bowels are very active and you are producing a lot of wind, avoiding high fibre foods may help. Foods high in fibre are brown bread, bran cereals, certain vegetables e.g. broccoli, Brussels sprouts, cabbage. More information about diet can be given to you by your specialist nurse. Once your bowel function has settled down to an acceptable pattern then you can start to reintroduce foods that are high in fibre.

**Drinks:** Caffeine and alcohol can cause loose stools, so reducing the amount of coffee and tea and alcohol you drink can help.

**Fizzy drinks:** May make the bowel produce more wind, causing explosive diarrhoea. You may want to avoid them initially.

### Medication:

**Loperamide** (also called Imodium): The bowel works by squeezing food through it in waves (peristalsis). Loperamide slows this action, and would be recommended if you are suffering from diarrhoea. We advise that you take Loperamide 30minutes before food. **Please note:** on the packet instructions it says to take after every bout of diarrhoea, but this advice is for people who take it to treat a tummy bug.

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- **Fybogel:** This helps to bulk up the stool and is helpful if you find that you are needing to go to the toilet frequently and only passing a small amount of stool. Other sources of fibre can be obtained from your diet.
- **Normacol:** This is a bowel stimulant and an alternative to Fybogel.
- **Codeine phosphate:** This may be used to treat diarrhoea.

Sometimes a combination of medication is needed. Feedback from patients is that over time you learn how to adjust your dose of tablets according to your daily bowel function.

**Skin care:** Frequent visits to the toilet can cause the skin around your anus (back passage) to become sore. Moist toilet wipes are recommended as there are soothing properties within the wipes which prevent soreness. 'Wet wipes' are not recommended as there are chemicals within the wipes which could cause soreness around the anus.

Applying a barrier cream to the skin is helpful in protecting the skin. There are many products on the market and these can be found in the health and beauty, and baby sections of most supermarkets.

**Protecting your underwear:** Incontinence following Anterior Resection is not common but some patients fear experiencing the urgency to go to the toilet and being "caught short". Some patients will wear a pad of some description to provide reassurance.

**Exercise:** Refer to pelvic floor exercise booklet.

If the above recommendations are not improving your symptoms please contact your specialist nurses. A more in depth assessment can be done, and there are other treatments that can be recommended.

### Further information

If you have any concerns or questions please contact:

**Melanie Aubin – Macmillan Gastrointestinal/Colorectal Clinical Nurse Specialist**  
**Tel: 01423 553340**

### Additional Information

Beating Bowel Cancer: website: <http://www.beatingbowelcancer.org/>

Colon Cancer: website: <http://www.coloncancer.org.uk/>

If you have any difficulty reading, understanding or require the content of this leaflet in another language or format ie braille, audiotape or large print, please contact the Colorectal Nursing Service who will arrange a suitable alternative