Eating well
Living with Bowel Cancer

Here for you
beatingbowelcancer.org
Reclaiming your appetite

GP and resident medical expert on ITV’s This Morning, Dr Chris Steele, says:

“Food and diet can cause problems for patients at all stages of their bowel cancer journey. You may not be able to tolerate some of the foods you once enjoyed and it might take a while to come to terms with your new bowel habits. But there should be no reason for food to become ‘the enemy’ or for diet to start ruling your life. With a little patience and planning, food can still be enjoyable and something to be savoured.”

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Food is important to us in so many different ways – eating and sharing food can bring us great pleasure and make us feel better about ourselves.

This booklet aims to give bowel cancer patients – and their families and carers – some clear guidance on what to expect at each stage of the cancer journey. It explains in simple terms how your appetite and digestive system can be affected by the illness, and what to expect from the side-effects of the different types of treatment you might have. It can take time for your body to settle down again after treatment. For some, it can be a process of ‘trial and error’, sometimes for many months, or longer. We want to make it as easy as possible for you to make these changes, so all our suggestions are based on the experiences of our Bowel Cancer Voices and members of our online patient forum.

We aim to help you find new ways of eating and enjoying your food. These simple tips and pieces of trusted advice have already helped many people to reduce problems associated with their diet and to overcome the unexpected side-effects of a disrupted digestive system. We hope that they will help you too.

Making changes

If you have been diagnosed – and treated – for bowel cancer, then you may also have noticed that it has altered your appetite or your ability to enjoy certain foods and drinks that used to be favourites.
Problems with changes in your bowel habit after you complete your treatment can be so frustrating; you just want your life to go back to normal, and that includes your bodily functions.

Unfortunately, your treatment will have had an impact on the way your bowel functions. Scars form as a natural part of the healing process but these can sometimes cause some narrowing around the area where the bowel has been re-joined. Bands of tough tissue called adhesions may also form as a result of your surgery.

Radiotherapy can also affect the bowel, making it more sensitive and prone to inflammation in the area, which can take some time to settle back down again. The muscles in your abdomen which would normally massage your bowel, helping it to move food waste along, may be weaker and not as efficient immediately after surgery. Regular gentle exercise such as walking will help to regain tone, and reduce bloating and constipation.
Why is it important to eat well before and after surgery?
Surgery can take its toll on your body and ensuring a well-balanced diet (see page 20) in preparation for surgery is one way you can help speed up your recovery. Foods high in protein can aid the healing process and lower the risk of wound infection. Carbohydrates supply much-needed energy which, in turn, can help earlier mobilisation, potentially reducing some post-operative complications.

Many hospitals now have an Enhanced Recovery Programme, where you will be offered carbohydrate-rich drinks to take, usually from about three days before until two hours before your operation, and for a few days after the operation too. This has shown to promote faster healing and recovery.

It may be worth preparing some meals before you go into hospital and freezing them so you have healthy meals ready at a time when you may not feel like cooking.

Both before and after surgery it is wise to eat small frequent meals or top up your regular meals with nutritious snacks and drinks.

Protein-rich foods include meat, fish, chicken, eggs and cheese; and carbohydrate-rich foods include potatoes, bread, cereal, rice and pasta, so aim to combine both in your meals. Here are some examples:

- fish finger sandwich
- ham/corned beef sandwich
- sardines on toast
- eggs on toast
- cheese on toast/crackers
- cheese sauce with fish and pasta.
Before and after surgery

In the early stages of recovery after surgery, your bowel will be very sensitive and you may have to make small changes to your diet.

You may be recommended to follow a low-fibre diet, explained in the next section. Having too much fibre, too quickly, in your food can cause problems with wind and diarrhoea or bloating, and you may want to consider ways in which you can avoid foods which are more difficult to digest while your bowel is still healing. These might include fruit and vegetables with tough skins, or foods that need a lot of chewing to break them down before you swallow them. You should be able to gradually reintroduce these foods, although it can take some time to establish a new bowel pattern.

There can also be problems associated with pain around the operation site, although this usually settles in time, and can be helped with medicines to help reduce the discomfort. If you are concerned, talk to your colorectal specialist nurse or stoma nurse specialist.

Sitting still, especially for long periods, can cause discomfort and potentially lead to other long-term problems. You can avoid this by getting up or changing position regularly, every 20-30 minutes, especially while you are healing. This will also help to avoid a build-up of wind that can get trapped in the bowel, causing more pain and discomfort.

Tips to avoid wind and pain

- eat and drink slowly in a relaxed environment, taking time to chew foods well
- eat at regular intervals, and don’t eat on the move or skip meals
- don’t expect to get back to normal overnight – it will take time
- don’t worry too much – over time you can balance your diet out as your bowel recovers
- drink water, little and often
- avoid ‘windy’ foods such as beans, pickles and fizzy drinks
- introduce spicy foods slowly
- try charcoal tablets or peppermint water/tea, or peppermint oil capsules
- take regular exercise
- try to stop smoking.
Fibre is only found in foods that come from plants. There are two types: insoluble and soluble fibre.

**Insoluble fibre** The body can’t digest this type of fibre so it passes through the bowel, helping other food and waste products move through the bowel more easily. Wholegrain bread and breakfast cereals, brown rice, and whole wheat pasta are good sources.

**Soluble fibre** This type of fibre can be partly digested and may help reduce the amount of cholesterol in the blood. Oats and pulses are good examples.

This means that a **low-fibre diet** will reduce the amount of undigested material that passes through your bowel. It also helps to rest the bowel after surgery to enhance healing.

A **low-residue diet** is more restrictive than a low-fibre diet and, in addition to the guidance on the following pages regarding low fibre diet, you should avoid caffeine, limit dairy produce to a maximum of two servings a day, and avoid raw fruits of any kind. Both low-residue or low-fibre diets may be advised for around six weeks after bowel surgery and for those patients who have had a colonic stent inserted. It helps by reducing the size and frequency of your stools thereby minimising abdominal discomfort, diarrhoea, and inflammation around the site of the operation or stent. If you need help with this your colorectal nurse, stoma nurse or dietician can advise you.

After six weeks you can gradually start to introduce small amounts of soluble fibre foods back into your diet, ensuring you are drinking plenty of fluids as you do so. You could start with peeled apples, pears and oats.
You can eat

- White bread and pasta
- Refined cereals – rice krispies, ready brek
- White rice
- Milk, smooth yogurt, ice cream
- Rice pudding, semolina, tapioca
- Soups and sauces (strained), clear soups and stock
- Cheese
- Tender, lean meat, poultry, fish
- Eggs
- Oil, margarine, butter and mayonnaise
- Fruit juices (except prune juice)
- Vegetable juices
- Smooth peanut butter – up to two tablespoons a day
- Fats, oils and dressings without seeds
- Desserts with no seeds or nuts
- Smooth jam, honey, marmite

You should avoid

- Wholegrain bread and pasta
- Brown or wild rice
- Wholegrain cereals – porridge, muesli, weetabix, branflakes
- Yogurt, pudding and ice cream with nuts or pieces of fruit
- Soups with pieces of vegetable
- Tough or coarse meats with gristle
- Fatty foods
- Chunky peanut butter
- Coconut
- Marmalade with shreds
- Dried fruits
- Dried beans or peas (pulses)
- Baked beans
- Seeds and nuts
- Popcorn
- Pickles
- Horseradish

Low-fibre and low-residue diets
Low-fibre vegetables that can be eaten raw
- Avocado
- Lettuce
- Cucumber (no skin or seeds)
- Courgettes (no skin or seeds)

Low-fibre vegetables that can be eaten if well cooked (no skin or seeds)
- Carrots
- Tomatoes
- Potatoes
- Asparagus tips
- Pureed spinach
- Aubergine
- Green beans

Low-fibre fruits that can be eaten raw or cooked (no skin)
- Bananas
- Apple sauce
- Ripe apricots
- Ripe melon
- Peaches or nectarines
- Papaya
- Plums

Fruits to avoid
- Pineapple
- Figs
- Berries of any kind
- Coconut
- Dried fruits
- Prunes

Vegetables to avoid
- Broccoli
- Cauliflower
- Brussels sprouts
- Cabbage
- Peas
- Squashes
- Pulses and legumes
- Sweetcorn
Radiotherapy

Many patients who have radiotherapy to the bowel and pelvic area experience problems with diarrhoea. This is due to temporary damage to the inner, absorptive layer of the gut, and it will start to heal after your radiotherapy has finished.

It is unlikely that changing your diet will reduce or stop the diarrhoea. If it becomes a problem, do discuss your symptoms with the doctor or radiographer who is treating you. They may be able to prescribe some medications to reduce the diarrhoea.

If you do find that certain foods seem to make the diarrhoea worse, then try cutting them out of your diet. If the diarrhoea does not improve, then you can safely reintroduce these foods. Everybody is different and what affects one person will not necessarily affect you.

It is important to get as much nourishment from your food as possible during your radiotherapy treatment, and to eat a balanced diet, as you will not be absorbing all the goodness from your meals. Eating small meals regularly and taking your time to chew your food well will help. Eat foods from all the different food groups (see page 20) every day and make sure that you also drink water, little and often, to keep yourself hydrated.

Diarrhoea during treatment
Changes in your bowel habit caused by chemotherapy or radiotherapy cannot usually be helped by changing your diet. Increasing your fluid intake will help to prevent you becoming dehydrated, but if symptoms persist, seek advice from your oncology team. They may suggest that you take anti-diarrhoeal medicine, such as loperamide.

Constipation during treatment
Making sure that your diet includes fibre or roughage and increasing your fluid intake are good strategies, but do consult your doctor or dietician for advice on dealing with constipation before making any major changes to your diet. Laxatives and other medicines prescribed by your doctor to bulk up your stools (poo) can also help.

“Probiotics, available in health food shops, also really helped to bulk out my stools and stop such frequent episodes of diarrhoea.”

Roger
Chemotherapy

Chemotherapy drugs can affect your appetite in so many ways. Some people only experience side-effects briefly or temporarily, others may be affected more seriously and really struggle to enjoy their food.

Chemotherapy can affect your sense of taste and smell. You may be much more sensitive to strong smells and you may notice a metallic taste. In addition, the treatment may make your mouth and throat sore, and perhaps sensitive to hot and cold foods and drinks.

**If you have a sore mouth**
- drink plenty of nourishing fluids, such as fruit smoothies or milkshakes
- have cold foods and drinks – such as ice cream, jellies and crushed ice
- drink through a straw
- avoid salty or spiced foods
- avoid rough textured food such as toast
- keep your mouth clean, using mouthwash
- if gums are sore, use a ‘soft’ bristled toothbrush.

**If you have nausea and vomiting**
- try eating dry food such as toast or crackers first thing in the morning
- eat small, frequent meals
- drink plenty of fluids
- chilled food and drinks may help
- avoid greasy, fatty or fried foods
- ginger can help – try tea or biscuits, root ginger in syrup, ginger ale
- sip fizzy drinks, such as ginger ale, soda water or lemonade
- sit upright and avoid lying flat after meals.

**If you have a dry mouth**
- take frequent sips of drinks
- try sucking ice lollies or ice cubes
- chewing gum and sucking sweets can stimulate saliva
- add gravy and sauce to foods
- avoid sticky or dry foods such as pastry – they can make swallowing difficult
- saliva stimulating pastilles, gels and sprays are available from a pharmacy or on prescription
- try sharp flavoured foods such as lemon, lime, pineapple juice, tinned fruit (avoid if the inside of your mouth is sore).
Diarrhoea and constipation

Diarrhoea is passing looser or more frequent stools than is normal for you. You may find that you have persistent diarrhoea as a side-effect of your chemotherapy and radiotherapy. Unfortunately, it is not always possible to control this through diet – please see page 10.

Other causes of diarrhoea are an infection or disruption to the normal balance of healthy bacteria in the bowel after surgery. Please see page 22 about the role of probiotics. If you have a sudden, short bout of diarrhoea, this may be due to eating something that doesn’t agree with you generally or from contracting gastro-enteritis (caused by a virus, bacteria or a parasite). If this doesn’t pass within a couple of days, it may need to be treated with medication prescribed by your hospital team or GP.

If diarrhoea is persistent, talk to your colorectal nurse specialist or dietitian. You may benefit from using loperamide, to slow down the movement of your bowel to firm up the stool consistency. Another medicine, colestyramine, can be very useful in helping to control diarrhoea linked to the side-effects of radiotherapy. However, these medications should only be used under medical supervision.

Everybody is different and what affects one person will not necessarily affect you. If you find that certain foods seem to make your bowel movements looser, then try cutting them out of your diet, then slowly reintroduce these foods. Gassy drinks such as cider and lager can cause wind, and red wine and some stronger flavoured beers may cause diarrhoea. It may be advisable to avoid alcohol completely if you are prone to diarrhoea or dehydration.

Chemotherapy can cause constipation (hard, infrequent stools that have stayed in the bowel too long). It can also occur if you are less active or if your diet lacks enough fluid or fibre. If you have not had a bowel movement for more than a day or two, call your medical team, who may suggest taking a laxative or stool softener. Do not take these laxatives without checking with your doctor, especially if your white blood cell count or platelets are low.

Foods that may ease diarrhoea
Bananas (very ripe), boiled rice, marshmallows and jelly babies, porridge, smooth peanut butter, instant mashed potato, white bread, pasta, gelatine, yogurt, eggs.

Foods that may ease constipation
Apricots, beans, bran, broccoli, Brussels sprouts, cabbage, caffeinated drinks, chocolate, coffee, garlic, onions, peaches, peppers, plums, prunes, spinach, sweet corn, spices, sugar free gum.
Appetite loss can be a problem for some people either before treatment, after surgery, or while going through chemotherapy or radiotherapy. In addition, anxiety, pain, nausea, a disrupted bowel habit and painkillers can also put you off your food.

Generally it is advisable to have small and frequent nutritious meals or snacks while your appetite is low. Eventually you should be able to gradually reintroduce most of your favourite foods over a period of a few months. Here is a list of some high energy and protein foods that can help boost appetite and help the body repair and re-build muscle and fat that were lost during the time of illness and treatment.

Water intake is important too. Try to drink 1.5-2 litres of water, squash or tea a day (eight average size glasses) unless for any reason your doctor advises differently.

High carbohydrate and protein foods

• milkshakes, soups and smoothies are good options if you find chewing and swallowing difficult
• eggs, porridge, custards and ice cream
• fish fingers or chicken nuggets, mashed potato and mushy peas
• smooth peanut butter, or hummus with pitta bread or vegetable sticks
• vegetable, seed and nut oils, oily fish, eggs, cheese, nuts, seeds, mayonnaise, milk, yogurt and fromage frais provide protein, vitamins and energy
• use full fat milk, rather than skimmed
• add milk powder to milky drinks and soups or puddings.
Boosting your appetite

There are lots of interesting and tasty ways to add some extra calories to your normal diet.

Try grating hard, strong flavoured cheese or stirring cream into mashed potato, pureed carrots and parsnips or mashed swede. Other ideas include pasta with pesto or a creamy sauce, pureed fruits with ice cream or Greek yogurt, or other cream desserts.

Your GP or hospital team can prescribe anti-sickness medication, artificial saliva sprays and medicines to boost your appetite – these are all things that may help, so it's worth discussing them with your medical team.
Colostomy

A colostomy is a surgical procedure that involves connecting a part of the colon (large bowel) to an opening on the abdomen called a stoma. After a colostomy, semi-solid faeces (poo) leaves your body through the stoma, and collects in a pouch (stoma bag) attached to your abdomen, which is changed when necessary.

Living with a colostomy

In general, people with a colostomy can eat whatever they like. This means there is no real dietary advice or ‘do’s and don’ts’ for those people who are trying to get used to the new way that their bowel now works (whether on a temporary or permanent basis).

In fact, food is just one of the things that may affect stoma output. Physical and emotional feelings, medication and other treatments can also have an effect. It is important to chew food thoroughly before swallowing it, to break it down as much as possible before it reaches the stomach. This will make it easier for your body to digest, and less likely to cause problems in the bowel.

However, you will quickly realise that the level of stoma output will be affected by how much you eat and when you eat, and you will soon be able to identify your own unique pattern again, as you did before you became ill.

Finding out which foods may affect you can be hit and miss and a process of elimination. Foods that make one person uncomfortable may not upset someone else.

Remember, everyone is different – whether or not you have a stoma, some foods will have an impact on your bowel, and you are probably already familiar with them.

Foods that can help to loosen stools
Raw vegetables, spices, prunes, chocolate, fresh fruit, salad dressing, coffee.

Foods that may cause wind
Nuts, fruit, cucumber (especially the skin), sprouts, beans and pulses, chocolate, onions, curries, sweetcorn, beer.

Foods that can cause odours
Green, leafy vegetables (particularly asparagus), fish, eggs, onions, beans, cheese.

Foods that can control odours
Tomato juice, orange juice, natural yogurt, parsley.

Foods that may thicken output
Bananas (very ripe), boiled rice, marshmallows and jelly babies, porridge, smooth peanut butter, instant mashed potato, white bread, pasta, gelatine.
An ileostomy is similar to a colostomy, but formed from the ileum (small bowel) and the output from it may be quite liquid. In time the small bowel gradually adapts and your stoma output should thicken up to a porridge-like consistency, and the amount of output will reduce. People with an ileostomy usually wear a drainable stoma bag, which is fastened at the bottom and can be unfastened and emptied as often as necessary during the day.

Make sure you eat regularly as this helps to regulate stoma function. Occasionally, some people have continuing problems with frequency or consistency of their output, in which case you may need to take medication to control it. Your stoma nurse will be able to help you get used to your ileostomy, and will have strategies to help you with any issues you may have.

Ostomates advice – tried and tested tips for ileostomy diets
Chew your food thoroughly before you swallow it. You will get much more nutrition from your food if it is broken down really well before it reaches your stomach, and it can help to reduce bloating and other symptoms.

Foods to avoid ‘whole’ as they may cause blockages Nuts, sweetcorn, pulses and beans, popcorn, dried fruit, mushrooms, stringy vegetables and fruit.

Salt intake Most people already have enough salt (sodium) in their normal daily foods, and the bowel soon adapts to make sure that this is absorbed efficiently. So there is no need to add extra (table) salt to your diet if you have an ileostomy, unless you have been advised to do so by your medical team.

As with a colostomy, the timing of your meals will have a direct effect on the activity of your stoma, and you will soon recognise the patterns as they affect you. Do experiment, as the wider the choice of foods you try, the better the chance of being able to achieve a well-balanced diet.
Stoma reversal

People often say that they feel relieved because a stoma reversal means the end of sometimes a long period of having to live with a stoma bag. But it also brings with it the realisation that your bowel, and your bowel habits, may never return to the way it was before.

This is a stage of the bowel cancer journey where many patients say that they have struggled to return to a normal bowel routine for several months or more. The simple advice is not to expect too much, too soon. For many patients, it may take up to two years to develop a manageable routine.

There is more information in our ‘Stoma Reversal’ factsheet.

Take the ‘roughage with the smoothies’!

For many people, fruit and vegetables can really cause problems. However, it’s still important to try to get the nutritional goodness from these foods – so why not try using a food processor or blender to make pureed soups or smoothies? Smoothies are quick and easy to make, are really tasty and can be packed with nutrients. A very fine puree of vegetable or fruit pulp can be easier for the body to digest, and the sugars in the pulp are also much more easily absorbed by the body, making them a good, high energy drink.

Other tips to remember when you have just had your stoma reversed:
- always peel fruit
- strain the pips and seeds from tomatoes, raspberries and strawberries
- ripe bananas can help reduce problems with loose bowels.
"Now I can eat almost any meal. Curries and spicy food will give me a problem but if it’s planned you can deal with it."

"It’s all about striking a balance and making small changes towards a healthy diet and cutting down on my alcohol intake."

"To be honest it is trial and error for most things, chew and chew!"

"I always added spices to my food pre-cancer so going onto bland non spicy food wasn’t enjoyable. However I found over time that I could reintroduce some of the more gentle spices without too much of a problem, such as turmeric and black pepper."

"I remain on a restricted diet and avoid acidic food and caffeinated drinks. I also avoid most raw fruit and veg and went through a period whereby I avoided gluten as well. But, this is me, and we’re all different."

"I had some problems after my stoma reversal with loose stools and having to go to the toilet often. I cut down on my food and just ate rice, steamed root vegetables, chicken and blended vegetable soups which worked. Even now 3 years later I have urgent moments, but changing my diet got me back to work."

"Nutritional supplements and energy drinks from the chemist were a really easy way of adding extra calories to my diet when my appetite was low. Also I found the odd pint of Guinness was good for adding iron and calories!"
Lifestyle choices

Once you have recovered from your surgery and treatment, you will probably take time to reflect on how this experience has changed your attitude to life.

You may have already been following a very healthy lifestyle and find it very hard to understand why bowel cancer happened to you. You may be worried that the cancer will come back. There are no guarantees about the future for any of us, but you can reduce your personal risk of cancer by making some lifestyle choices about your diet:

• the World Cancer Research Fund recommends that, if consumed at all, alcoholic drinks per day should be limited to two small drinks for men and one for women
• reduce the amount of processed foods in your diet, especially those with high levels of fat, sugar and preservatives
• eat plenty of fruit and vegetables with a variety of colours and textures to get the widest possible range of nutrients
• there is evidence of a link between red meat and bowel cancer, so aim for less than 500g (cooked weight) a week
• the evidence linking processed meats (e.g. bacon, ham, salami) with bowel cancer is even stronger, so we recommend avoiding these as much as possible.

“I was first diagnosed with Stage 4 bowel cancer in 2006 and, after chemo and radiotherapy, was subsequently treated for a secondary bowel tumour and small metastases in both lungs. I am currently well, and I think this is no small part due to following an eating plan based on Dr Servan-Schrieber’s book, ‘Anti-Cancer: A New Way of Life.’

My diet is based on vegetables, fresh herbs, spices, fruits and green tea. I have reduced my intake of cakes and sweet foods and always look for wholemeal carbs. I eat meat once a week, but mainly get protein from other sources.

My day starts with porridge or a fruit salad laced with berries of various sorts. For lunch I have a veggie soup including turmeric and black pepper and my evening meal is based on vegetables from the brassicas, or exotic mushrooms with pulses or oily fish. I put effort into finding new dishes within these guidelines because I LOVE food!

This regime is taxing on a post-surgery colon, as it causes diarrhoea and wind at times, but I think it is worth it. I see this nutrition as a steady drip of ‘natural chemotherapy’ and I believe it has helped to extend my life.

Most of all, it gives me a feeling of helping myself and taking back some control as a patient. I love to share my enthusiasm for this approach on Beating Bowel Cancer’s online patient forum, regularly posting my recipe ideas.”

Suze, 56
What is a good diet?

Under normal circumstances a good, healthy diet will include food from all the five groups shown here, listed in order of suggested portion sizes.

- **Fruit and vegetables** are important sources of a wide range of vitamins, minerals and fibre. Dark green leafy vegetables, such as kale and broccoli, are also particularly good sources of calcium.

- **Starchy foods** such as rice, pasta, bread and potatoes are good sources of energy-giving carbohydrates. The wholegrain variety, such as wholemeal flour and bread, and brown rice, offer a source of fibre and other nutrients lost in processing.

- **Lean meat, fish, eggs, beans, pulses and seeds** provide rich sources of important proteins, oils and other nutrients. They give us important building materials and energy for growth and repairing the body.

- **Milk, dairy foods and fortified soya products** provide important sources of calcium and some vitamins, as well as protein for growth.

- **Essential oils and healthy fats** are found in nuts and seeds, vegetable oil, olive oil, coconut oil and oily fish. However, processed foods and ready meals often contain the less healthy saturated and hydrogenated fats and sugar.
Vegetarian and vegan diets have proven health benefits for people of all ages and circumstances.

However, it is important to eat a wide variety of foods and remember that each type of food has different vitamins and minerals. The more you restrict what you eat, the greater your risk of missing out on essential nutrients.

Well-balanced vegetarian and vegan diets based on a wide range of acceptable food types can support good health and help to protect against disease. Vegetables – especially the dark green, leafy varieties – and brightly coloured fruits provide plenty of vitamins and minerals, vital to maintain good health. Beans and peas, lentils, nuts and seeds, wholegrain foods and vegetable oils all have an important role to play.

Treatment for bowel cancer can sometimes change your ability to digest very high fibre foods – especially vegetables, beans and nuts. If this is the case for you, you should discuss your individual dietary needs with a dietitian to make sure you are getting all the vital nutrients, using supplements if needed.

Alternative sources of protein are important for vegetarians and vegans, who exclude all meat and fish from their diet. Vegetarian foods which contain protein are:

- quorn, tofu, soya products, eggs and vegetarian cheese
- milk, yogurts and other dairy products.

Vegans can sometimes lack vitamin B12, which the body uses (along with folate) to produce normal red blood cells and keep the nervous system healthy. Vitamin B12 can be taken as a supplement or in fortified foods such as cereals and soya milk.
Probiotics – part of a healthy diet?

Your bowel is lined with trillions of microbes that play an essential role in supporting your immune and digestive system. Unfortunately, cancer treatment, chemotherapy and radiotherapy in particular, can damage these gut cells, which disrupts absorption of nutrients and your immune function.

In some people, this can lead to problems during and after treatment potentially leading to malnutrition, weight loss, nausea, dehydration or diarrhoea.

In some hospitals, probiotics are now prescribed before surgery for patients who are having bowel surgery. Probiotics stimulate the growth of micro-organisms, to promote a healthy balance of the ‘good bacteria’, especially in the intestinal flora. Benefits can include reduced diarrhoea, abdominal cramping and bloating, and improvement in healthy bowel movements, gut lining and microflora balance.

However, probiotics are not suitable for patients who are neutropaenic. This is a potential side-effect of chemotherapy where your white blood cell count drops to a very low level, giving you a reduced resistance to infection.

Clinical studies have shown that a group of patients given lactobacillus supplements experienced a much lower rate of moderate to severe radiotherapy induced diarrhoea. Lactobacillus probiotics have also been shown to help alleviate food intolerance and allergic conditions. Food intolerance leads to periods of bloating, wind and colicky indigestion – this is often labelled irritable bowel syndrome (IBS). This can develop for no apparent reason at any stage of life, but it is even more likely if you have had a prolonged illness, antibiotics or chemotherapy.

Most people can safely add probiotic foods to a healthy diet. These include yogurt, fermented and unfermented milk, miso, and some juices and soya drinks. Read product labels carefully, and look for a statement that the product contains ‘live and active cultures’ such as lactobacillus.

You can also take concentrated doses of probiotics in capsule form. You should check with your dietitian or specialist to make sure the supplements are right for you.
Patient tips

We’ve asked some bowel cancer patients to tell us their top tips, and we share some of these here. Remember though, it’s still often a case of trial and error and what works for one person might not work for you…

"I drank lots of peppermint tea after food which helped relieve trapped wind as my bowel was getting used to its new plumbing."

"I tried starving myself before going out for the day so I knew I wouldn’t need the toilet. I became lethargic and light headed and soon decided it was better to plan ahead and know where the toilets were and make sure I took some loperamide beforehand to help me feel more in control."

"Taking soluble fibre supplements after my main meal of the day really helped me to control my problems with diarrhoea."

"Some foods do create excess wind, but I don't find that too problematic - just a quick visit to bathroom or even a quiet corner and "burp" my bag!"

"When I go to the cinema I avoid large amounts of food beforehand and make sure I know where the toilets are before I settle in to my seat to watch a film."

"When I get invited to my friends for a meal I now ask them what’s on the menu beforehand so I know I can eat it before seeing it on the plate in front of me."

"I've also been hearing a lot recently about how hospitals are giving certain post-op patients gum to chew because it ‘kick starts’ their gut to get things moving."

"It’s all a bit smelly! Maybe I could lessen that by choice of diet, but frankly life is too short - so I just go mad with the air freshener instead!"

"Some foods do create excess wind, but I don't find that too problematic - just a quick visit to bathroom or even a quiet corner and "burp" my bag!"
Out and about

Holidays and travel, and just going out and about generally, can be a challenge for many recovering bowel cancer patients. Some may feel the easiest solution is to avoid potentially difficult situations altogether, but there are plenty of strategies to allow you to eat out at a restaurant and go away on holiday.

Patience and planning can be your recipe for success. Here are some useful tips that will help you to return to a normal and practical routine, one that is not ruled by your dietary needs or bowel movements:

• If in doubt, stick to the foods and drinks you know while away on holiday.
• Know your local area: always make it your business to find out where the toilets are.
• Don’t be afraid to ask for special dietary requirements: most restaurants can tailor menus for people with food intolerances and chefs should be able to adapt a meal for you.
• Prescribed treatments (such as loperamide or codeine phosphate) can really give you the freedom to embark on long flights and car or train journeys or just to go out for a meal.
• Know your routine: recognising your new patterns will make them easier to predict. Try not to be obsessed about timings, but being organised can really help to alleviate anxiety.
• Be sensible: people with a sensitive bowel or with a stoma are at a greater risk of becoming dehydrated through diarrhoea. Tips include always sticking to bottled water; avoiding raw fruit, salads and uncooked meats; only eating in reputable and popular restaurants; avoiding shellfish and so on.
• If your bowel habits start to have an adverse effect on your everyday life, speak to your specialist nurse, or your GP for further help and advice.

“Sit at the end of the aisle in cinemas and theatres, and at the end of tables in restaurants, and make sure you know where the toilets are.”

Paul
Supporting someone else

It is the hardest thing in the world to stand by and watch someone you love struggle with the effects of the very treatment that is designed to make him or her better – even more so when they can’t or won’t eat.

So what are the top tips?
Fluids are much more important than solids. You can offer small, frequent sips of high calorie drinks that are not too acidic – ginger ale, soda water and lemonade are ideal. Ice cubes made up with fruit juice or frozen slices of fruit can also be very refreshing.

Being faced with large portions of food can be quite off-putting to someone recovering from cancer treatment. Keep it simple, with plain foods like toast, crackers, ginger biscuits, tinned fruit, jelly (and jelly made with fizzy pop), yogurt, ice cream. You can also try a scoop of mashed potato with a little gravy, or some sweetened porridge. Child-sized lunchbox treats such as a pot of fromage frais, a mini cheese portion, or cream cheese with bread stick dippers might be enough to tempt the palate without creating too much waste.

Try not to get stressed. Think of this time as being a part of the treatment, and that there will be an end in sight. If you are anxious about the patient’s lack of appetite, your anxiety may also have a negative effect. Do speak to the specialist nurses about your concerns. They are very resourceful and will have a whole compendium of other tried and tested tips. If nausea and / or vomiting are part of the problem, the medical team may need to review the medication being prescribed and suggest a different anti-sickness pill.

The key message is never be afraid to ask for help.
Useful contacts

Bladder & Bowel Community
‘Just Can’t Wait’ toilet cards
W: bladderandbowelfoundation.org
T: 01926 357220

British Dietetic Association
To find a registered dietician in your area
W: bda.uk.com
T: 0121 200 8080

Disability Rights UK
Specialist keys for secure public toilets, and regional lists of locations
W: disabilityrightsuk.org
T: 020 7250 8191

Colostomy Association
For people with a colostomy
W: colostomyassociation.org.uk
T: 0800 328 4257

IA Support Group
For people with an ileostomy or internal pouch
W: iasupport.org
T: 0800 0184724

NHS Information
Advice on healthy living
W: nhs.uk/livewell

Pelvic Radiation Disease Association
Support for the effects of radiotherapy
W: prda.org.uk
T: 01372 744338

World Cancer Research Fund
Supporting people to make healthy choices about diet, exercise and cancer
W: wcrf-uk.org

Our online patient forum has a lively community of people who, like you are living with and beyond bowel cancer. Friends and relatives are also welcome.

community.beatingbowelcancer.org/forum

Our new booklet, ‘Regaining Bowel Control - After Bowel Cancer Treatment’ can be downloaded or ordered in hard copy at www.beatingbowelcancer.org/booklets-factsheets

Gary Logue Colorectal Nurse Awards
These awards were set up in memory of our nurse advisor, Gary Logue. Bowel cancer patients are warmly invited to show recognition of the fantastic work that nurses do by nominating their colorectal cancer nurse specialist for an award.

Please visit beatingbowelcancer.org/nurse-awards and tell us why your nurse deserves this special recognition.
Support our work

We provide practical and emotional support

- We provide specialist support and information to anyone affected by bowel cancer.
- Our online forum which is free to join enables all those affected by bowel cancer, patients, relatives and carers to share information and experiences and gain support from one another. It includes a private area for relatives and friends. For many people talking to others who have been through similar experiences can be very helpful.
- You may need support at any stage of the bowel cancer journey, but many find us of particular help and comfort when they are having a break from treatment, or have finished treatment and are no longer receiving that day-to-day support from the hospital.

We campaign for the highest quality treatment and care

- Everyone affected by bowel cancer, no matter who they are or where they live, should get the best possible support, care and information. We campaign nationally and locally to make sure Governments and health services do better by providing the highest quality care and treatments, and by making beating bowel cancer a priority.

We raise money to fund our vital work

- We are a charity that relies entirely on voluntary donations and gifts in Wills. By giving a donation you will help fund a range of vital services that give people affected by bowel cancer help, hope and reassurance.
- We need you to help us continue our work. Please join us and together we can beat bowel cancer.

To make a donation please visit beatingbowelcancer.org/donate or call 020 8973 0000.

We bring people with bowel cancer together

- Bowel cancer affects people physically and emotionally and a problem shared can make a world of difference.
- We connect people through the power of our website, social media and major events such as our Patient Days.

We promote early diagnosis

- 9 in 10 people with bowel cancer will survive if they’re treated early. That’s why we campaign to promote and extend bowel cancer screening.
Beating Bowel Cancer is the support and campaigning charity for everyone affected by bowel cancer.

We provide practical and emotional help – digitally, by phone and email, and face to face.

We bring patients together to share invaluable experience and support, through our website, social media and major events.

Our high impact campaigns have led to the introduction of the bowel cancer screening programme, which is helping save lives, as well as new funding and greater patient access to life-changing cancer treatments.

beatingbowelcancer.org

Nurse Advisory Service
24 hour answerphone and callback service

020 8973 0011
nurse@beatingbowelcancer.org

The production and distribution of this booklet has been made possible by educational grants from:

MERCK  OLYMPUS  SERVIER  SIRTEX

The content was independently written and no company had editorial control.

If you have any questions or comments about this publication, or would like information on the evidence used to produce it, please write to us, or email info@beatingbowelcancer.org