After Low Anterior Resection for Treatment of Rectal Cancer

Overview of Rectum and Low Anterior Resection

The rectum is about the size of a large fist with very stretchy walls. The rectum stores or holds stool and gas until you want to release it. When stool and gas move down the large intestine into the rectum you feel an urge to have a bowel movement. Because the rectum is stretchy, and the anal muscles are able to tighten, passage of stool or gas can be delayed until the time and place are appropriate.

- When surgery is performed for Rectal Cancer either all or part of the rectum is removed.
- If the anal muscles can be left (sphincter sparing operation), then a portion of the colon is attached to what is left of the rectum or the anus. This surgery is called a Low Anterior Resection.
- This surgery will affect your usual pattern of bowel movements.
Changes in Bowel Movements after Low Anterior Resection

Once the rectum is partially or totally removed bowel movements (BMs) are changed. The less rectum remaining means greater changes in bowel habits. Receiving chemotherapy and radiation before surgery also affects the rectum and may leave it “stiffer” and less able to stretch.

- After this operation many people need to go to the bathroom frequently for small amounts of stool. You may think you have emptied your new rectum and ‘are done’ but find you have to return to the bathroom again for another bowel movement.
- The bowel movements seem to be clustered at certain times of the day.
- Often bowel movements are urgent.
- Because the new rectum is smaller, it holds less stool than before surgery. With time the new rectum should get larger and hold more stool.

This problem improves with time. Improvement can continue for up to a year. Be patient with yourself. Don’t be discouraged! But please remember, part or the entire rectum is gone, and your bowel habits will be different.

Suggestions for Improving Bowel Habits

1. Try a fiber supplement daily.

   - Fiber supplements help bulk up the stool and hopefully cause one larger bowel movement each day.
   - Start with a teaspoon of fiber supplement in 8 ounces of water and slowly increase to a heaping tablespoon over a week.
     - Try taking it in the morning.
     - You can try Metamucil, Konsyl, Benefiber, Citracel, or generic brands of fiber supplements such as Trader Joe’s Psyllium, or bran.
     - Avoid the artificially sweetened products.
• If taking the fiber in morning seems to increase bowel movements at night, you can try taking it in the evening. Stick with the same regimen for at least 2 weeks before trying a different regimen. It takes your bowels time to adjust. You can also experiment with taking fiber up to three times each day. You can experiment and adjust the dose up or down to see what works best for you.

2. Medications can help control your bowel movements.

• Over the counter anti-diarrheal medication, such as Loperamide (Imodium, Kirkland Anti-diarrheal, or other pharmacy brands) can be helpful for some to stop frequent bowel movements. It can be taken after a cluster of bowel movements to end them so you can go out, or sleep without interruption.
  ○ Use it sparingly. Try one Loperamide at a time. Start with bedtime or after a bout of multiple bowel movements.
  ○ If you get constipated you may be taking too much. Constipation can also be distressing.
  ○ If one dose causes constipation, try a half dose.
  ○ If you need more you can take two tablets or take it twice per day.

• Prescription Lomotil can also be used to slow bowel movements and can be used similar to Loperamide. For some the Lomotil works better, for others the Loperamide is a better choice. Use one or the other, not both.

3. Dietary Considerations

• Keep track of what you eat. This can help you identify problem foods or problem times for eating. What and when you eat can affect your bowel movements. Do not skip meals. Do not overeat. Eating an early dinner may help avoid frequent night time bowel movements.

• You have no dietary restrictions, but some foods will increase the number of bowel movements and other foods seem to be helpful.

• The following foods may be helpful in decreasing bowel movements and reducing anal irritation:
  ○ white rice
  ○ oatmeal
  ○ mashed potatoes
  ○ sweet potatoes
  ○ bananas
  ○ applesauce
  ○ hard cheeses
  ○ yogurt
  ○ baked rather than fried foods
  ○ pasta (but not with heavy sauces or tomato sauce)

• Keep a food diary and introduce new foods into your diet slowly. If a food makes things worse, avoid it for a month and then try again.

• Sometimes fresh fruits and vegetables tend to increase the number of bowel movements. You might want to avoid them for a while. Try them cooked, in small quantities, or canned rather than fresh.
• Caffeine may trigger more bowel movements.
• Having some oil in your diet is helpful—for example olive oil or canola oil. This seems to help with the passage of stool.

4. Avoid Anal Irritation

• Anal irritation and leakage can make bowel movements more uncomfortable. To avoid irritation:
  o Cleanse anal area with water only
  o Pat dry or use a cool hair dryer
  o Avoid soap in the anal area
  o Do not wipe with toilet paper; toilet paper can feel like sandpaper after a while
  o If you must use toilet paper use it moistened with water
  o You can use a squirt bottle filled with water to cleanse
  o You can experiment with baby-wipes or other personal wipes if you wish, especially when out and using water is not convenient
• Use a cotton ball at your anus to absorb leakage if necessary.
  o Try to keep anal area clean and dry
  o If you need a cream for comfort try an over-the-counter diaper rash cream (please use sparingly) such as:
    • Desitin
    • Vitamin A & D ointment
    • Calmoseptine
    • Aquaphor

These are suggestions. You will find what works best for you. You may periodically have a “bad” day. If you have a change in bowel habits, bleeding, worsening of symptoms, make appointment with your health care provider, as there may be other causes of your symptoms that need investigation. If your symptoms are not improving with time there are other interventions which can be tried.

For questions call the Nurse Practitioner at the Center for Colorectal Surgery at Mt. Zion at 415-885-3613