



GASTROINTESTINAL LATE EFFECTS OF CANCER TREATMENT

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Presentation Topics

Identify Gastrointestinal late effects



Brief overview of our Anatomy and physiology



How Cancer treatments affect and alter our anatomy and physiology



Common measures to optimise your bowel function

Diet

Medications

Exercises

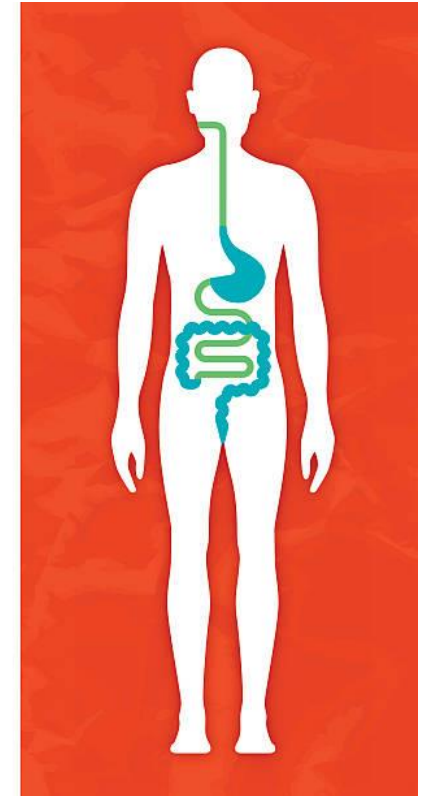
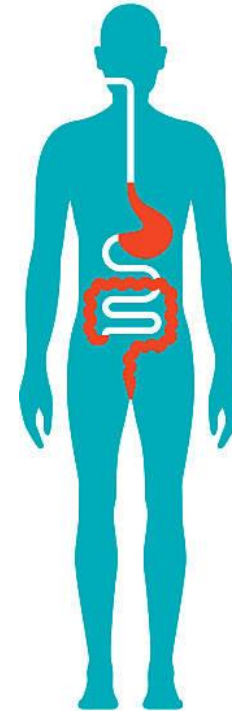
Toileting position



GI Late Effects 'must haves' – apps, equipment etc

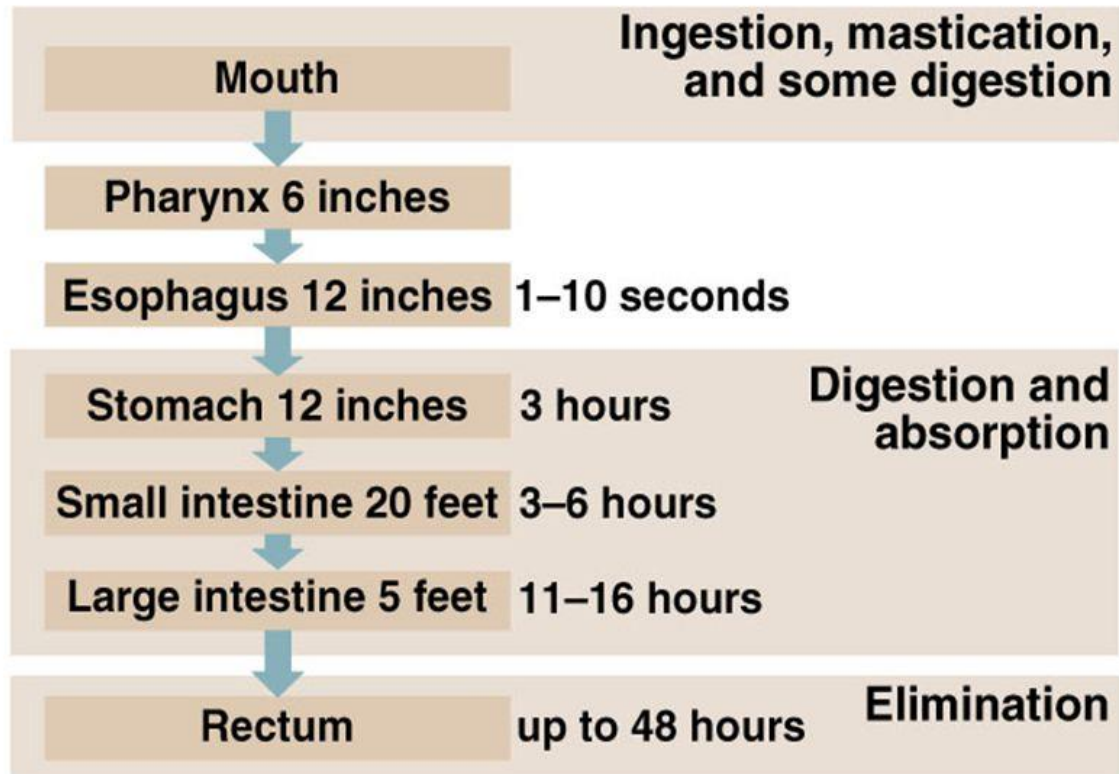
What are Gastrointestinal Late Effects?

- ▶ Constipation
- ▶ Diarrhoea
- ▶ Faecal incontinence
- ▶ Faecal Urgency/Frequency
- ▶ Excess flatulence (wind)
- ▶ Bloating
- ▶ Abdominal pain
- ▶ Rectal pain
- ▶ Rectal bleeding
- ▶ Excess mucus
- ▶ Tenesmus

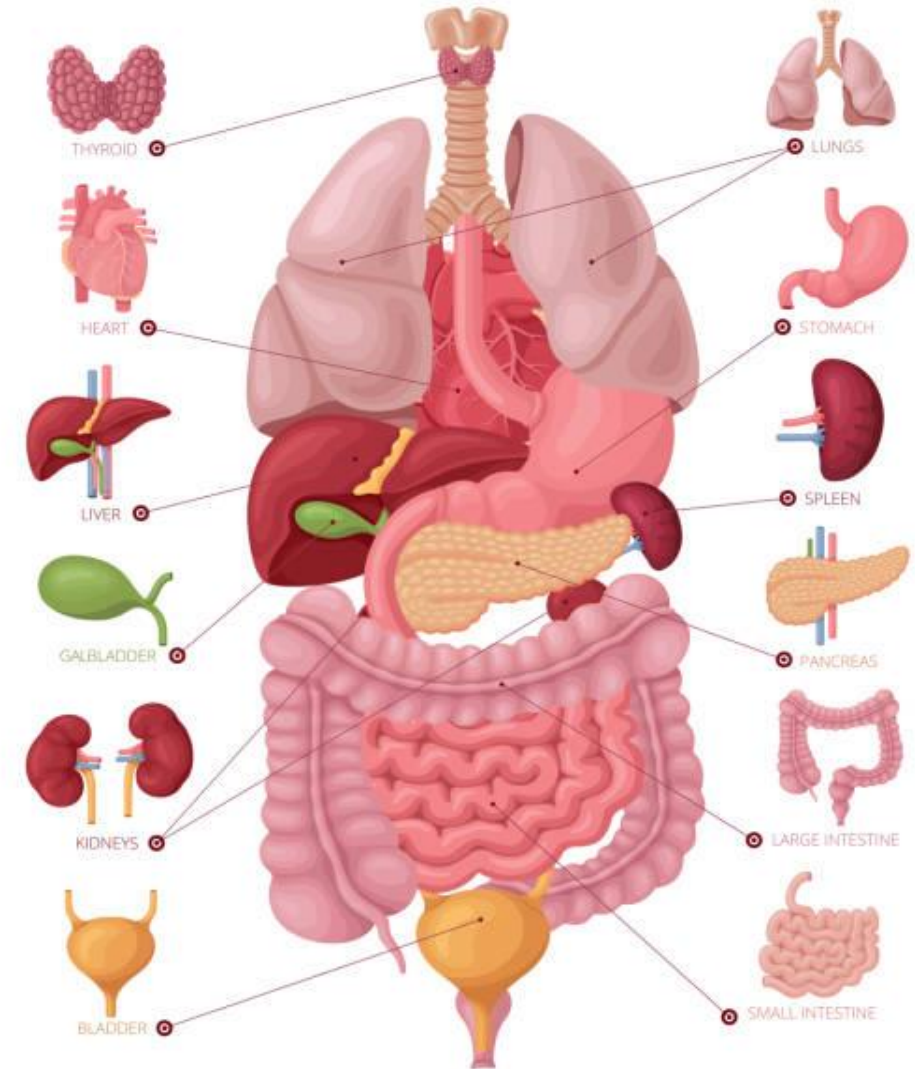


ANATOMY AND PHYSIOLOGY

How much time does food spend in each part of the digestive system?



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Effects of Cancer treatment on Anatomy and Physiology



Chemotherapy

Chemotherapy has been shown to affect gut flora. The side effects of this are more common during chemotherapy but long term chemotherapy can result in continued or late effects.



Radiotherapy

Radiotherapy damages the lining of the bowel, causing fibrosis (scarring) which reduces the elasticity of the bowel, causing it to become more narrowed and rigid.

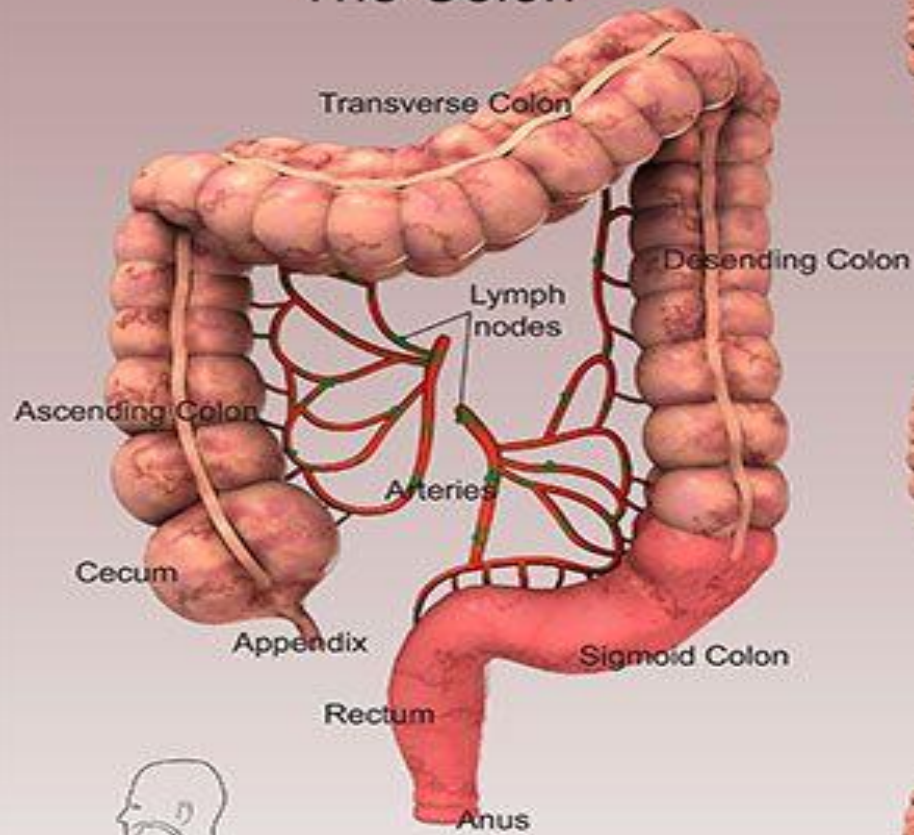


Surgery

Surgery alters the shape of your anatomy which in turns alters your function. It can damage nerves that are important for our sensation, as well as our storage capacity for holding stool, as well as damage to muscles that preserve continence.

Understanding Your Surgery

The Colon



Left Colectomy



Right Colectomy



Sigmoid Colectomy



Low Anterior Resection



Abdominal Perineal Resection



Segmental Resection



Diet



Soluble Vs Insoluble Fibre

- ▶ Fibre is good- But it isn't friendly to everyone.
- ▶ With impaired bowel function, soluble fibre should be prioritised over insoluble fibre.
- ▶ Soluble fibre adds bulk to your stools
- ▶ Insoluble fibre speeds up gut transit therefore can make diarrhoea worse
- ▶ Everyone has their own "Normal" irrespective of any treatment had. Food diaries are good to "trial and error" a personal dietary plan.

Tips and tricks

- ▶ Remove skins from fruits and vegetables
- ▶ Try and eat and drink separately (ie. 30 minutes apart)
- ▶ **All in moderation**
- ▶ Ensure adequate hydration
- ▶ Consider intolerances
- ▶ **Watch out for artificial sweeteners!**
Sorbitol, Manitol, aspartame often found in "low fat" or "Low sugar" foods.

Medications

Anti-diarrhoeals-
Immodium/loperamide



- ▶ Slow gut transit- best taking half an hour before meals. Available over the counter but with CNS/Consultant support, can be added to repeat prescription. Lower doses available in liquid form.

Bulking agents-
Fybogel/ psyllium husk



- ▶ Aid a more complete evacuation by bulking and combining stools- can be used in conjunction with immodium. Available over the counter also.

Suppositories- glycerin
suppositories



- ▶ Help to empty the rectum fully instead of frequent returns to the toilet- reduces incontinence/soiling. Glycerin suppositories available over the counter

PROBIOTICS

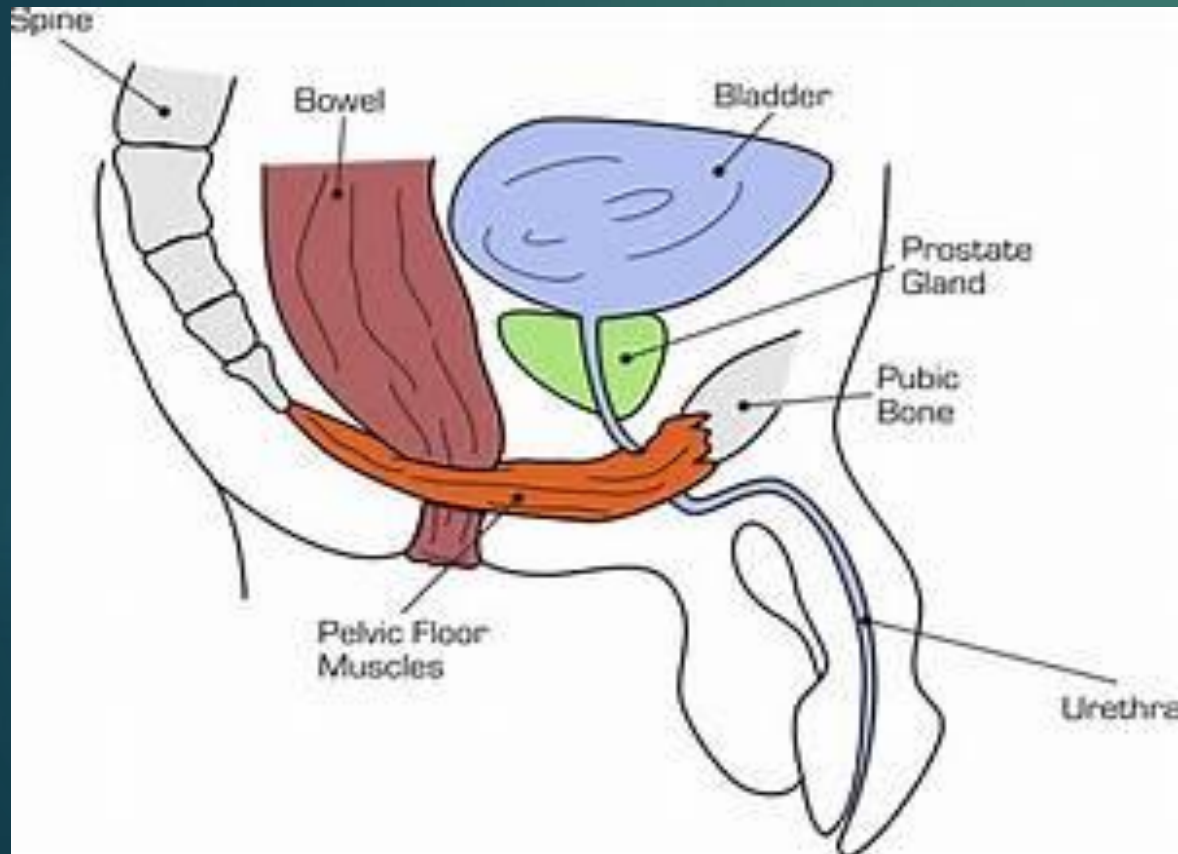
- ▶ Yoghurt drinks do not count- often have artificial sweeteners that can make diarrhoea worse
- ▶ Good for constipation
- ▶ Can be good for excess flatulence (but will worsen before it improves- start when you have no plans!)
- ▶ Look for “billion” count
- ▶ Fermented foods also good

Not available on prescription so can be expensive

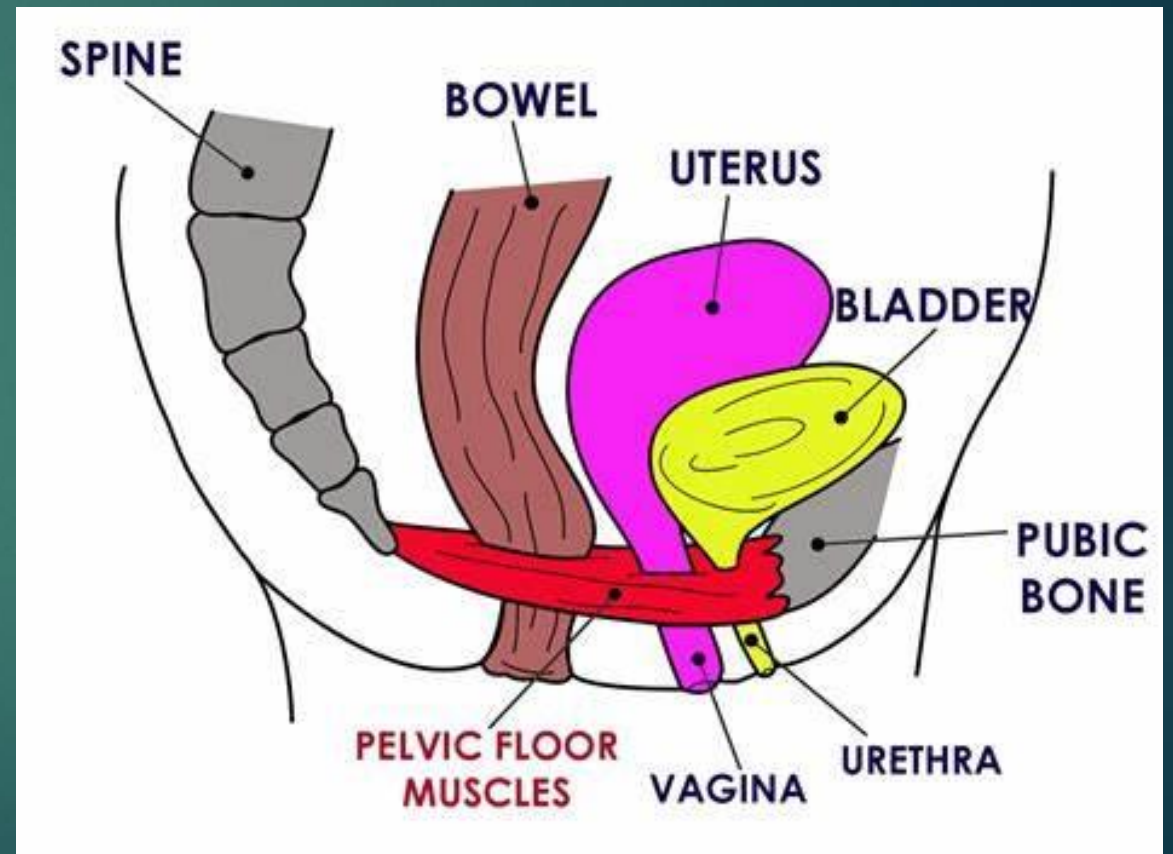


The pelvic floor

Male

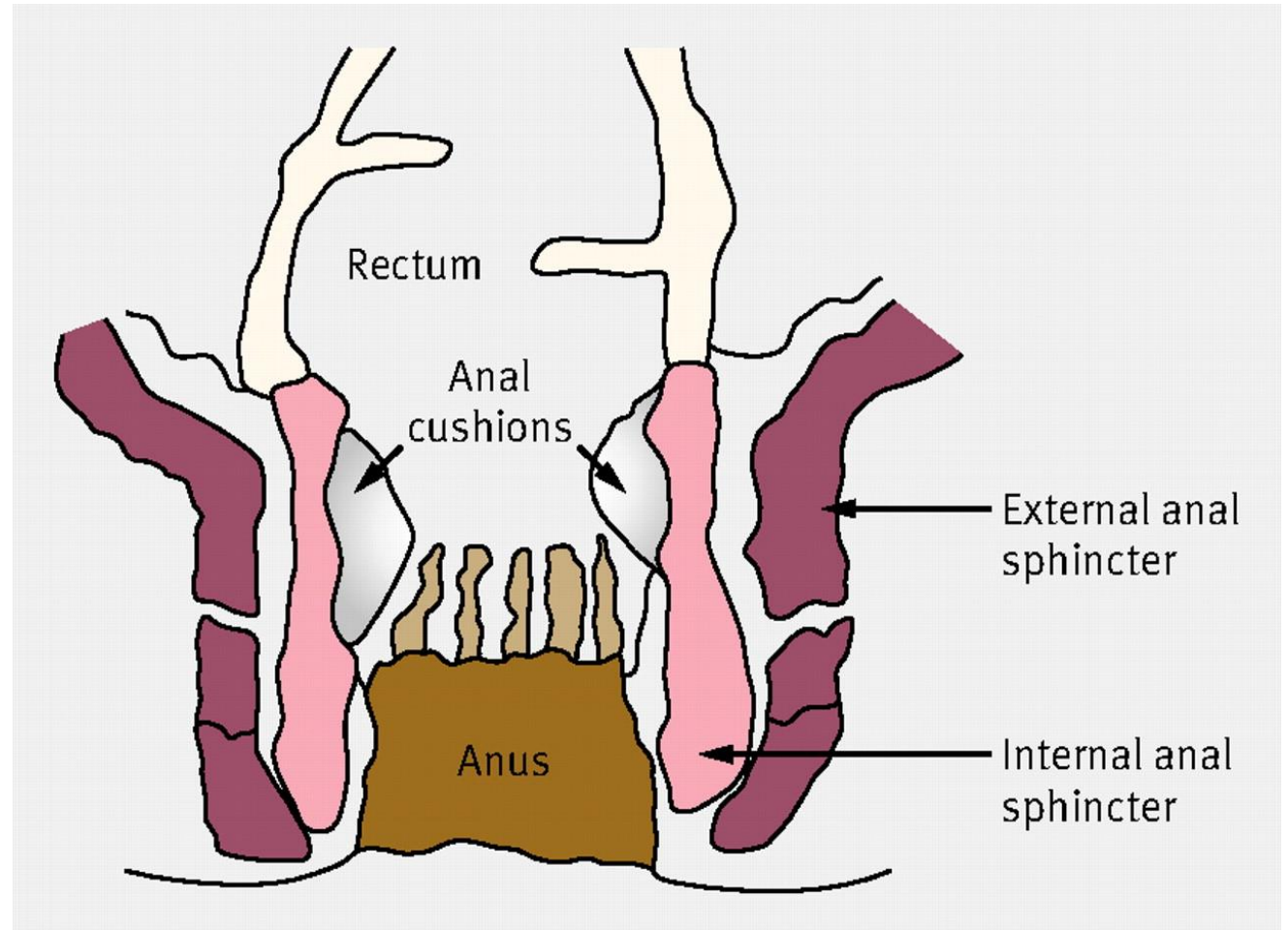


Female



The anus and anal sphincters

- ▶ Very intelligent muscles!
- ▶ Determine between liquid, solid and gas
- ▶ A muscle that preserves continence
- ▶ If we acknowledge exercising to strengthen other muscles- why do we not routinely exercise our pelvic floor and sphincter muscles



Exercise tips

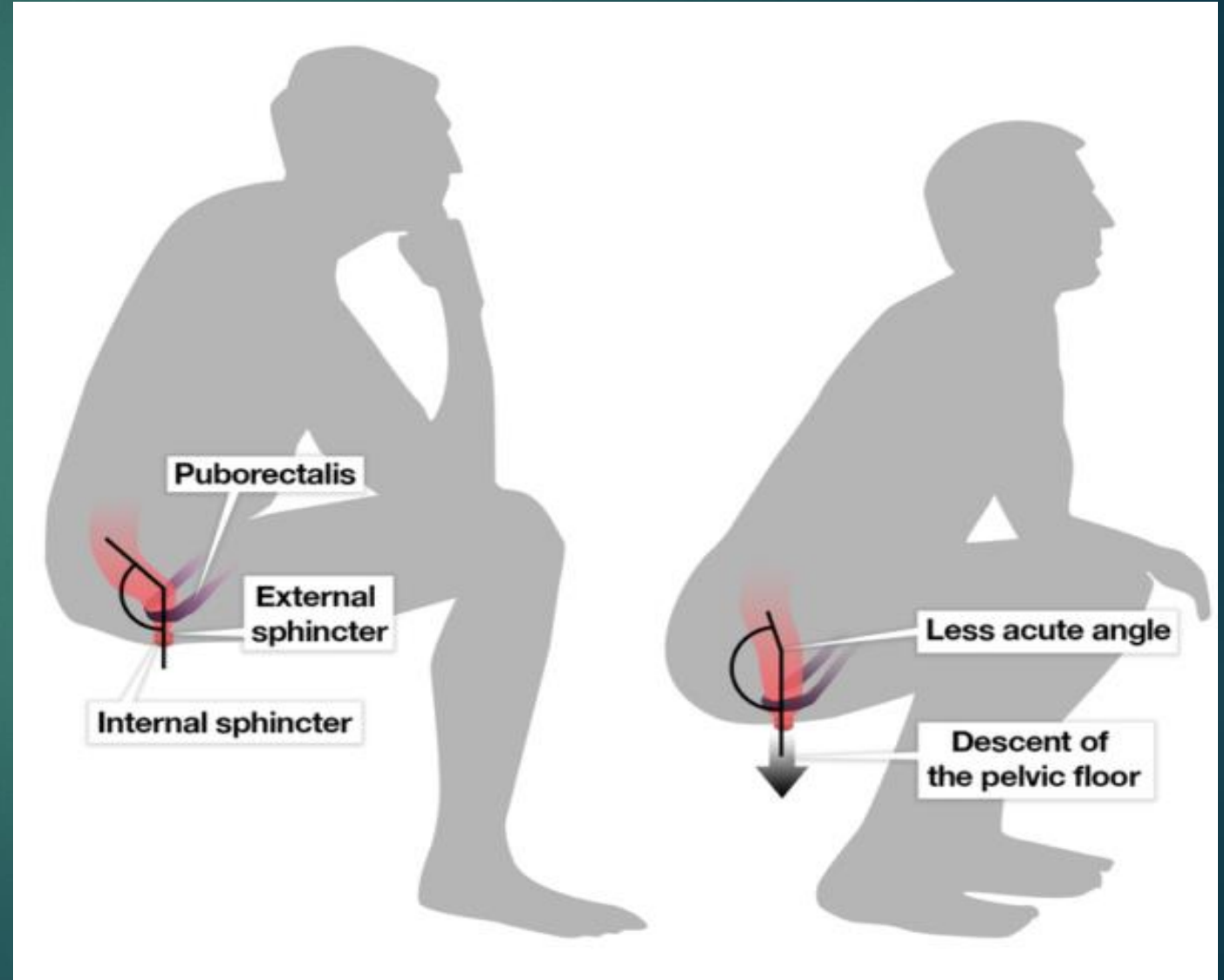
- ▶ Don't over think. Plan around a regular daily event. 3 times a day is best.
- ▶ “Squeezy” App <https://squeezyapp.com/>
- ▶ If you get the urge- try to hold for 5 seconds once you get into the toilet and try to increase
- ▶ For women there are lots of pelvic floor devices that measure your progress
- ▶ Lots of videos on you tube!

The importance of toileting position

Correct position

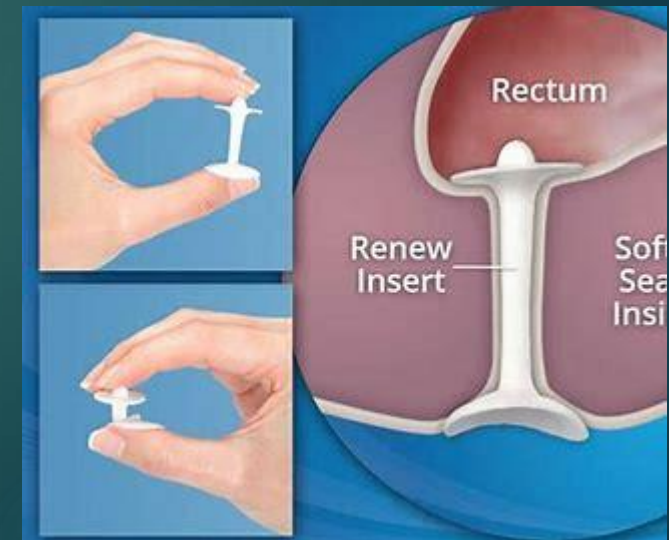


Knees higher than hips
Lean forwards and put elbows on your knees
Bulge out your abdomen
Straighten your spine



MUST HAVES

- ▶ Toilet step
- ▶ RADAR key
- ▶ Emergency toilet card
- ▶ Toilet locator app
- ▶ Barrier cream
- ▶ ?Anal plug
- ▶ Charcoal pants ("Shreddies")
- ▶ Charcoal capsules- with each meal. Reduces gas and bloating



Summary

- ▶ Side effects of cancer treatment can last for years and beyond
- ▶ Sometimes the side effects do not appear until months or years after treatment has actually completed
- ▶ Contact your CNS if you need advice and guidance on some of the side effects you might be experiencing
- ▶ If your side effects are not responding to the guidance provided by your CNS, then they might suggest referral to the Late Effects service.
- ▶ If the side effects you experience are significantly reducing your quality of life, talk to someone.
- ▶ Do not suffer your symptoms as a trade off for being cured of cancer!
- ▶ Small lifestyle changes can have a dramatic impact- do not underestimate the power of pelvic floor exercises, dietary manipulation, and especially watch out for hidden sugars!
- ▶ **SWITCH TO DECAFF**
- ▶ Don't forget there is still plenty of support available through your CNS and local and regional charities.
 - ▶ Macmillan
 - ▶ Pelvic Radiation Disease Association
 - ▶ Wessex cancer alliance
 - ▶ Maggie's
 - ▶ Bowel and Bladder UK

Any Questions?

Please ask if you would like any relevant leaflets relating to this talk

References

- ▶ Macmillan
- ▶ PRDA
- ▶ Pelvic floor society