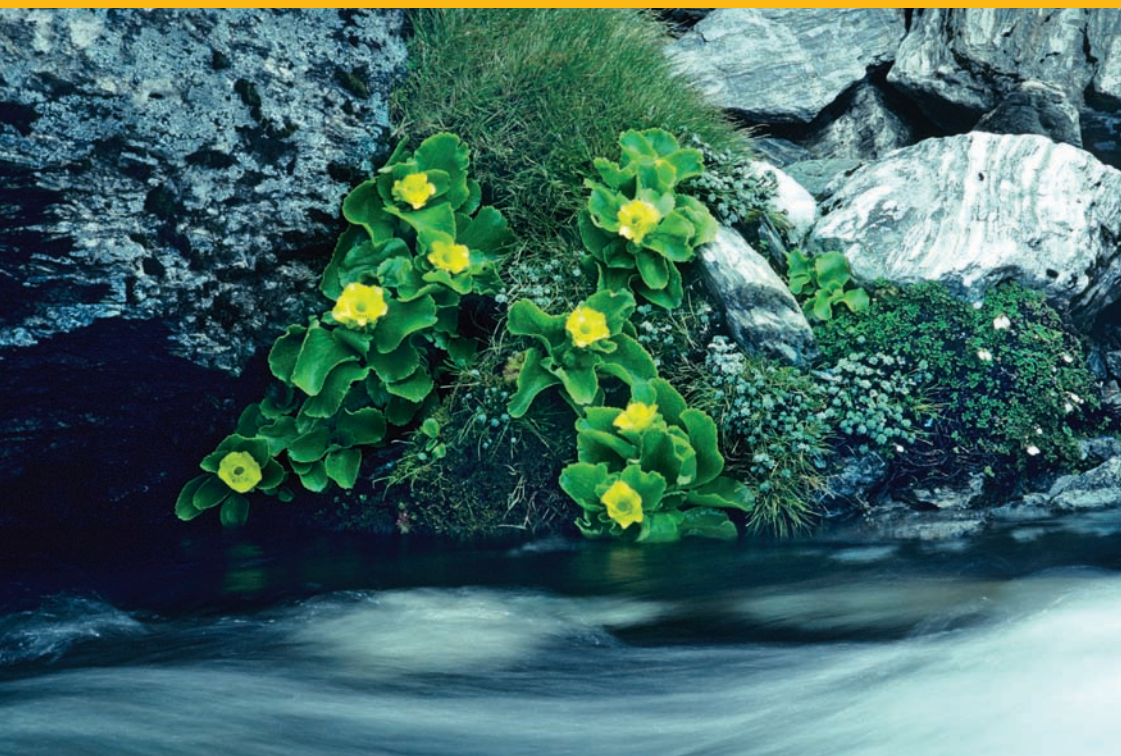


# Bowel cancer and bowel function: Practical advice



A guide for people with bowel cancer





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### **Publications Statement**

The Cancer Society's aim is to provide easy-to-understand and accurate information on cancer and its treatments.

Our *Understanding Cancer and Living with Cancer* information booklets are reviewed every four years by cancer doctors, specialist nurses and other relevant health professionals to ensure the information is reliable, evidence-based and up-to-date. The booklets are also reviewed by consumers to ensure they meet the needs of people affected by cancer.

### **Other titles from the Cancer Society of New Zealand/Te Kāhui Matepukupuku o Aotearoa**

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# Bowel cancer and bowel function: Practical advice

This booklet provides information on how and why bowel function sometimes changes after treatment for bowel cancer. Each person will settle to their own unique pattern. There are no rules; this information will provide only guidelines and helpful hints.

The treatment of bowel cancer usually involves major abdominal surgery. It sometimes involves the use of chemotherapy or radiation treatment or both. The treatment of your bowel cancer may change the way in which your bowel functions.



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# Surgery for bowel and rectal cancer

Some of the more common types of surgery for bowel cancer are described in the following diagrams.





Surgery to remove part of the bowel is called a colectomy. If the left side of the bowel is removed, it is called a left hemicolectomy.

## Left hemicolectomy

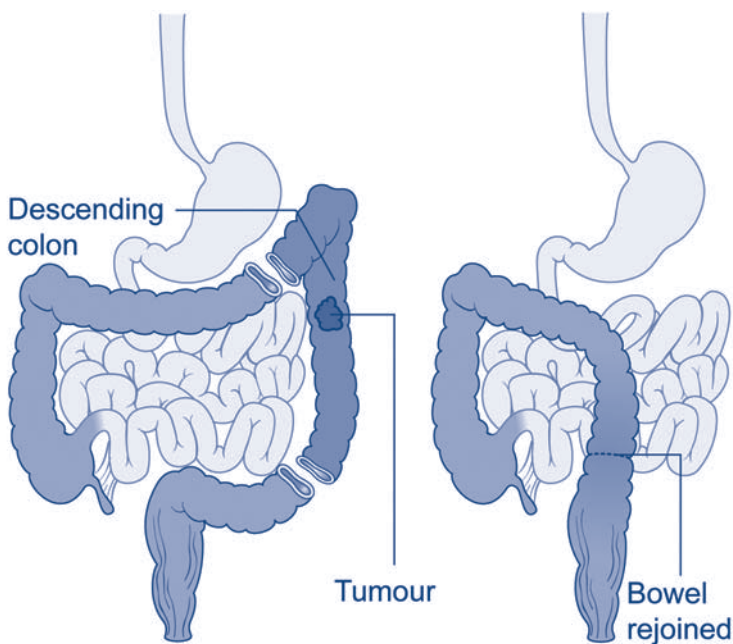


Diagram showing the part of the bowel removed with a left hemicolectomy  
Copyright © CancerHelp UK

If the middle part of the bowel is removed (the transverse colon) it is called a transverse colectomy.

## Transverse colectomy

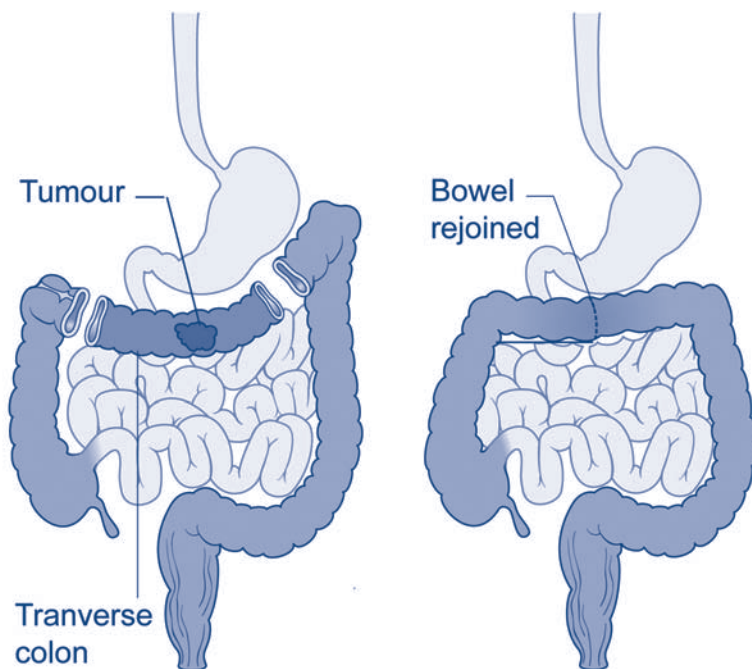


Diagram showing the part of the bowel removed  
with a transverse colectomy  
Copyright © CancerHelp UK



If the right side of the bowel is removed it is called a right hemicolectomy.

## Right hemicolectomy

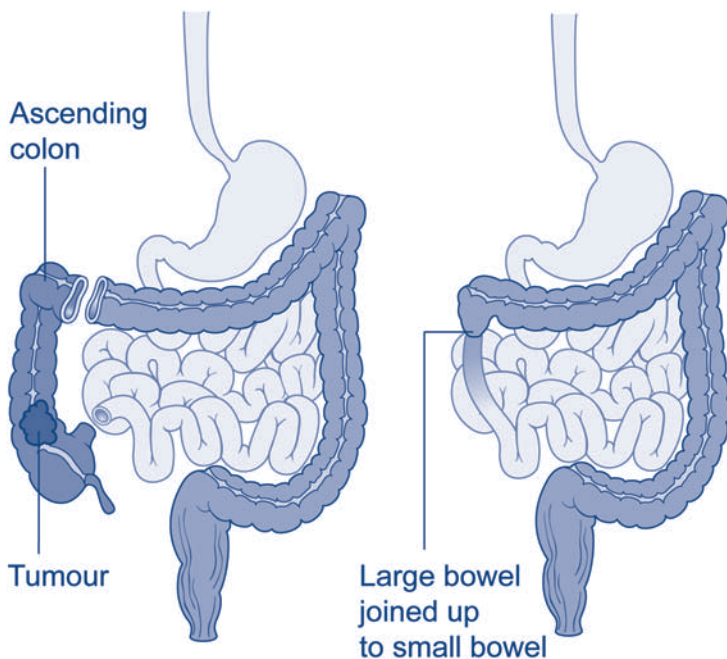


Diagram showing the part of the bowel removed with a right hemicolectomy  
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If the sigmoid colon is removed it is called a sigmoid colectomy.

## Sigmoid colectomy

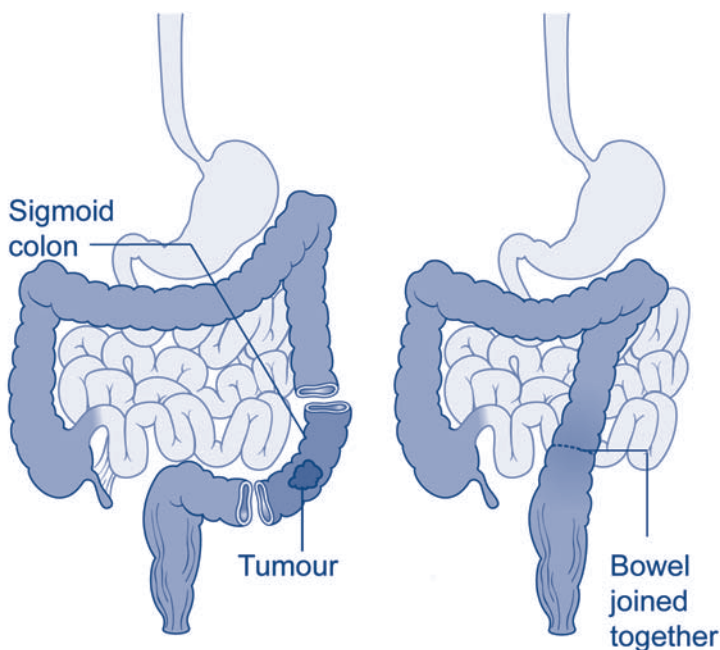


Diagram showing the part of the bowel removed with a sigmoid colectomy  
Copyright © CancerHelp UK

For more information you might like to read the Cancer Society's booklet *Bowel Cancer/Matepukupuku Puku Hamuti*. You can view the booklet on the Cancer Society's website ([www.cancernz.org.nz](http://www.cancernz.org.nz)), by contacting your local Cancer Society for a copy or by ringing the Cancer Information Helpline **0800 CANCER (226 237)**.

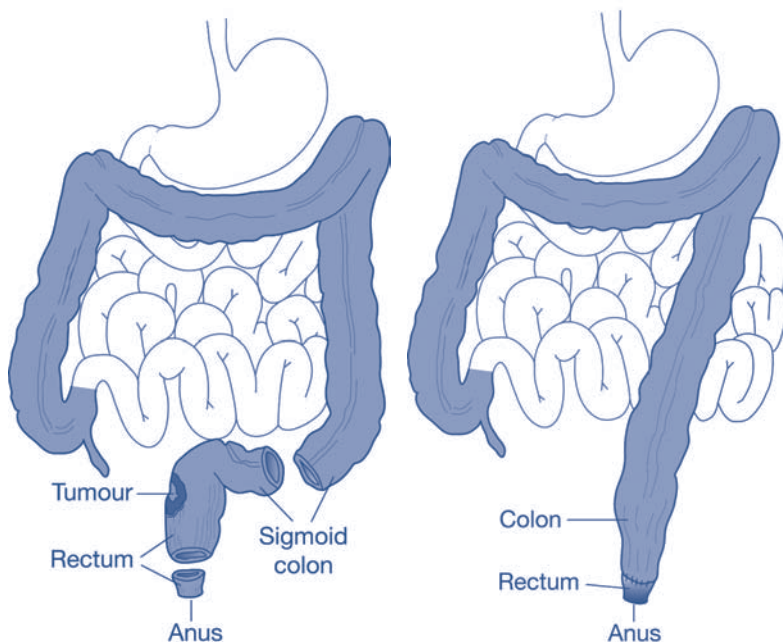


## Surgery for rectal cancer

You may have radiation treatment or chemotherapy or both to shrink a tumour before surgery to make it easier to remove.

For cancers in the upper part of the rectum, your surgeon will remove the part of the rectum containing the tumour. This is called a low anterior resection.

### Low anterior resection



*Illustrator: Robbie McPhee*

If the cancer is in the lower part of your rectum, your surgeon will not be able to leave enough of the rectum behind for it to work properly, so they will remove your anus and rectum completely. This is called an abdominoperineal resection (AP resection). Then the surgeon will divert the remaining bowel to make an opening on your abdomen. This called a colostomy.

## Abdominoperineal resection

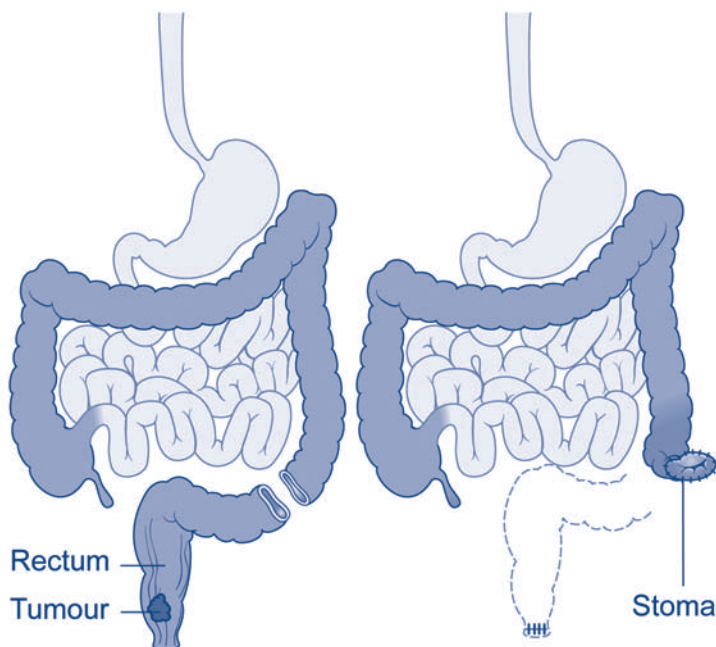


Diagram showing an abdominoperineal resection of the bowel  
Copyright © CancerHelp UK



## Normal bowel function

### **How often is it normal to go to the toilet?**

There is no right or wrong answer to this. There is a very wide range of 'normal' bowel function between different people. It is not essential to have one bowel action per day and it is probably only a few people who have one bowel action a day. Some people always go several times per day; others have several days between bowel actions. Understanding of what is normal is based on personal experiences and growing up with other people. Most of us do not discuss bowel habit with our friends, or even our family. A few people become obsessed with the need for a daily bowel action and spend a lot of time in the toilet or take laxatives to achieve this. Often this is unnecessary.

***Source: [www.stmarkshospital.org.uk](http://www.stmarkshospital.org.uk)***

You should be able to expect to:

- 'hold on' for a reasonable length of time after the first urge occurs
- have a bowel motion as soon as you sit on the toilet
- completely empty the lower bowel (the rectum) when you have a bowel motion.

You should not have to:

- avoid usual activities for fear of losing control of your bowels when the first urge appears
- wait or strain to commence a bowel motion
- sit and strain to finish a bowel motion
- need to have prolonged wiping or have difficulty in 'cleaning up'
- feel the rectum is not empty.

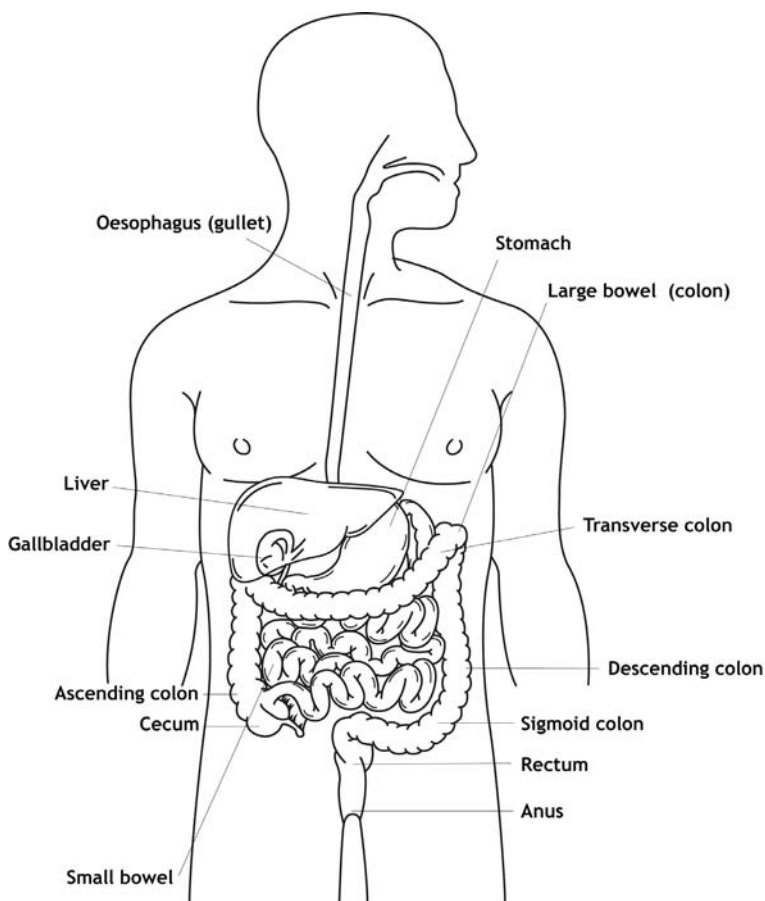




# Understanding the bowel

Understanding your bowel will help you manage any changes that may occur.

## The digestive system





## The colon

The colon is also known as the large intestine, the large bowel or simply the bowel. The colon of the adult human measures approximately 1.2 to 1.5 metres in length. The colon has three main purposes:

- to store and get rid of waste
- to re-absorb the water added to food when in the small intestine
- the colon contains a lot of useful bacteria that break down waste products from food.

A bowel motion involves moving waste products from the colon to the rectum. Using a wave-like action, the bowel pushes the bowel motion (faeces) towards the rectum. This usually happens once every 12 to 24 hours.

The colon absorbs salts and 1 to 2 litres of water each day. It plays an important role in changing bowel motions from liquid to a soft, formed motion.

### Changes that can occur following treatment:

- loose bowel motions – the bowel length may be shortened by surgery and scarred by radiation treatment, therefore, less fluid is absorbed from the bowel motion.
- An urgent need to go to the toilet – the bowel motion is moving through the bowel more quickly as a result of surgery, chemotherapy or radiation treatment or a combination of these.
- More frequent bowel movement.

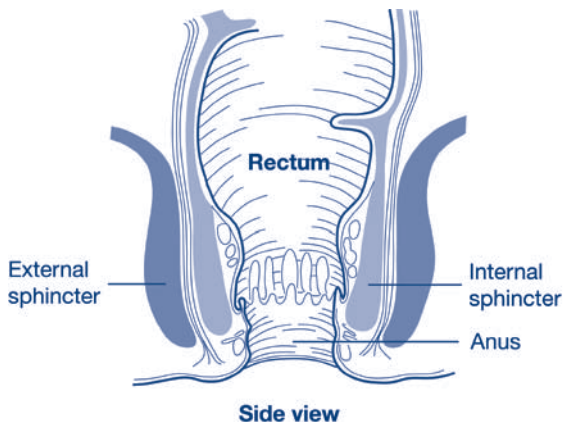


### Other problems:

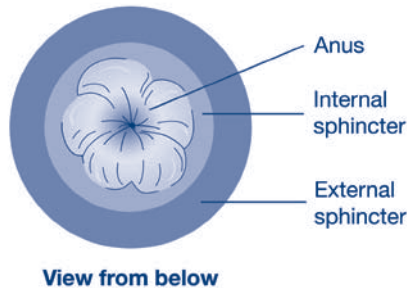
- damage to nerve endings and circulation, which can cause bowel movement to slow down. This may cause constipation.
- damaged nerves can cause pain or a tingling sensation
- abdominal bloating and wind (flatus) can be a problem for some people.

### The rectum

#### The rectum and anus







The rectum is a storage area for a bowel motion (faeces). Normally, it is quite elastic and is able to fill up with bowel motion without creating a powerful urge to go to the toilet.

### Changes that can occur following treatment

The rectum may not be able to hold as much bowel motion as before. This may be due to:

- surgery – where part of the rectum is removed or replaced with another piece of the colon that is not as specialised as the rectum
- scarring or thickening of the tissues from chemotherapy or radiation treatment or both.

The bowel motion arriving in the rectum may be very loose (not bound together) and difficult to get rid of. You may need several visits to the toilet 'to complete the job'.



## The anus

This is the opening of the bowel to the outside of the body. The sphincter muscles control its opening and closing.

### Changes that can occur following treatment

The anal sphincter muscles may be weakened by childbirth, some types of anal operations, chronic straining, aging and radiation treatment. If the anal sphincter muscles are weak, you will be less able to 'hold on' when you get the urge to go to the toilet.

Having difficulty holding on to or controlling your bowel motion is called faecal incontinence. This can be embarrassing and interfere with your lifestyle. It can also lead to skin problems such as itching and soreness around the anus.

## Summary of problems following treatment for bowel cancer

- change in consistency of bowel motions – softer or watery bowel motions or constipation
- frequent bowel motions
- difficulty in emptying the bowel
- loss of control – incontinence of bowel motion (faecal incontinence)
- bloating and wind (flatus).



Bowel problems may be more severe if you have a combination of treatment, such as surgery/radiation treatment and/or chemotherapy.

Advice for people following treatment for bowel cancer may be different to advice given to the general population.

Bowel function after treatment for bowel cancer is often changed. However, it is nearly always possible to manage it with simple treatment.

Bowel function is often at its worst immediately after bowel surgery (or the closure of a temporary ileostomy/colostomy).

Bowel function is likely to improve over the first few months and can continue to do so for up to two years. It is important not to be disappointed if your bowel function is difficult at first. It is likely to keep improving and you will develop a 'new normal'.

## Ways to improve bowel function

A combination of:

- diet
- food with fibre and fibre supplements
- medications that can slow down the colonic transit time (the time it takes bowel motions to move through the bowel) and improve function
- exercise, for example, walking.



## Diet

There is no specific diet; the aim is to eat a healthy, balanced diet. Sometimes you'll need to make changes to the food you eat.

Try to identify foods that make the bowel motions too loose, move too quickly or produce too much wind and then restrict them, or remove them altogether and try them again later.

At first, after treatment or if problems occur:

- eat small frequent meals
- eat slowly
- drink fluid between meals.

## Food Guide

This Diet Sheet is only intended as a guide. Try to include as many foods on the 'Take care' list as you can tolerate.

Foods that are underlined in the 'Take care' list may be troublesome so add these foods cautiously, one at a time.

## Diet Sheet

Food	Start with these foods	Take care with these foods
<b>Breads and Cereals (starchy foods)</b>	White/wholemeal bread/toast, crackers, pasta, cornflakes, Creamoata, Weet-bix, rolled oats, white or wholemeal flour, white rice, plain biscuits and cakes	<u>Wholegrain</u> bread, brown rice, bran, crackers and cereals containing whole grains, <u>nuts</u> or <u>dried fruit</u>
<b>Fruit</b>	Ripe, peeled, raw or cooked without hard skins, pips or stringy parts, eg. apples, apricots, bananas, nectarines, peaches, pears	Fruit that is stringy or has pips, seeds or hard skins, eg. grapes, rhubarb, plums, feijoas, gooseberries, grapefruit, oranges, <u>kiwifruit</u> , passion fruit, pineapple, berry fruit, <u>tamarillos</u> , <u>dried fruit</u> or <u>peel</u>





Food	Start with these foods	Take care with these foods
<b>Vegetables</b>	Tender and well-cooked, vegetables, eg. asparagus tips, beetroot, carrots, cauliflower and broccoli tips, kumara, marrow, potato, pumpkin, silver beet leaves, swedes, spinach, yams, zucchini, and pureed vegetables	Vegetables with tough skins, <u>pips</u> or coarse stalks, eg. green <u>beans</u> , Brussels sprouts, capsicums, lettuce, parsnips, tomatoes, <u>cabbage</u> , <u>celery</u> , <u>cucumber</u> , <u>leeks</u> , <u>onions</u> , <u>radishes</u> , <u>sweet corn</u> , <u>beans</u> , <u>peas</u> , <u>lentils</u>
<b>Milk and Dairy Products</b>	Milk puddings, cheese, plain cottage cheese, yoghurt (no pips), ice-cream, dairy food, plain ice-cream	Strongly flavoured cheese, <u>grilled cheese</u> , yoghurt with <u>pips</u> , flavoured cottage cheese
<b>Fats</b>	Butter, margarine, cooking oils, etc. in moderation	Fried foods
<b>Meat, Fish and Eggs</b>	Tender red meat, chicken, fish, eggs as desired	Fried eggs, canned corned beef, sausages, saveloys, fried meat, deep fried fish or tinned smoked fish



Food	Start with these foods	Take care with these foods
Fluids	Water, tea, coffee, Bovril, Milo, Bournvita, Ovaltine, Complan, strained fruit juices (not prune juice), smooth and strained soups, flat fizzy drinks, sports drinks	Alcohol (consult your doctor), lemon juice, fizzy drinks, eg. lemonade, Coca Cola
Miscellaneous	Salt, essences, honey, jam (no pips), jelly, Vegemite, Marmite, smooth peanut butter, jellies, sugar, plain boiled sweets	Chocolates, liquorice, toffees, coconut, <u>fruit cake</u> , <u>nuts</u> , (including <u>crunchy peanut butter</u> ), pastry, <u>fruit steamed pudding</u> , pepper, mustard, spices, herbs, curry powder, <u>relishes</u> , <u>pickles</u> , and <u>chutneys</u>



## Trouble Shooting Guide

Problem	Possible causes	Suggestions to correct the problem
<b>Bloating/ Gas/Wind</b>	<p>Foods: Cabbage, onions, peas, dried beans, baked beans, sprouts, broccoli, pickled foods, fizzy drinks, chewing gum</p> <p>Other: Gulping fluids</p>	<p>Foods: Avoid offending foods. Flatten fizzy drink before drinking (add a pinch of salt to each glass).</p> <p>Hint: Eat in a relaxed environment and chew food well. Avoid talking too much while eating.</p>
<b>Odour/Smell</b>	<p>Foods: Cabbage, onions, dried beans, radish, cucumber, asparagus, leeks, garlic, eggs, some spices or seasonings, fish, strong cheese, alcohol (especially beer)</p>	<p>Foods: Parsley, yoghurt (natural unsweetened).</p> <p>Other: Deodorising drops (discuss with your stoma nurse).</p>





Problem	Possible causes	Suggestions to correct the problem
Loose Motions	<p>Foods: Sweet corn, too much raw fruit or vegetables, liquorice, highly flavoured spices or seasonings</p> <p>Spicy foods such as rice gravies and sauces, and/or fatty foods such as pies, pastries and sausages</p> <p>Caffeinated beverages, alcohol, fruit juice, prune juice and some herbal teas, eg. green tea</p> <p>Foods that contain sorbitol</p> <p>Other: Nervous upsets, bacterial infections</p>	<p>Foods: White bread, dry biscuits, mashed potato, noodles, pasta, white rice, tapioca, marshmallows, mashed ripe banana, sieved stewed apple, smooth peanut butter, cheese</p> <p>Drink plenty of fluids, ie. water, diluted fruit juice, weak tea/ coffee, sports drinks</p> <p>Drink between meals.</p> <p>Avoiding very hot or very cold drinks may help.</p> <p>Other: Treatment of any infections. Try psyllium (Metamucil).</p>



Problem	Possible causes	Suggestions to correct the problem
Constipation	<p>Foods: Not enough fluid Not enough fibre</p> <p>Other: Not enough exercise</p>	<p>Food: Bran-based cereals with extra fluid, prunes, prune juice, fruit juice, kiwifruit, Kiwi Crush. Increase fibre with soft raw fruit and vegetables.</p> <p>Increase fluids to 8-10 glasses per day.</p> <p>You may need a fibre supplement.</p> <p>Other: Increase exercise.</p> <p>If you do not open your bowels for 3 days contact a health professional.</p>



Problem	Possible causes	Suggestions to correct the problem
<b>Food Intolerance</b>	Some individuals have specific intolerance to food products such as lactose in dairy products or wheat protein, gluten, or fructose. These products can provoke abdominal pain, bloating, gas/wind and diarrhoea.	Consult with dietitian or health professional.

### Bloating and wind (flatus)

Most wind is due to the production of gas from the bacteria that live in the large bowel and break down undigested food. It is normal to produce some wind each day. The amount varies from person to person. It depends on the diet and the type of bacteria that live in the bowel. Wind can be a problem if you pass it more than the usual 7 to 12 times a day or you are unable to control it.



## **Suggestions**

Some foods and drinks tend to cause too much wind – check the Trouble Shooting Guide. If you suspect a food or drink, it's best to leave them out one at a time. Watch the effect of removing one item for a few days before testing another.

## **Food with fibre and fibre supplements**

Fibre absorbs water and makes the bowel motion thicker. There are different types of fibre. Most fibre containing foods have a mixture of fibres, but some foods contain more of one type than another.

The two main types of fibre are:

- soluble fibre (soaks up water) which is found mainly inside plant cell walls. This sort of fibre turns into a gel during digestion and helps bulk up the bowel motions, making them softer and easier to pass.
- insoluble fibre which makes up the structural part of the plant cell wall. This sort of fibre adds roughage to the diet and bowel motions.

## **Which fibre should I be eating?**

It's generally best to eat a mixture of both soluble and insoluble fibre. More soluble fibre can help improve constipation and loose motions. You may be encouraged to increase the amount of soluble fibre in your diet.



If what you're eating isn't working you may consider a fibre supplement. There are many fibre supplements. You may need to try a few to find the one that's right for you.

A health professional or dietitian can suggest what may be best for you.

## **Medication**

For some people having problems with their bowel motions after treatment for bowel cancer, dietary changes on their own may not be enough. For others, for example, people with diabetes and vegetarians, it can be difficult to make the necessary dietary changes. In this situation, it's useful to use anti-diarrhoea medication that slows the colon transit time and firms up the bowel motion.

Many patients who have had treatment for rectal cancer find that regular use of medication improves their bowel function and quality of life.

Excessive use of anti-diarrhoea medication can cause constipation. These medications can be bought at pharmacies and supermarkets but should always be used under the direction of a health professional at a low dosage and steadily increased until they're working well.

There are many medications that can cause loose bowel motions or make it worse. If you are on medications and have loose bowel motions, talk about it with your doctor or your health professionals.



## Other ways to improve bowel function:

- Good toileting habits
- Pelvic floor exercises
- Physical activity.

## Good toileting habits

Always hold on till the urge is strong.

Having a good bowel motion depends on getting to the toilet when the urge to go is strong. This is even more important if your bowel motions have been firmer and slower.

If you find you're sitting on the toilet for a long time before anything happens, it's best to get up and leave. Return only when the urge to go is strong.

Good posture when sitting on the toilet is important. Lean forward slightly and rest your elbows on your knees. At the same time, lift your heels (as if your feet are on tip-toes), or place a foot rest under your feet, so that your knees are higher than your hips. Bulging your abdomen outwards may also help.

Don't assume straining will help prevent leakage from happening later. Straining like this is harmful because it may lead to weakening of the pelvic floor muscles. Straining can be frustrating and exhausting.



## **Pelvic floor exercises**

Pelvic floor exercises are important in maintaining anal sphincter control. This is one of the key factors in preventing leakage. These exercises should be done regularly by both women and men to prevent problems, as well as to help improve any existing problems. If you have had recent treatment it is advisable to consult with a health professional before starting.

## **Physical activity**

Many people find that leakage is made worse by heavy lifting, squatting and other physical exertion. In the first few weeks after treatment, avoid these activities wherever possible, especially when the bowel motions are particularly loose or soft. However, being active is important. Try gentle exercise, such as walking at least three times a week to benefit your overall health.

If you are nervous about walking because of sudden, difficult to control bowel motions, you may want to join a gym, that way a toilet is always handy. Talk to your GP about a 'Green Prescription' if cost is an issue.



## **Summary**

Ways to improve your bowel function are:

- give yourself time to develop a ‘new normal’ (everyone is different)
- check your diet and fibre supplements
- use medications correctly
- practise good toileting habits
- do pelvic floor exercises
- do regular, gentle physical exercise
- seek advice if you are concerned.

## **Skin care**

### **(practical advice for a raw, sore bottom)**

When bowel motions are frequent and loose, the skin around the anus can become raw, sore, itchy and prone to bleeding. Keeping your skin clean and protected will improve the situation.

### **Cleaning the skin**

Use products that do not contain alcohol or soap. Non-alcohol baby wipes can be used to clean the anal area after a bowel motion. Using soap and water to clean the area around your anus can alter the pH of your skin and increase the risk of breaks in the skin.





Clean the skin frequently and always after a bowel motion. Use warm water and a mild pH balanced cleansing product, such as baking soda in warm water. Ask your chemist for a suitable product. Unperfumed toilet paper is recommended.

### Protecting the skin

The first step is to avoid or reduce contact with the bowel motion. Use a barrier cream to protect the skin. Apply a thick layer to get a good coverage of the area.

To absorb leakage, a range of pads and absorbent products are available. These contain super-absorbent (and odour-reducing) substances to protect the skin from damage. You can buy these products at the supermarket, pharmacy or you may get a discounted price from a supplier. It is best to avoid using women's sanitary products because these are not designed to absorb leakage from the bowel.

### Treatment for raw, sore skin

Raw skin around the anus is prone to fungal infection. Your doctor may prescribe anti-fungal or cortisone-based cream to heal the skin. These creams tend to wipe off easily. To help them last longer, you can combine them with an equal amount of a protective barrier ointment/cream.

### Applying creams and ointments

Always cleanse and dry the skin well before applying any creams or ointments.

Apply the cream according to the instructions, for example, some anti-fungal creams should be applied sparingly.



## Sex after surgery for bowel cancer

Normally, it is safe to have sexual intercourse 6 to 8 weeks after your colon surgery, providing there have been no complications. Women who have had surgery involving the rectum are advised to wait 10 to 12 weeks before having intercourse. Sometimes, it can be helpful to try different positions to ensure you are comfortable. The risk that colorectal surgery will damage a man's ability to have an erection depends on whether there is nerve damage. If you have any problems with sexual activity after your treatment you can discuss this with a health professional. For more information you may like to read *Sexuality and Cancer Hokakatanga me te Mate Pukupuku*, which is available at your local Cancer Society or the Society's website [www.cancernz.org.nz](http://www.cancernz.org.nz).

Anal sex can resume or may start when it's comfortable for patients and partners.

There are, however, some issues that need to be taken into consideration depending on the anastomosis (bowel join).

For patients with right-sided resections (ie. right hemicolectomy) and those with the anastomosis above 30 cm, anal sex may start when the patient is comfortable.

For those with a low rectal anastomosis, care should be taken, even in patients with proximal stomas, as the join could be disrupted and the penetrating penis damaged. Anal sex should, therefore, be avoided for six weeks to allow complete healing of the anastomosis.



In many patients, the low anastomosis are formed with staples. With these anastomoses there may be loose staples, sharp edges and the join maybe narrower than the normal bowel. Careful digital evaluation with a well-lubricated finger should be undertaken prior to commencement of anal sex to check for these issues.

If you are in doubt please discuss this with your surgeon.

## **When you need further advice**

If things don't get better or you feel concerned and the strategies outlined in this booklet are not successful, you may need to discuss this with your health care team. Before an appointment to talk about your bowel function and management it can be helpful to keep a diary for one week. This should include details of your bowel motion, such as:

- whether they are loose or firm
- the amount, and frequency
- food and fluid intake (what you're eating and drinking and when)
- a list of your current medications.

The Bristol Stool Form Scale (see next page) may help you describe your stools to your doctor or nurse at your appointment.



## The Bristol Stool Form Scale

**Type 1**



Separate hard lumps,  
like nuts (hard to pass)

**Type 2**



Sausage-shaped  
but bumpy

**Type 3**



Like a sausage but with  
cracks on its surface

**Type 4**



Like a sausage or snake  
but smooth and soft

**Type 5**



Soft blobs with clear-cut  
edges (passed easily)

**Type 6**



Fluffy pieces with ragged  
edges, a mushy stool

**Type 7**



Watery, no solid pieces  
**ENTIRELY LIQUID**

*Image above was reproduced by kind permission of Dr K W Heaton,  
Reader in Medicine at the University of Bristol. © 2000 Norgine  
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# Notes

You may wish to use this space to write down any questions you want to ask your doctor, nurses or health providers at your next appointment.





## Notes

# Cancer Society of New Zealand Inc. Te Kāhui Matepukupuku o Aotearoa

## **Cancer Society of New Zealand Inc.**

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# Feedback

## Bowel cancer and bowel function: Practical advice

We would like to read what you thought of this booklet: whether you found it helpful or not. If you would like to give us your feedback please fill out this questionnaire, cut it out and send it to the Information Manager at the address at the bottom of the following page.

1. Did you find this booklet helpful?

Yes ☐ No ☐

Please give reason(s) for your answer.

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2. Did you find the booklet easy to understand?

Yes ☐ No ☐

Please give reason(s) for your answer.

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3. Did you have any questions not answered in the booklet?

Yes ☐ No ☐

If yes, what were they?

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4. What did you like the most about the booklet?

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5. What did you like the least about the booklet?

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6. Any other comments?

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Personal information (optional)

Are you a person with cancer, or a friend/relative/whānau?

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Gender: Female ☐ Male ☐ Age \_\_\_\_\_

Ethnicity (please specify): \_\_\_\_\_

Thank you for helping us review this booklet.

The Editorial Team will record your feedback when it arrives, and consider it when this booklet is reviewed for its next edition.

Please return to: The Information Manager, Cancer Society of New Zealand, PO Box 12700, Wellington 6144.



### **Information, support and research**

The Cancer Society of New Zealand offers information and support to people with cancer and their families. Information resources are available on specific cancers and treatments.

The Cancer Society is a major funder of cancer research in New Zealand. The aim of research is to determine the causes, prevention and effective methods of treating various types of cancer.

### **We would appreciate your support**

Many Cancer Society services would not be possible without the generous support of many New Zealanders. You can make a donation by phoning 0900 31 111, through our website at [www.cancernz.org.nz](http://www.cancernz.org.nz) or by contacting your local Cancer Society.

### **Acknowledgments**

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#### **Dr Mark Jeffery**

Medical Oncologist, Christchurch Hospital, Christchurch

#### **Associate Professor Chris Atkinson**

Medical Director of the Cancer Society of New Zealand and Oncologist at St George's Cancer Care Centre

### **Consumer reviewers**

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#### **Meg Biggs, Julie Holt, Michelle Gundersen-Reid**

Cancer Society Information Nurses

#### **Sarah Stacy-Baynes**

Information Manager

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### **Photography**

Cancer affects New Zealanders from all walks of life, and all regions of our beautiful country. This photo of high alpine buttercups (*Ranunculus godleyanus*) was taken in the West Coast Region of New Zealand by Rob Suisted.

### **Cancer Society of New Zealand Inc. (2010)**

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# ANY CANCER, ANY QUESTION

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### Cancer Information Helpline

