LARS toolkit for clinicians:

Supported self-management initial interventions people with bowel symptoms after rectal cancer surgery

(To accompany the *Bowel changes after rectal cancer treatment. Understanding and managing LARS* booklet for patients)

Version: 22072023

The purpose of this booklet

This booklet is written for healthcare professionals to accompany the *Bowel changes after rectal cancer treatment: Understanding and managing LARS* booklet for patients.

This booklet is to guide clinicians about the initial treatment options available for treating bowel symptoms after rectal cancer surgery. The flow chart act as a quick reference to manage symptoms.

This booklet should be used to inform patients preoperatively (assess how much information the patient wants and is able to take in). Provide the patient with the accompanying booklet.

Revisiting information about LARS prior to stoma reversal (if a stoma was formed) is valued by patients. Patients often do not volunteer information about their LARS symptoms, during appropriate patient interactions such as telephone and clinic appointments, patients report they want to be asked about problems so that their symptoms (new and/or persistent) can be addressed. If symptoms do not resolve (to the patient's satisfaction) within three months of using all relevant interventions described in this booklet, discuss more specialist options and if desired by the patient an onward referral to specialist services should be made.

Any red flag symptoms (including rectal bleeding, new pain or unplanned weight loss) need an urgent medical review.

Quick facts (preoperative)

Consequences of cancer treatment

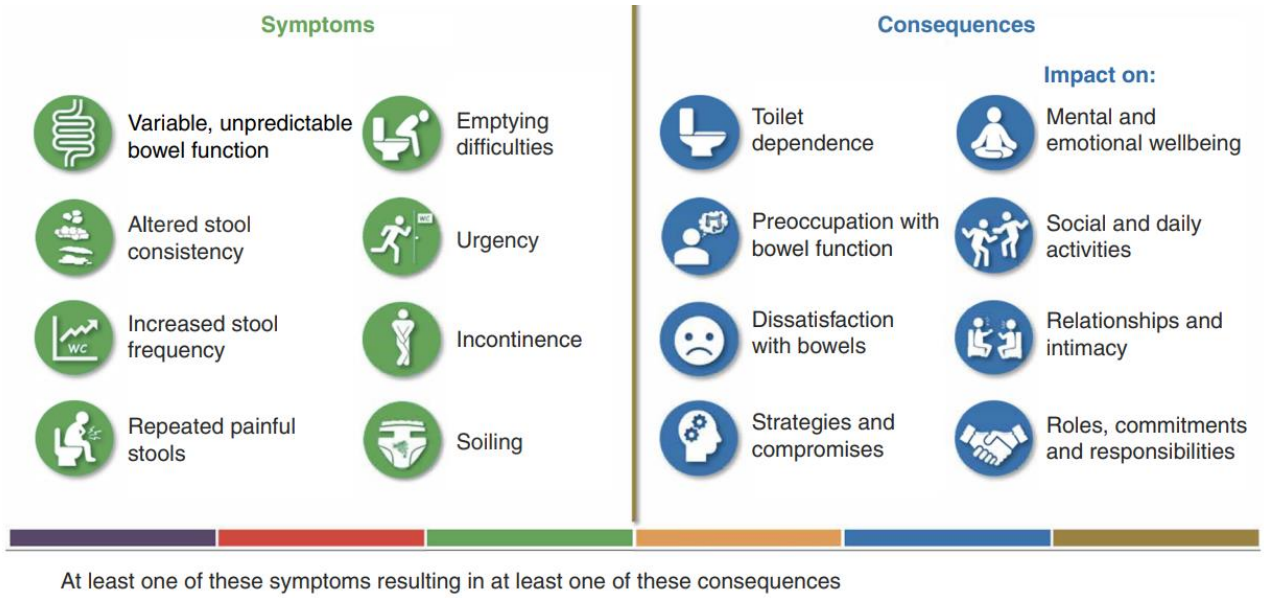
Rectal cancer treatment can affect people in different ways. Most commonly changes occur in bowel function but also in urinary and sexual function. Changes in bowel function are collectively termed low anterior resection syndrome (LARS).

LARS

This booklet focusses on bowel dysfunction following rectal cancer treatment. Bowel changes after sphincter-preserving rectal cancer surgery (such as an anterior resection, total mesorectal excision or intersphincteric resection of the rectum) are common, occurring in up to 80% of people. Furthermore, severe bowel symptoms (major LARS) occur in about 40% of patients. The two main risk factors are when people have a low rectal tumour and need radiotherapy as well as a low anterior resection with a total mesorectal excision (TME). There are eight main symptoms and eight consequences of these symptoms determined in an international consensus (Figure 1).

Most patients want information about the chances of potential bowel symptoms. Patients want to have a likely timeframe for symptom improvement. Most improvement occurs in the first three months. There is much slower improvement after that for about two years. Minimal improvement will occur after two years. To hasten improvement there are interventions that can be tried such as dietary changes, medication, exercises and lifestyle changes. A referral to a specialist might be needed if symptoms are still unacceptable at three months.

Figure 1 – Low anterior resection syndrome (Keane *et al.* 2020)



Pre-stoma reversal checklist

This checklist is an aid memoire to discuss topics that people report that they would like to know about before symptoms develop (pre surgery).

☐ Anatomy and physiology and any changes due to cancer treatment
☐ Recovery times from cancer treatment
☐ Symptoms that might be encountered
☐ Potential interventions for bowel symptoms
☐ Answer any questions
☐ Provide the patient information booklet
☐ Provide contact details in case problems occur

Quick facts (bowel symptoms)

Once symptoms occur it is important to revisit information about bowel problems, as information can be forgotten or priorities may change. Ask about problems rather than wait for patients to volunteer information; they are often too embarrassed to start the conversation.

Assess symptoms and goals. You can use the LARS score and MYMOP2 form (attached). Provide realistic hope and set expectations appropriately.

Interventions often take time to work. Unless symptoms worsen, interventions should be tried for a minimum of two weeks to check efficacy. Any intervention not effective after 3 months should be discontinued. Often more than one intervention is needed concurrently but start at different times to help to determine which interventions are useful.

Patients want to be signposted to also find their own information such as from the Macmillan website. Peer support can be useful, if there is nothing locally consider signposting to online LARS

or Facebook groups. It is important to give information about symptom management in conjunction with the booklet.

Symptom discussion checklist reminder

☐ Ask about any bowel symptoms (and other concerns)
☐ Use the LARS score to determine severity (attached)
☐ Ask about goals (use attached MYMOP2 form)
☐ Check understanding of LARS (reiterate as necessary)
☐ Discuss possible recovery timeframe
☐ Give hope of improvement
☐ Explore interventions – lifestyle changes, pelvic floor exercises, diet and/or medication
☐ Add interventions one at a time to current plan (if symptoms are unresolved)
☐ Give 'Bowel symptoms after rectal cancer treatment' booklet – if not previously given or lost
☐ Explain who to contact with queries, giving contact details

Further reading

Christensen P., Baeten C.I.M., Espín-Basany E., Martellucci J., Nugent K.P, Zerbib F, Pellino G., Rosen H. (2021) Management guidelines for Low Anterior Resection Syndrome – the MANUEL project. *Colorectal disease*. https://doi:10.1111/CODI.15517.

Useful resources attached below:

Patient assessment tools

- The LARS score
- MYMOP2 (goal setting)

Intervention guidance

- Early interventions for bowel symptoms after rectal cancer treatment
- LARS management algorithm quick reference chart

Patient information sheets

- Tips to prevent soreness
- Pelvic floor exercises
- Toileting advice (positioning)
- Toileting advice (delay / deferring techniques)
- Diet and low anterior resection syndrome

The LARS score

The aim of this questionnaire is to assess your bowel function. Please tick only one box for each question. It may be difficult to select only one answer, as we know that for some patient's symptoms vary from day to day. We would kindly ask you to choose one answer which best describes your daily life. If you have recently had an infection affecting your bowel function, please do not take this into account and focus on answering questions to reflect your usual daily bowel function.

Q.1: Do you ever have occasions when you cannot control your flatus (wind)?

☐ a) No, never

☐ b) Yes, less than once per week

☐ c) Yes, at least once per week

Q.2: Do you ever have any accidental leakage of liquid stool?

☐ a) No, never

☐ b) Yes, less than once per week

☐ c) Yes, at least once per week

Q.3: How often do you open your bowels?

☐ a) More than 7 times per day (24 hours)

☐ b) 4-7 times per day (24 hours)

☐ c) 1-3 times per day (24 hours)

☐ d) Less than once per day (24 hours)

Q.4: Do you ever have to open your bowels again within one hour of the last bowel opening?

☐ a) No, never

☐ b) Yes, less than once per week

☐ c) Yes, at least once per week

Q.5: Do you ever have such a strong urge to open your bowels that you have to rush to the toilet?

☐ a) No, never

☐ b) Yes, less than once per week

☐ c) Yes, at least once per week

Scoring for LARS score

Q1 a=0, b=4, c=7
Q2 a=0, b=3, c=3
Q3 a=4, b=2, c=0, d=5
Q4 a=0, b=9, c=11
Q5 a=0, b=11, c=16
0-22=no LARS, 21-29=minor LARS, 30-42=major LARS

MYMOP2 - Measure Yourself Medical Outcome Profile

Choose one or two symptoms (physical or mental) which bother you the most. Write them on the lines. Now consider how bad each symptom is, over the last week, and score it by circling your chosen number (Just one number please)

SYMPTOM 1: .....

0 1 2 3 4 5 6

As good as it be — as bad as it could be

SYMPTOM 2: .....

0 1 2 3 4 5 6

As good as it be — as bad as it could be

Now choose one activity (physical, social or mental) that is important to you, and that your problem makes difficult or prevents you doing. Score how bad it has been in the last week.

ACTIVITY: .....

0 1 2 3 4 5 6

As good as it be — as bad as it could be

Lastly how would you rate your general feeling of wellbeing during the last week?

0 1 2 3 4 5 6

As good as it be — as bad as it could be

How long have you had Symptom 1, either all the time or on and off? Please circle:

0 - 4 weeks 4 - 12 weeks 3 months - 1 year 1 - 5 years over 5 years

Are you taking any medication FOR THIS PROBLEM?

Please circle: YES/NO

<u>IF YES:</u>

1. Please write in name of medication, and how much a day/week

.....

.....

2. Is cutting down this medication: Please circle:

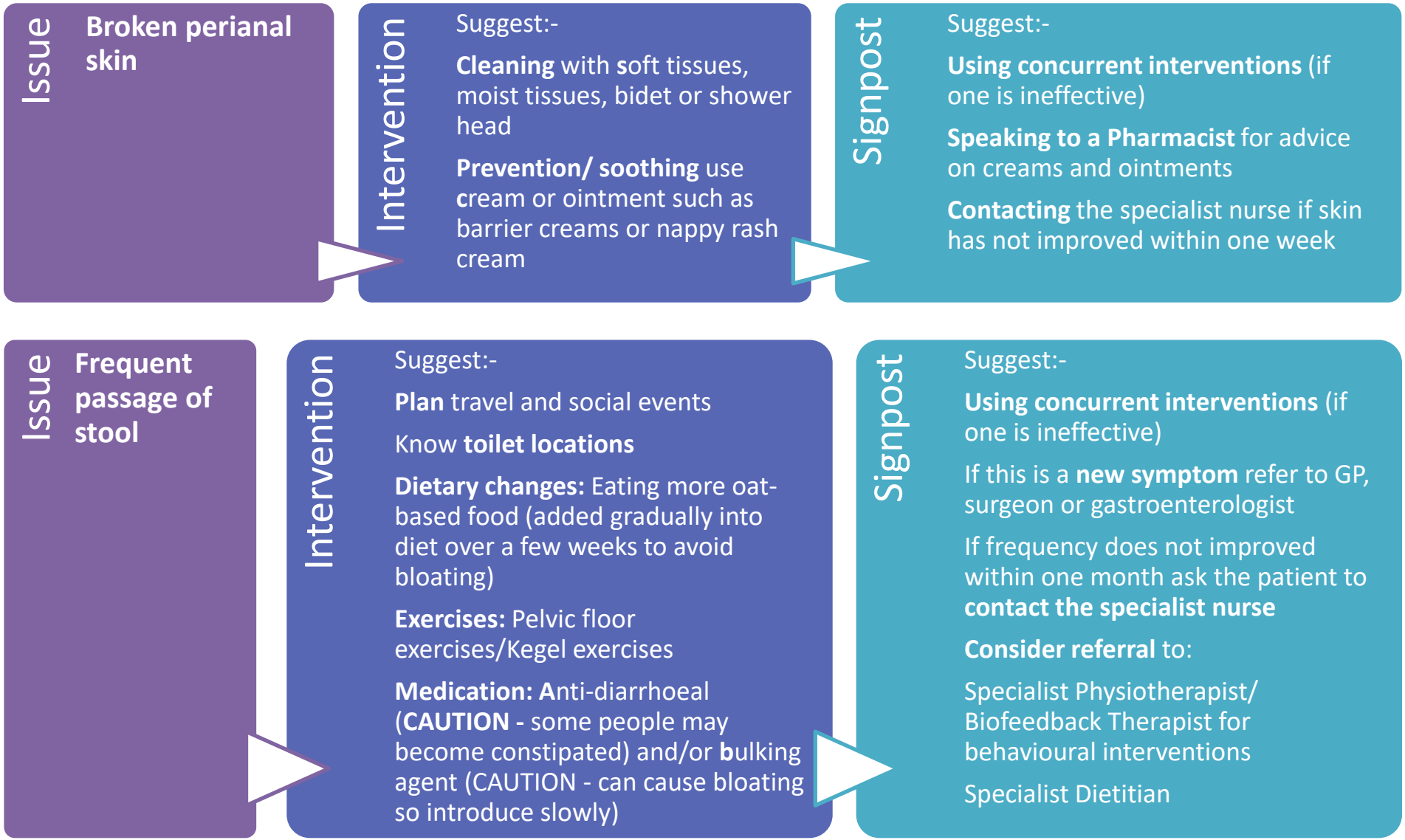
Not important a bit important very important not applicable

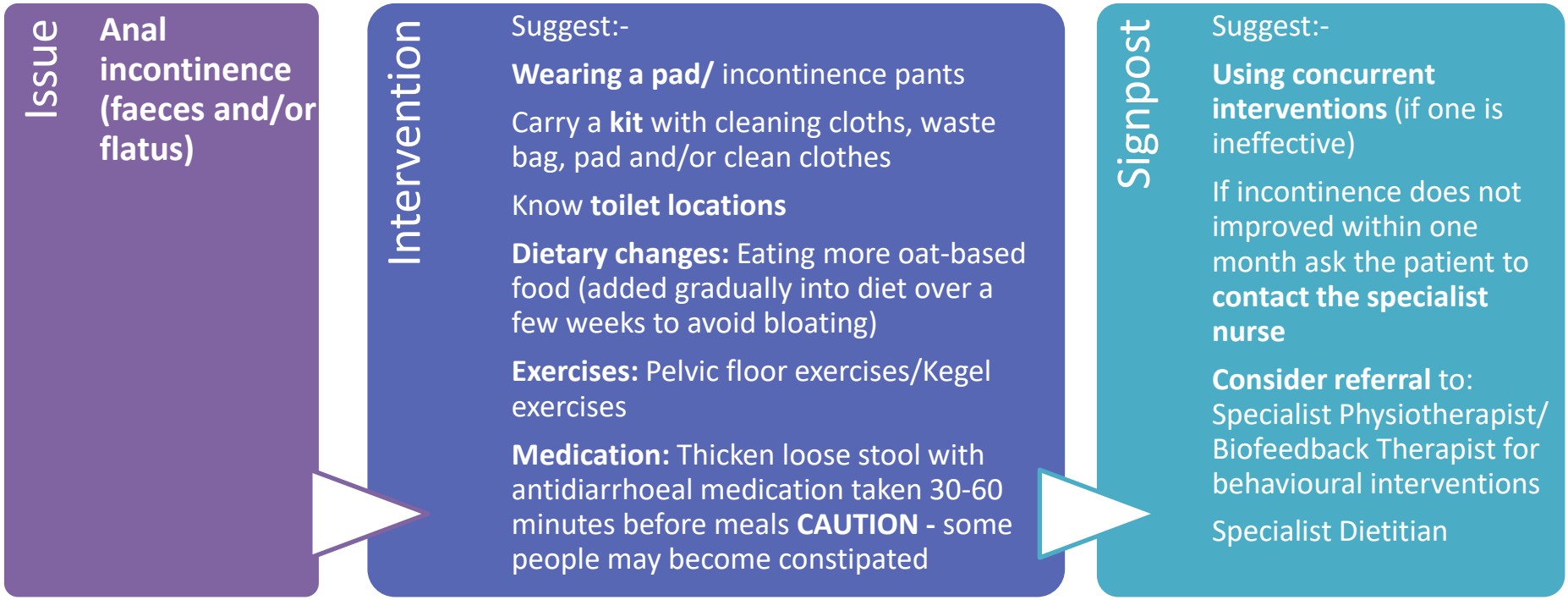
<u>IF NO:</u>

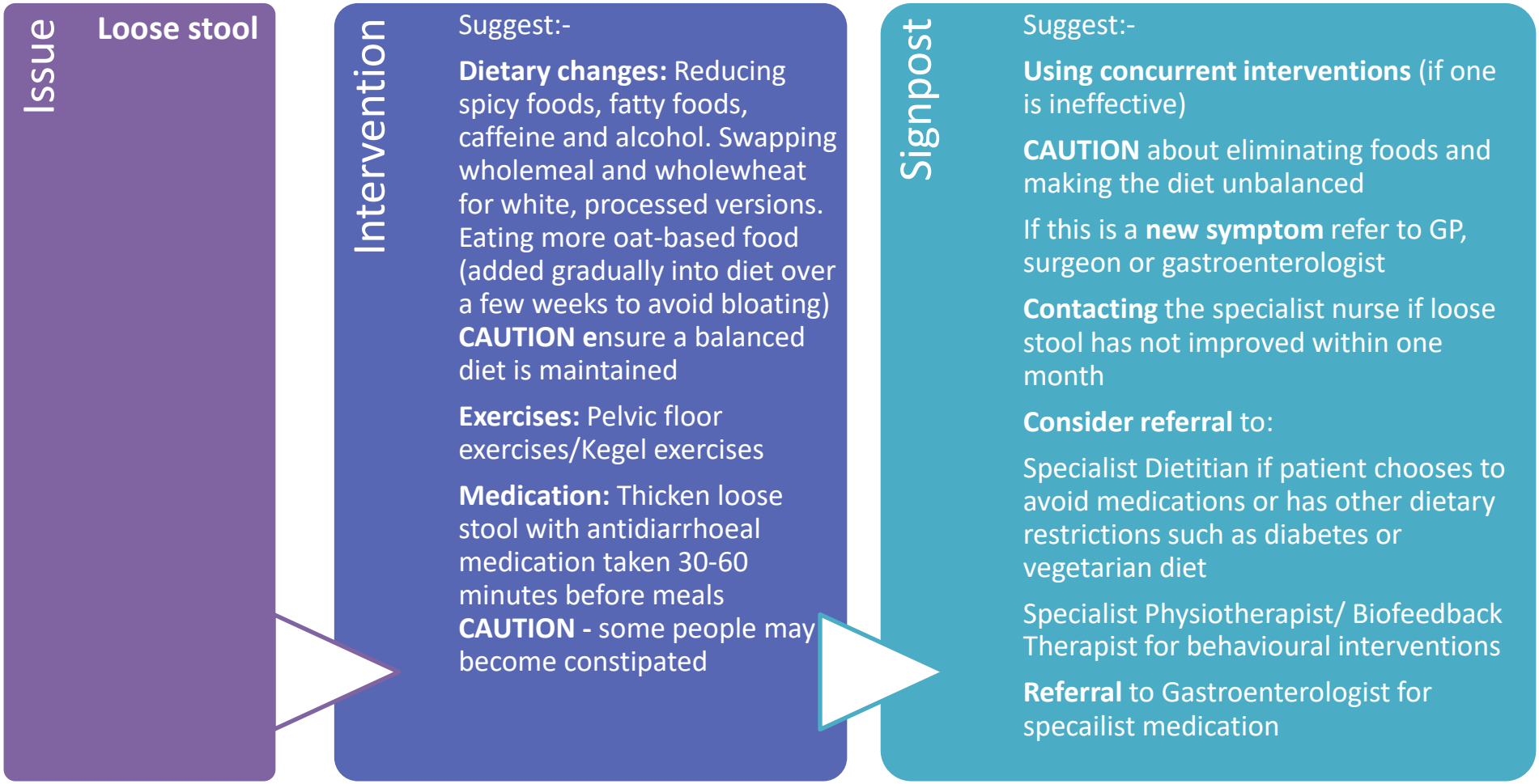
Is avoiding medication for this problem:

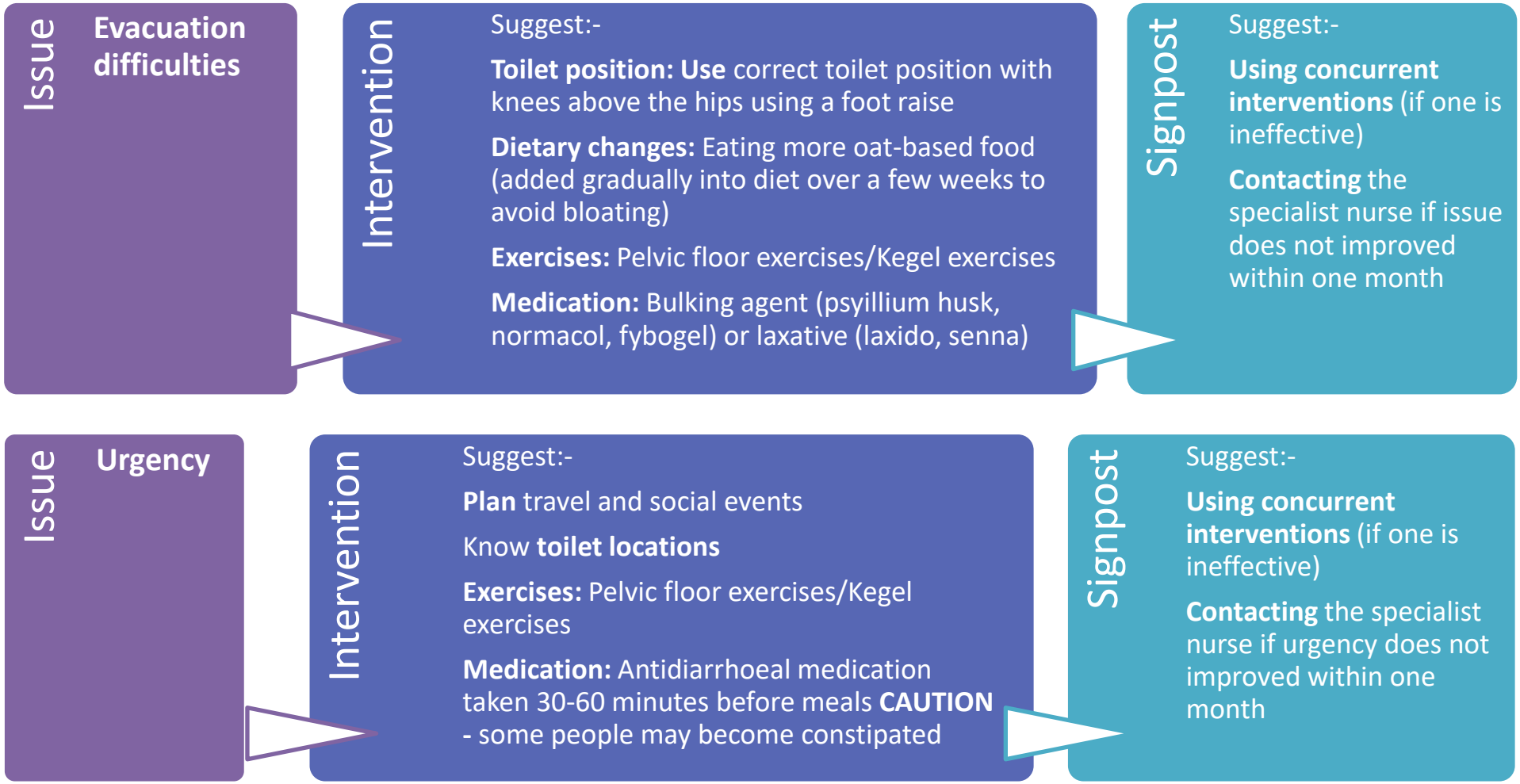
Not important a bit important very important not applicable

Early interventions for bowel symptoms after rectal cancer treatment




Issue
Anal incontinence (faeces and/or flatus)
Intervention
Suggest:-
Wearing a pad/ incontinence pants
Carry a kit with cleaning cloths, waste bag, pad and/or clean clothes
Know toilet locations
Dietary changes: Eating more oat-based food (added gradually into diet over a few weeks to avoid bloating)
Exercises: Pelvic floor exercises/Kegel exercises
Medication: Thicken loose stool with antidiarrhoeal medication taken 30-60 minutes before meals CAUTION - some people may become constipated
Signpost
Suggest:-
Using concurrent interventions (if one is ineffective)
If incontinence does not improved within one month ask the patient to contact the specialist nurse
Consider referral to: Specialist Physiotherapist/ Biofeedback Therapist for behavioural interventions
Specialist Dietitian


Issue
Loose stool
Intervention
Suggest:-
Dietary changes: Reducing spicy foods, fatty foods, caffeine and alcohol. Swapping wholemeal and wholewheat for white, processed versions. Eating more oat-based food (added gradually into diet over a few weeks to avoid bloating) CAUTION ensure a balanced diet is maintained
Exercises: Pelvic floor exercises/Kegel exercises
Medication: Thicken loose stool with antidiarrhoeal medication taken 30-60 minutes before meals CAUTION - some people may become constipated
Signpost
Suggest:-
Using concurrent interventions (if one is ineffective)
CAUTION about eliminating foods and making the diet unbalanced
If this is a new symptom refer to GP, surgeon or gastroenterologist
Contacting the specialist nurse if loose stool has not improved within one month
Consider referral to:
Specialist Dietitian if patient chooses to avoid medications or has other dietary restrictions such as diabetes or vegetarian diet
Specialist Physiotherapist/ Biofeedback Therapist for behavioural interventions
Referral to Gastroenterologist for specailist medication


Issue
Evacuation difficulties
Intervention
Suggest:-
Toilet position: Use correct toilet position with knees above the hips using a foot raise
Dietary changes: Eating more oat-based food (added gradually into diet over a few weeks to avoid bloating)
Exercises: Pelvic floor exercises/Kegel exercises
Medication: Bulking agent (psyillium husk, normacol, fybogel) or laxative (laxido, senna)
Signpost
Suggest:-
Using concurrent interventions (if one is ineffective)
Contacting the specialist nurse if issue does not improved within one month
Issue
Urgency
Intervention
Suggest:-
Plan travel and social events
Know toilet locations
Exercises: Pelvic floor exercises/Kegel exercises
Medication: Antidiarrhoeal medication taken 30-60 minutes before meals CAUTION - some people may become constipated
Signpost
Suggest:-
Using concurrent interventions (if one is ineffective)
Contacting the specialist nurse if urgency does not improved within one month

LARS management algorithm quick reference chart

Variable function	• Intervention - consider diet and/or antidiarrhoeals • Consider referral - biofeedback, trananal irrigation or sacral neuromodulation
Evacuation difficulties	• Intervention - consider diet, toileting advice, pelvic floor exercises, laxative, antidiarrhoeals, suppository, enema and/or bulking agent • Consider referral - biofeedback, trananal irrigation or sacral neuromodulation
Stool consistency	• Intervention - consider diet, laxatives, antidiarrhoeals and/or bulking agents • Consider referral - Specialist Dietitian
Urgency	• Intervention - consider diet, pelvic floor exercises, antidiarrhoeals, planning travel and/or know toilet location • Consider referral - biofeedback, trananal irrigation, percutaneous tibial nerve stimulation or sacral neuromodulation
Increased frequency (if new symptom refer to surgeon)	• Intervention - consider diet, toileting advice, pelvic floor exercises, antidiarrhoeals, enema, bulking agents, plan travel and/or know toilet location • Consider referral - Specialist Dietitian, biofeedback, percutaneous tibial nerve stimulation, trananal irrigation or sacral neuromodulation
Incontinence	• Intervention - consider diet, pelvic floor exercises, antidiarrhoeals, wear a pad and/or know toilet locations • Consider referral - Specialist Dietitian, biofeedback, trananal irrigation, percutaneous tibial nerve stimulation, anal plug or sacral neuromodulation
Painful stools	• Intervention - consider simple analgesia • Consider referral - trananal irrigation or Specialist Gastroenterologist
Soiling	• Intervention - consider pelvic floor exercises and/or pads • Consider referral - anal plug or sacral neuromodulation

Consider using concurrent interventions if one is not effective enough. Antidiarrhoeal medication may work best if taken 30-60 minutes before meals. Consider other treatments if not adequate effect after about a month.

Tips to prevent soreness

With careful personal hygiene it is often possible to prevent soreness near your anus (bottom), even if you do have incontinence.

- Always use soft toilet paper GENTLY, or ideally moist toilet paper (available from larger pharmacies and some supermarkets). Discard each piece of paper after one wipe.
- Whenever possible, wash after you have been incontinent. A bidet is ideal (portable versions are available). Alternatively, with your bottom positioned over the edge of the bath, you may be able to use a shower attachment to spray yourself clean. Or use a soft disposable cloth with warm water. Avoid flannels and sponges, as they can be rough and are difficult to keep clean. Some people find that a small plant spray, watering can or jug filled with warm water makes washing easy on the toilet or over the edge of the bath or when away from home.
- Plain warm water is best. Don't be tempted to use disinfectant or antiseptics in the washing water as these can sting and many people are sensitive to the chemical in them.
- Choose a simple, non-scented soap (such as baby soap). Many baby wipes contain alcohol and are best avoided. AVOID using products on your bottom with a strong perfume such as scented soap, talcum powder or deodorants.
- When drying the area BE VERY GENTLE. Pat your skin gently with soft toilet paper or a soft towel. Do not rub. Treat the whole area as you would a new-born baby's skin. If you are very sore, a hairdryer on a low (cool) setting may be the most comfortable (use carefully).
- Wear cotton underwear (it is better than man-made). Avoid tight jeans and other clothes that might rub the area. Women are usually best to avoid tights and to use stocking or crotchless tights instead. Use non-biological washing powder for underwear and towels.
- Avoid using any creams or lotions on the area, unless advised to do so. A few people who are prone to sore skin do find that regular use of a cream helps to prevent this. If you do use a barrier cream, choose a simple one (such as zinc and castor oil – unless you are having radiotherapy), use just a small amount and gently rub it in. Large amounts can make the area sweaty and uncomfortable. Make sure that the old layer of cream is washed off before applying more. If you are allergic to lanolin, avoid creams containing this. Some people find a nappy rash cream can soothe broken skin.

- If you need to wear a pad because of incontinence, try to make sure that no plastic touches your skin and that you use a pad with a soft surface.
- If possible, unless you have been advised not to for other reasons, eat a healthy, balanced diet, drink well (1.5-2 litres per day) and take as much exercise as you can (20 minutes most days).
- Some people find that certain food or drink makes them more prone to soreness, especially citrus fruit such as oranges. These can be avoided if needed (be careful not to avoid too many foods without speaking to your Doctor, Nurse or Dietitian).

NOTE: Women are advised to always wipe front to back (AWAY from the bladder and vaginal opening) as bacteria from the bowel can infect the bladder and vagina if you wipe the other way.

Try not to scratch the area, as this will make things worse.

Used with permission from Professor Christine Norton, Brigitte Collins, Lesley Dibley and Julie Duncan

Pelvic floor exercises

Sit comfortably with your knees slightly apart. Now imagine that you are trying to stop yourself passing wind from the bowel. To do this you must squeeze the muscle around your back passage. Try squeezing and lifting that muscle as tightly as you can, as if you are really worried that you are about to leak. You should be able to feel the muscle move. Your buttocks, abdomen and legs should not move much. You should be aware of the skin around the back passage tightening and being pulled up and away from your chair. Really try to feel this. You are now exercising your anal sphincter muscles. You should not need to hold your breath when you tighten the muscles.

When you squeeze as tightly as you can, you cannot hold it there for very long. It will not get you safely to the toilet as the anal sphincter muscle will get tired very quickly. So now squeeze more gently (try to imagine squeezing half way to the maximum). Feel how much longer you can hold it than at maximum squeeze.

Sometimes you may need to activate the muscles very quickly (for example if you are going to pass wind). To help with this do some “fast-twitch” exercises – squeeze and relax as quickly as you can.

Practising your pelvic floor exercises

1. Sit, stand or lie with your knees slightly apart. Slowly tighten and pull up your anal muscles as tightly as you can. Hold tightened for at least 5 seconds, then relax for at least 10 seconds.
   (Repeat at least 5 times. This will work on the strength of your muscles).
2. Next, pull your muscles up for about half of their maximum squeeze. See how long you can hold this for. Then relax for at least 10 seconds.
   (Repeat at least 5 times. This will work on the endurance or staying power of your muscles).
3. Pull up the muscles as quickly and tightly as you can and then relax and then pull up again. See how many times you can do this before you get tired.
   (Try for at least 5 quick pull-ups).
4. Do these exercises – 5 as hard as you can, 5 as long as you can and as many quick pull-ups as you can – at least 3 times a day.

5. As your muscles get stronger, you will find that you can hold for longer than 5 seconds, and that you can do more pull-ups each time without the muscle getting tired.
6. It takes time for exercises to make muscles stronger. You may need to exercises regularly for several months before the muscles gain their full strength.

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Toileting advice (positioning)

It can be important to improve how you pass a bowel motion into the toilet. This improvement includes being in the correct position. This is described below:

- Sitting on the toilet, leaning forward with the forearms resting on the thighs
- Feet should be raised 20-25cm off the floor (using a stool for example)
- Shoulders should be relaxed and lowered
- Breathing should be slow, regular and gentle. NOTE: the breath should not be held as this encourages straining
- Abdominal muscles should be braced. This is best undertaken by putting the hands on the waist and expanding the waist to feel the hands being pushed out sideways
- The anus should be relaxed, to enable the stool to pass
- Only push down from above once the anus is relaxed
- Relax a little for one second (maintain pressure but without pushing)
- Then brace as before and push down again
- Repeat as needed

It is important not to strain or spend too long in the toilet but to try again the next day.

Toileting advice (delay / deferring techniques)

Next time your need to have your bowel open:

1. Sit on the toilet and hold on for 1 minute before opening your bowels. Once you can do this, gradually increase this to 5 minutes. Don't worry if you're not able to do this at the first few attempts – just keep practising.
2. When you have mastered this, repeat the above but hold on for 10 minutes before opening your bowels. It may be helpful to take something to read with you. This stage is harder but remember you're on the toilet and therefore "safe".
3. Once you can delay opening your bowels for 10 minutes whilst sitting on the toilet, you can begin to move away from it. The next stage, when you want to open your bowels, is to site near the toilet either on the edge of the bath or on a chair inside or just outside the toilet area. Now hold on for 5 minutes. Once you can do this, repeat the exercise increasing to 10 minutes.
4. When you can delay opening your bowels for 10 minutes whilst off the toilet you should now gradually move further away. Maybe sitting on the bed in your bedroom. As your muscles are now becoming stronger you should be able to hold on for 10 minutes and as you feel more confident, increase the distance between you and the toilet.

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Loperamide (Imodium)

It may be useful for you to use loperamide and anti-diarrhoeal. Loperamide can help firm up your poo. Loperamide works by slowing down the passage of food and waste through your gut so more water can be absorbed. This helps produce thicker and firmer poo.

Start with the suggested dose which might by 2mg once or twice a day. Sometimes it can take a while to work out the best dose for you, without making you constipated. It is usually best to start on a low dose like 2mg to see how that works for you. If it is not enough, give it about three days to see how your body responds. If you have problems, please contact the team that prescribed loperamide for you.

If 2mg is too much for you there are also orodispersible tables (dissolve in water). These can be dissolved in water and taken in smaller doses.

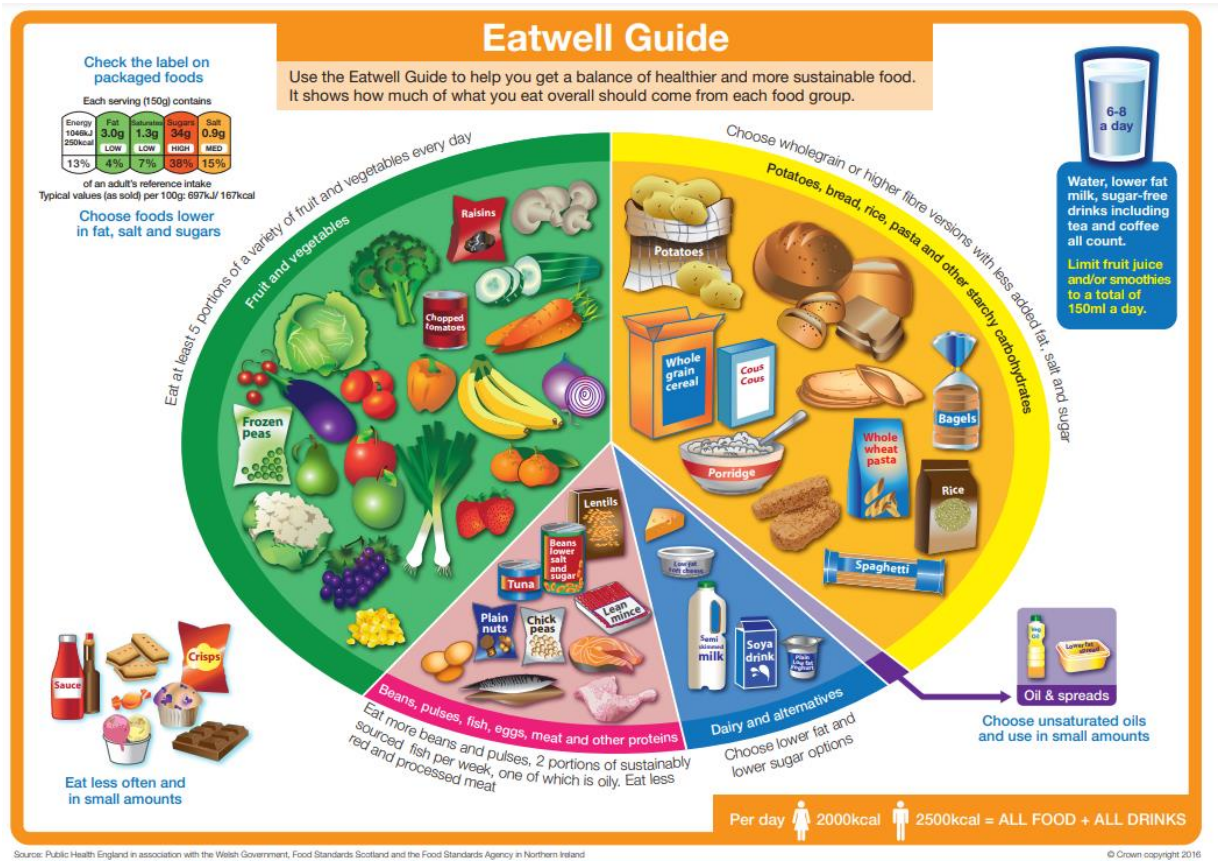
It is best to take loperamide about 30-60 minutes before a meal. This will help to slow down your gut before you eat. Most people find their bowel is most active in the morning, so loperamide will help if taken before breakfast. You can take loperamide four times a day and this should be before meals and last thing at night. Taking a dose last thing at night can help with early morning poo.

Loperamide is a safe drug and it is not addictive. It can be taken in doses of up to 8 capsules (16 milligrams) per day over long periods of time. Do not exceed this dose without medical advice.

Diet and low anterior resection syndrome

It can be difficult to know what to eat when you have had rectal surgery, especially if you have bowel symptoms such as loose poo. The bowel symptoms that can occur after rectal cancer treatment are commonly termed LARS (low anterior resection syndrome). This booklet provides a brief explanation about diet, that may help with your bowel symptoms (LARS).

A healthy diet traditionally consists of a balance of food. Your diet should include about a third of your food being starchy foods (such as bread and potatoes) as well as proteins (such as meat, pulses and beans), dairy or dairy alternatives (such as milk, cheese and yoghurt), fibre (such as wholemeal, wholewheat and skins on fruit and vegetables) and vitamins and mineral (from fruit and vegetables). You should also aim to drink 1500-2000ml (3-4 pints) of non-alcoholic fluid each day.



Source: Public Health England in association with the Welsh government, Food Standards Scotland and the Food Standards Agency in Northern Ireland.

No two people are the same before cancer or after, so no single diet works for everyone. However, this leaflet contains information that people have said works for their LARS. When eating there are different foods that are liked and chosen as well as different reactions to foods.

People after rectal cancer surgery report that they can eat most foods. Some people find that certain foods can cause bowel problems. Foods and drinks that might cause problems include:

- Spicy foods
- Rich, oily foods or foods which are high in fat
- Alcoholic drinks
- Caffeine containing drinks

You might find you have to have these in moderation.

Specific foods that have been reported to be a problem are some fruit and vegetables such as garlic, onions and watermelon. If you think that a food upsets you, try it again in a smaller portion, this might help you to be able to tolerate it better. Chewing your food well can help with digestion.

In general, in people with LARS, foods such as raw fruit and raw vegetables are less well tolerated than well-cooked fruit and vegetables. Root vegetables, that grow in the ground like potatoes and carrots are often better tolerated than green, leafy vegetables such as cabbage. Bananas are usually well tolerated.

It is important to remember that our bodies can adapt over time. This means that dietary choices in the first few weeks might be different compared to a few months later. If certain foods seem to cause you problems, do not eat them for a few weeks and then try a small, well chewed portion.

Three points to consider trying that might help your bowel function:

- Chew your food well
- Eat rich, fatty foods and spicy foods with caution
- Drink alcohol and caffeinated drinks with caution

There are two common problems that you might encounter after your operation. You may have loose poo or you may have difficulty going for a poo. A few changes to your diet may help.

If your poo is loose, you could try:

- Eating less fibre (see below)
- Cutting down on rich or fatty foods including chips, fast foods, pies, batter, cheese, pizza, creamy sauces, snacks such as crisps, chocolate, cake and biscuits, spreads and cooking oils, and fatty meats such as burgers and sausages. Small amounts of fat are essential and help vitamin absorption (vitamin A, D, E)
- Drinking less caffeine such as tea, coffee, cola and energy drinks. Caffeine-free drink versions may be better tolerated
- Reducing your intake of alcohol and avoid binge drinking. Have 2 alcohol free days a week. Consider swapping a pint of beer for a smaller volume drink such as wine or spirits

Ways to limit your fibre intake:

- Use white-based cereal products, for example white bread, white rice, white pasta, Cornflakes or Rice Krispies.
- Choose small portions of fruit and vegetables and remove skins, stalks, seed and pips
- Avoid nuts and dried fruit
- Limit your intake of pulses (beans, chickpeas or lentils) unless you are vegetarian when you should include one portion a day for protein

If you find it difficult to have a poo you could add more fibre to your diet, you could try:

- Adding oat-based foods into your diet such as porridge, Ready Brek, Oat Flakes, Oatibix, Overnight Oats
- Ensuring you are drinking 1.5-2 litres each day
- Keeping mobile and active. Any form of exercise such as walking, swimming, Pilates, yoga can help in managing constipation

To enable you to eat a wider range of foods you might need to take medication such as loperamide (Imodium) to help to thicken loose stool, but speak to your doctor or nurse before taking new medication. If you choose not to take medication you may need to make more changes to your diet. For example, if you are out of the house and you may not know where the toilets will be, you may choose to eat a low fibre, bland diet without spices the day before.

There is limited evidence about probiotics and prebiotics in people with low anterior resection syndrome. Probiotics are bacteria to improve your gut bacteria and prebiotics are food types that the gut bacteria like. Probiotics are unlikely to cause side-effects and if you wish to try them follow the manufacturer's instructions and monitor your symptoms. Caution is needed if you are immunosuppressed (i.e., you must not be currently on chemotherapy or steroids). However, probiotics and prebiotics are expensive and may not improve your symptoms.

When to see a Specialist Dietitian:

- If you are struggling to maintain a healthy weight
- If you have other dietary based conditions such as diabetes, food allergies/intolerances or you choose a vegan diet
- If you find you have a lot of triggers foods. Trigger foods are foods that you think cause your bowel problems (as it is important to make sure that you maintain a healthy diet)
- If you have tried the information in this booklet for between one and three months, but it is not helping and you would like to try changing your diet with help from a Dietitian

In summary, you should try and eat a balance of different foods. It is possible that you are not able to tolerate certain foods in the way you did before surgery. This might be a temporary intolerance as your body adjusts. If you are unable to tolerate too many foods from one food group you should ask your General Practitioner (GP), Specialist Nurse or Colorectal Surgeon to refer you to a Dietitian. It is important not to exclude too many foods from your diet.

Useful websites

NHS website: https://www.nhs.uk/live-well/eat-well/

Pelvic Radiation Disease Association website. Available at: https://www.prda.org.uk/wp-content/uploads/2023/02/Diet-nutrition-and-PRD.pdf