

## After your Anterior Resection operation

This leaflet is designed to give you some information on how your bowels may change after your anterior resection operation and how to manage this.

The rectum is the lower part of the bowel, which stores and removes food waste or stools from the body. Having part of it removed means that your bowels will work differently now.

### Managing what you eat

A low fibre diet may help reduce loose stools, bloating and wind. The table below may help you choose low fibre foods.

Jelly babies, marshmallows and bananas are good for firming up watery stool.

Over time, you may find that you can eat high fibre foods without any problems. However, at first you may want to go slowly and then gradually increase the variety and amounts of food you eat to find out what works best for you.

You should try and eat a balanced diet and include foods from all food groups.

Food Group	Low in Fibre	High in Fibre
Bread, other cereals and potatoes	White bread, white chapatti, white pitta White pasta White rice Refined cereals (where the bran and germ have been taken out to make them low in fibre) e.g. Rice Krispies, cornflakes cream crackers, rice cakes, crispbreads, boiled, mashed or roast potatoes (no skin) Yams, sweet potato (no skin) Plain biscuits Cakes, puddings and pastries made with white flour	Wholemeal/granary bread, added fibre white bread, brown chapatti, wholemeal pitta Wholegrain pasta Brown rice Wholegrain cereals e.g. Bran flakes, Weetabix, muesli, porridge Rye crispbreads, wholemeal crackers, oatcakes Jacket potato skins Biscuits containing dried fruits Wholemeal biscuits e.g. digestives Cakes, puddings and pastries made with wholemeal flour, dried fruit, oats or nuts
Fruit and vegetables	Soft, peeled fruit such as plums, nectarines, tinned pears, peaches, apricots, melon, apples. Fruit juices without bits Potatoes, root vegetables Florets of broccoli and cauliflower Vegetable and tomato juices	Dried fruit (e.g. raisins, dried apricots) Sweetcorn Other vegetables not on the low fibre list
Meat, fish and eggs	Meat, poultry (e.g. chicken, turkey, duck, goose and guinea fowl) Fish Eggs	Avoid skin, gristle, bone and any dishes containing pulses (beans, lentils and peas – either dried or tinned)
Milk and dairy	Milk, cream	Yogurts containing nuts or cereal

products	Plain or fruit yogurts Cheese	Cheese containing dried fruit
Miscellaneous	Butter, margarine, oil Jelly, ice-cream, milk puddings, custard, sorbet, lollies Honey, sugar, syrup, 'jelly' type jams, fine-cut marmalade Tomato ketchup, brown sauce, mayonnaise Salt, pepper, herbs, spices Boiled sweets, chocolate, toffee or fudge Tea, coffee, fruit squash, fizzy drinks, chocolate or malted milk, Bovril, Crisps	Jams with seeds or skin, thick cut or chunky marmalade, sweet mincemeat Pickles or chutneys

(table adapted from St Mark's Hospital guidelines for choosing a low fibre diet)

### **Coping with wind**

After bowel surgery some people find that they have problems with the control of wind from the back passage or that they have more wind than before. This can cause embarrassment. Different people find different things helpful and you may need to experiment a little. Here are a few things you might like to try.

- Some foods cause people to feel windy and it may be best not to eat them. They tend to be high fibre foods (which the normal bacteria in the gut digest and produce gas as a by-product).
- Other foods which can cause wind include; eggs, shellfish, nuts (especially peanuts), milk and milk products (dairy), salad (especially cucumber), leeks, swede, parsnips, cauliflower, carrots, broccoli, onions, radishes and hot spicy foods.
- Some foods eaten together might cause wind.
- You should try to chew your food well and eat more slowly to avoid swallowing air.
- Eating small, regular meals can also help.
- Herbal teas like peppermint and fennel teas may help.

### **Protecting your skin**

You may find it helpful to use moist toilet paper or use a showerhead to spray water to clean your bottom. Gently pat dry after each bowel motion.

Don't use disinfectants or strongly-scented soaps.

Barrier creams can also help to prevent your bottom from getting sore as a result of going to the toilet more often. Ask your pharmacist for advice.

### **Pelvic floor exercises**

The muscles that are found in the lower abdomen (tummy) are important for controlling the normal bowel action of faeces (stool) coming out through the anus (back passage).

Try to follow these simple exercises over the coming months to aid a smooth return to normal bowel function after bowel surgery.

Like any other muscles in the body, the more you use and exercise them, the stronger they will be.

### **How to do pelvic floor exercises**

1. Sit comfortably with your knees slightly apart. Without moving your tummy muscles or bottom, try to squeeze the muscles around your back passage.

Pretend you are trying to stop wind from escaping.

2. Now try the same with the front part of the muscle. Squeeze and lift the muscle at your vagina or between your scrotum and your anus. This is a harder exercise and takes practice.

3. Once you can lift the muscles and feel movement between your legs pull as hard as you can and hold for a count of five seconds, then relax, making sure you can feel the muscles relaxing.

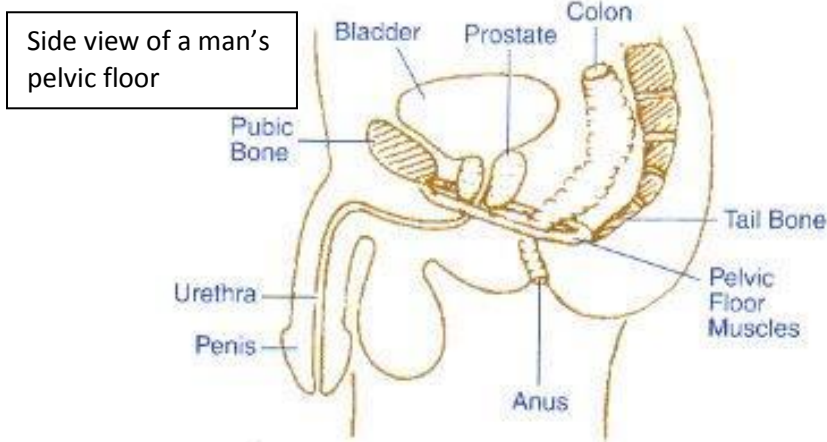
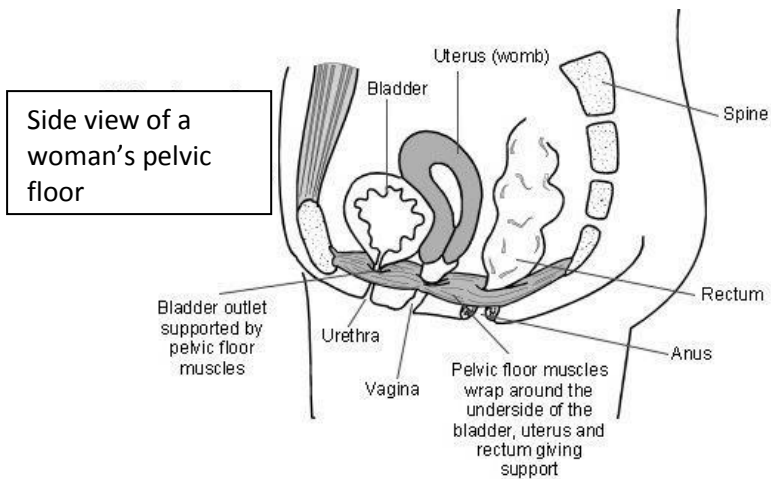
**Do this again 8 times** with a rest in between.

Aim to do this at least **3 times each day**.

It is important to make sure that you are only squeezing your pelvic floor muscles and that your legs, buttocks, tummy and shoulders are relaxed.

You should not be holding your breath. You should be able to do a pelvic floor squeeze without anybody around you noticing.

Once you have mastered the pelvic floor exercises you will need to call on these muscles to help you 'hang on' when you need to get to the toilet. You will need to squeeze these muscles to try and give yourself more time to get the toilet. Sometimes you may find distracting yourself helps you 'hang on' a little longer. Try thinking about other things or looking at an object in detail.



### **Loperamide (Imodium)**

Loperamide is used to treat diarrhoea and therefore it can be used to firm up soft and loose stools. This can help to reduce faecal incontinence (not being able to control your bowels) and the number of times you need to go to the toilet to empty your bowel.

The dose of loperamide depends on the person, their needs and how well it works for them.

Therefore you may need to experiment with the dosage (trying different amounts) to find the best dose for you. The more you take the firmer your stools may become. Therefore it is just as important to make sure that you do not get too constipated.

### **How much do I take?**

Loperamide is available in tablets and capsules and these can be bought over the counter without a prescription.

You can also use it in liquid form but this is only available on prescription. By using the liquid preparation you can start off using very small doses and increase if needed.

2.5 mls ( ½ a teaspoon) of loperamide liquid is the equivalent of ¼ a tablet.

5 mls (one teaspoon) of loperamide liquid is the equivalent of ½ a tablet.

### When should I take loperamide?

Loperamide is best taken before eating because when you eat the gut works faster.

Taking loperamide about 30 minutes before eating can help slow this down.

Loperamide works within 30 minutes and its effects can be long lasting (up to 12 hours). This may help you decide when to take it and when it will work best for you.

The Bristol Stool Scale below can help guide you with how much loperamide you need to take. Type 3 or type 4 stools are often best.



(Picture courtesy of Norgine Pharmaceuticals)

### How much loperamide can I take?

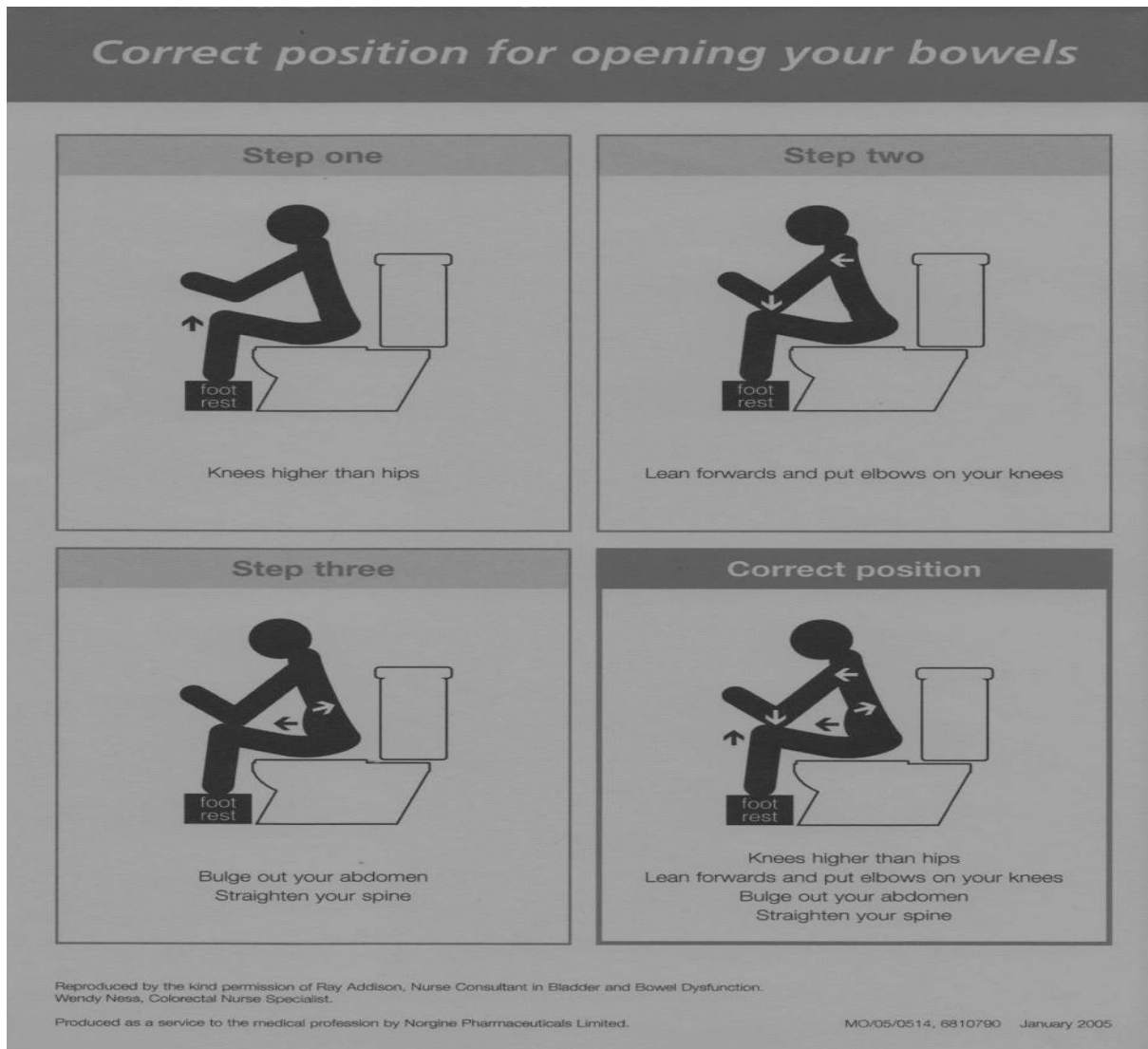
It is licensed for up to 8 capsules a day. This is the maximum dose you should take without getting medical advice.

### Adopting the correct position on the toilet

This diagram shows the correct position for helping your bowels to empty properly.

It is important that you are relaxed when you open your bowels and are not excessively straining.

Sitting in the correct position may help you to evacuate your bowels better.



It is likely that your bowel habit will improve over time. You will probably notice the greatest improvement in the first six months after your operation.

You should speak to your surgeon or specialist nurse if your symptoms are a problem as they will be able to offer more help and advice.

## References

### St Marks Hospital

[www.stmarkshospital.org.uk/patient-informationleaflets](http://www.stmarkshospital.org.uk/patient-informationleaflets)

**Norgine Pharmaceuticals**

<http://www.norginepharmaceuticals.co.uk/>

**Beating Bowel Cancer**

[www.beatingbowelcancer.org/patient-booklets-factsheets](http://www.beatingbowelcancer.org/patient-booklets-factsheets)

Useful Contacts:

**WheelMate** helps you locate wheelchair-friendly toilets online and on your smartphone.

[www.wheelmate.com](http://www.wheelmate.com)

Just Can't Wait Cards are available from the Bladder & Bowel Foundation.

[www.bladderandbowelfoundation.org](http://www.bladderandbowelfoundation.org)