

FAIRFAX COLON & RECTAL SURGERY

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COLORECTAL/ANORECTAL SURGERY, COLONOSCOPY, ANORECTAL PHYSIOLOGY

Bowel Management After Colorectal Surgery

Following colorectal surgery it is common to have a change in bowel function due to the change in the anatomical structure of the colon and rectum. Most patients who have had a portion of their colon removed have little or no long term change in their bowel habit. Bowel changes are more common and problematic in patients who have had a portion of their rectum (the most down-stream portion of the large intestine) removed. The good news is that in the vast majority of patients these changes are temporary and able to be improved with dietary changes, fiber and medications.

The alterations in bowel habit are as varied as the patients themselves. The common complaints are too frequent stools, changes in the consistency of the stool, and urgency to get to the bathroom. Many patients complain of erratic bowel habit during which they have one or no bowel movement in a day followed by a day with several movements. Occasionally some patients experience episodes of incontinence. Many patients experience clustering of their bowel movements, that is, they have several calls to stool in a row over a two or three hour period and then no movements the rest of the day.

Improving the bowel habit takes a willingness to stick to the prescribed recommendations, seeking guidance from your surgeon and his/her medical assistant and some time to allow the bowel to adjust to the new anatomy. Most of the bowel problems will improve if the stool is kept firmer. A firmer, formed stool can be sensed in the lower rectum better (decreasing urgency), kept from leaking out easier and eliminated more completely. Therefore the goal of treatment is to improve stool consistency and decrease the number of bowel movements to three or less a day.

Medicinal Fiber

If you are having frequent or loose stools the first goal is to bulk up the stool and slow down the transit time through the gastrointestinal (GI) tract. The first step is introducing psyllium, a medicinal fiber sold under the brand name Metamucil. Most people take fiber for constipation and take it with a large volume of water to soften the stool and generate a bowel movement. To have the reverse affect it is important for patients post bowel resection to take their fiber supplement with little or no additional water. To do this start the process by taking one teaspoon of Metamucil and mix it into a food substance. Ideal foods are oatmeal, yogurt, pudding, a mashed banana, applesauce, peanut butter, or mashed potatoes. Take this as part of your morning and evening meal. Drink little fluid with your meal and no extra fluid for one hour after the meal. This allows the fiber to act as a sponge in the GI tract, soaking up excess fluid in the digestive system and thus slowing down the system. Continue for 3 to 5 consecutive days at the

same dose. If the stools are still too loose or frequent, increase the dose by one teaspoon every three to five days until the desired affect is reached or the dose is at one tablespoon (three teaspoons) twice a day.

Medication

Early in the postoperative period, prior to the fiber and dietary changes having their full effect it may be necessary to use anti-diarrheal medications such as Imodium or lomotil to decrease the number of bowel movements. The use of these medications should be discussed with your doctor before instituting their use. At times it is necessary for the patient to take up to eight of these tablets a day but more often one or two tablets a day will make life bearable until the other remedies kick in.

Dietary Changes

Changes in diet can help bulk up the stool and train the bowel to empty at a predicable time each day. Eating a large meal or drinking a hot liquid will cause a normal peristaltic push down the GI tract. When frequent bowel movements occur, drink less fluid with your meals, drink more fluids between meals and avoid hot beverages. Increasing the amount of starches and constipating foods in your diet will help thicken stool and slow bowel actions. These foods include:

Pasta	Crackers	Bananas
Rice	Bread	Applesauce
Potatoes	Cheese	Peanut Butter

To start the bowel training process pick a meal around which you'll train your bowel to empty. Bowel training is done around a meal to take advantage of the fact that a large meal causes a normal push down the GI tract. Choose a time when you can consistently follow the program. Then,

- Before that meal drink 1 oz of prune juice
- Eat the big meal
- Drink a hot liquid. If this does not produce results you may try a glycerin suppository after the hot liquid
- Do this for three straight days. If you don't empty as planned, substitute ½ a bisocodyl suppository for the glycerin suppository.
- If this is effective, stay with the program for 2 weeks then stop using the suppositories.

By this time, the stimulus for the bowel to empty will be the prune juice, the big meal and the hot liquid.

Adjusting the Bowel Management Program

As the bowel accommodates to the absence of the segment which was removed, further improvements in the bowel habit can be expected and over time the amount of fiber and medications used can be reduced and the changes in diet eliminated. In the long term the vast majority of patients return to a normal, unrestricted diet without the need for

medications. Do not be afraid to continue to adjust your program on your own as you learn what works for you. Keep a positive attitude – things do get better.