



Your guide to coping with bowel obstruction

A guide for patients and their carers



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Christie website

For more information about The Christie and our services, please visit **www.christie.nhs.uk** or visit the cancer information centre at Withington, Oldham or Salford.

What is this guide about?

This guide is designed to help your understanding of bowel obstruction. It explains what bowel obstruction is, how it can affect you and what can be done to help you manage your symptoms.

Bowel obstruction in cancer – the facts

What is bowel obstruction?

Bowel obstruction is a condition in which the bowel stops working properly. There are two types of obstruction – mechanical and functional obstruction.

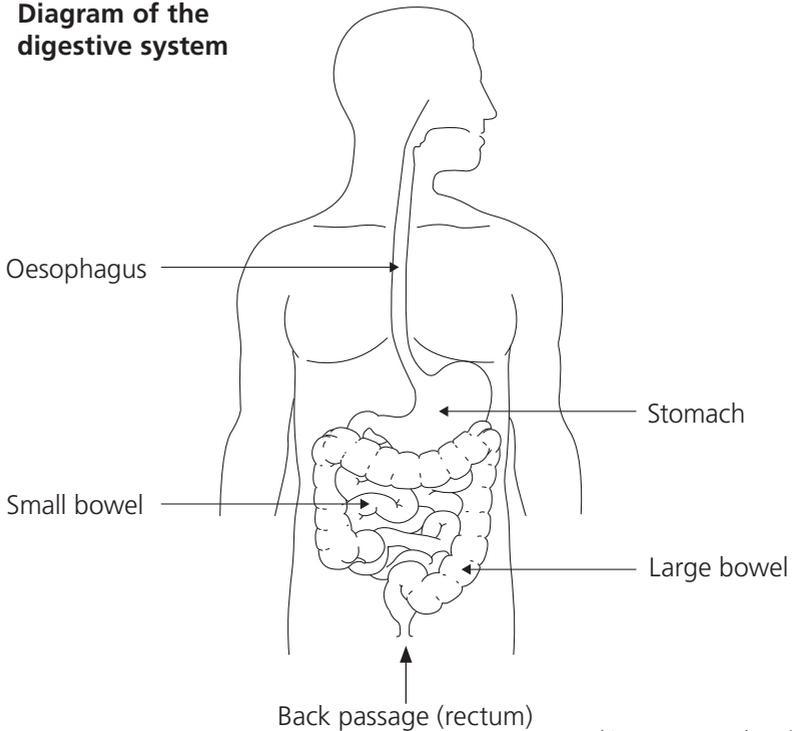
Mechanical obstruction

Normally, food and drink passes down from the stomach into the intestine which is a tube through which food is processed. If this tube is narrowed by a cancerous tumour (lump) for example, food content will not pass smoothly and may cause symptoms. Any blockage or narrowing of the intestine is called 'mechanical obstruction'.

Functional obstruction

Sometimes, bowel obstruction is caused by damage to nerves or muscles which would normally help the intestines move food down. This is called 'functional obstruction', and will cause symptoms similar to those in 'mechanical obstruction'. Mechanical and functional obstruction can happen at the same time.

Diagram of the digestive system



(Cancer Research UK)

What types of cancer can cause bowel obstruction?

Bowel obstruction is most common in ovarian and colorectal cancer, but it can occur in other cancers too, such as lymphoma, gastric cancer or cancer of the uterus. Occasionally, some cancer treatments can cause bowel obstruction such as following pelvic radiotherapy. There are other causes of bowel obstruction which are not related to cancer including bowel adhesions after bowel surgery, severe constipation or hernias.

In certain types of cancer, such as ovarian cancer, fluid known as 'ascites' can develop around the outside of the stomach and intestines. This can squash the intestines and cause mechanical obstruction. Often the fluid can be easily removed by your doctor. This procedure is called paracentesis.

What symptoms may I experience if I have bowel obstruction?

Symptoms that may indicate that the bowel is obstructed include:

- cramping tummy pain/discomfort that comes and goes in waves (colic)
- feeling sick and sometimes vomiting
- feeling bloated or a feeling of fullness
- heartburn (acid reflux)
- constipation (not passing wind or a bowel motion)
- noisy gurgling sounds from the abdomen

If you have been previously fit and well and are experiencing any of these symptoms over a few days, please let your GP or your doctor at The Christie know.

What is the difference between constipation and bowel obstruction?

With constipation, you can usually still pass a stool and gas but with difficulty and it might be uncomfortable. However, in bowel obstruction, you may not be able to do either. It can be difficult for you to work out whether your symptoms are related to constipation or bowel obstruction. Sometimes your doctor will ask for a CT scan to help tell the difference. The section overleaf explains this in a little more detail.

Constipation

A common symptom of bowel obstruction is constipation, where the bowel slows down or even stops working. Alongside your anti-cancer treatment or other measures used to treat bowel obstruction, laxatives, enemas and suppositories can be considered. These are explained on pages 5 and 6.

Diagnosis

How is bowel obstruction diagnosed?

Your doctor will need to examine you and ask you several questions about your symptoms and digestive problems before deciding whether or not you have bowel obstruction. Your doctor or nurse will then arrange some blood tests and investigations.

Will I need an X-ray or CT scan?

You may need an X-ray of your abdomen or a CT scan to find out exactly what the problem is and what is causing your symptoms. A CT scan can help your doctors decide on the best treatment to manage the obstruction.

Treatments

Can my bowel obstruction be cured?

That depends on the cause of your bowel obstruction and the type of cancer you have. If this is something you would like to discuss further, your Christie doctor will be able to talk this through with you at your next appointment.

What treatments are available for bowel obstruction?

If bowel obstruction is caused by cancer, your hospital's treating team will advise you on the best available options to help you. This may include bowel rest, laxatives, fluid draining and anti-cancer therapies (chemotherapy, surgery or less commonly radiotherapy).

Laxatives in bowel obstruction

You should consult your doctor before starting laxatives. They may be helpful in keeping the bowel moving in bowel obstruction.

Sometimes you will be prescribed gentle laxatives (for example lactulose or sodium docusate). These help to soften the stool. In other situations, your doctor may advise you to take stronger laxatives, such as laxido, macrogol (Movicol) or co-danthramer. These stimulate the bowel and make the muscles within the bowel wall work harder. Laxatives can help to relieve the symptoms in bowel obstruction, but they will not necessarily resolve the obstruction.

Enemas and suppositories

Your doctor or nurse will advise you whether or not enemas or suppositories may be helpful. They can help to clear the bowel below the level of obstruction. Sometimes, they can help to clear the bowel completely, even where there is bowel obstruction. If you are on chemotherapy treatment or have recently had chemotherapy, you must take advice from your doctor before having an enema or suppository.

Stents

A stent is a tube which is put into your bowel to expand the bowel and keep it open. This can help digested food and drink to pass through, easing your symptoms. In some cases, if you are not well enough for an operation to unblock the bowel, having a stent put into your bowel may be an alternative to consider. However, this is not a common procedure. You can discuss this with your doctor.

Chemotherapy

Sometimes chemotherapy can be given to help to treat bowel obstruction caused by cancer. Chemotherapy is most commonly given into your vein (bloodstream) or sometimes as a tablet or capsule. The type of chemotherapy used depends on the type of cancer that you have. Your Christie doctor will discuss with you whether chemotherapy can be given to help treat bowel obstruction.

Surgery/stoma

In some cases, surgery can be used to unblock the bowel (such as adhesionolysis, bowel resection, bypass procedures, stoma formation). This might involve removing part of the cancer which is blocking the bowel and removing some of the bowel too. The surgeon will then stitch the ends of the bowel back together or, if this is not possible, they will bring one end of your bowel out through a small opening in your abdomen, and a bag will be used to collect the stool. This opening is called a stoma or a colostomy. If this is an option for you, your cancer doctor will discuss this procedure with you. The procedure will not necessarily cure your cancer, but it may relieve your bowel obstruction symptoms.

Radiotherapy

Radiotherapy involves using radiation, usually X-rays, to try and kill cancer cells. It is not commonly used to treat bowel obstruction, because the problems that cause bowel obstruction do not respond well to radiotherapy. In some cases, radiotherapy may be effective in shrinking the cancer in a particular area around the bowel. If this is a suitable option for you, your Christie doctor will discuss this with you.

Supportive care

In some patients where anti-cancer therapies are not suitable, treatment will focus more on managing the symptoms of bowel obstruction. This is known as palliative or supportive care, and can help to make you feel better. This is described in more detail in the next section.

Managing symptoms in bowel obstruction

Managing pain – how common is pain in bowel obstruction?

Some patients with bowel obstruction may experience some pain. This might be an 'tummy ache' type pain, or waves of colic (spasm) pains. There are very good treatments available to help alleviate pains caused by bowel obstruction.

What medicines are used to treat pain in bowel obstruction?

Buscopan

Hyoscine butylbromide (Buscopan) is often used to treat colic (spasm) pains. It can be given as tablets or by a syringe driver (see section on syringe drivers on page 10).

Some patients may need other painkillers to help them with pain due to bowel obstruction. For example, morphine-type painkillers can be very helpful. Your doctor will advise you on the best type of morphine painkiller to help with your pain.





Morphine

Morphine is a strong painkiller which can help to treat pain caused by bowel obstruction. Morphine is usually taken as a tablet (Zomorph or MST) twice a day, and helps prevent the pain. Many people also use morphine liquid (Oramorph) to treat pain episodes during the day or at night. Morphine can also be given as an infusion using a syringe driver.

Fentanyl patches

Fentanyl patches are morphine-based patches which can be used to treat pain caused by bowel obstruction. Each fentanyl patch lasts up to 72 hours. You can also use liquid morphine (Oramorph) alongside your fentanyl patch to treat pain episodes during the day or at night.

Will morphine-type painkillers or Buscopan make my bowel obstruction worse?

Morphine-type painkillers and hyoscine butylbromide (Buscopan) do slow down the bowel. However, current research does not show that these cause any worsening of bowel obstruction or make the cancer any worse.

In fact, treating pain with hyoscine butylbromide (Buscopan) or morphine-like drugs can make patients feel much better and can help them to carry on with their cancer treatment.

What if I am struggling to take or swallow my painkillers by mouth (orally)?

For people with bowel obstruction, taking medicines by mouth may not work very well. This might be due to feeling or being sick.

There are new pain medicines available which do not have to be taken by mouth. They can also be used at home. These medicines include fentanyl citrate (Abstral), fentanyl (Effentora) and a fentanyl nasal spray (PecFent). They are available as tablets which melt in the mouth, or as nasal sprays. You can ask your doctor about them.

Syringe drivers and fentanyl patches can also be used to prevent pain for people with bowel obstruction who cannot take their pain medicines by mouth.

Other measures to help improve the symptoms caused by bowel obstruction

Nasogastric (or Ryles/NG) tube

You may need to have a tube inserted into your stomach through your nose which is called a nasogastric tube. This helps to drain fluid from your stomach to stop you from being sick. This procedure may give your bowel time to rest and can even help to resolve the obstruction. When the NG tube is first put in, it can be a little uncomfortable for a short time, but can bring about very rapid relief from symptoms, especially if these are frequent with large amounts of vomiting.

Venting gastrostomy (or RIG tube)

A venting gastrostomy is a tube which is directly placed into the stomach through the skin. This tube drains the stomach

contents into a bag. For patients with bowel obstruction, the venting gastrostomy tube can allow them to eat and drink normally, reducing the risk of vomiting.

Syringe drivers

In some cases, medicines to help with pain or sickness will be given via a small portable syringe pump called a syringe driver. Syringe drivers are sometimes used where there might be difficulties in swallowing medication. Syringe drivers can be used in hospital or at home.



T34 syringe driver

Managing sickness – nausea and vomiting

Nausea (feeling sick) and vomiting (being sick) may happen in bowel obstruction. This is because the bowel might not be working properly in pushing food and drinks down. To prevent or treat nausea and vomiting, your doctor or nurse will prescribe you some anti-sickness medication.

There are many different types of medication to help stop nausea and vomiting caused by bowel obstruction.

Drugs that are commonly used to treat nausea and vomiting in bowel obstruction include:

- Metoclopramide
- Levomepromazine
- Octreotide
- Steroids (Dexamethasone)

Sometimes, these medicines will be given via a syringe driver.

Am I getting enough to eat and drink?

Getting enough to drink

When you have bowel obstruction your doctor may advise you to stop taking drinks for a while whilst your bowel is not working properly. This may mean having fluids through a drip. This is called an intravenous infusion. In some cases, doctors can arrange an infusion of fluids for you at home.

Getting enough to eat

If you have bowel obstruction, your doctor may advise you to stop eating for a while whilst your bowel is not working properly.

What foods can I try to eat if I am allowed to?

When you are allowed to start eating and drinking again, you may need to follow a low fibre diet. This may help to reduce the amount of gas and bulk passing through your bowel. This should help with symptoms such as bloating and tummy discomfort and may also reduce the risk of your bowel becoming obstructed again.

For further information on a low fibre diet, please see the Christie booklet 'Eating well when following a low fibre diet'. You can ask your nurse for a copy.

Total parenteral nutrition (TPN) – being fed through a drip

Your doctor will discuss with you whether or not you need to be fed through a drip with a form of liquid food called parenteral nutrition (PN), sometimes called total parenteral nutrition (TPN). This is given directly into your blood stream, usually through a central line or PICC line.

TPN allows food to be given even when the bowel is not working. It allows the gut to rest, for example, following surgery to the stomach or bowel so that it can heal. TPN can also be given in some cases where the bowel is obstructed due to the cancer; however, it is not suitable for all patients and needs careful planning and discussion. Most commonly, TPN is given to patients to support them through their chemotherapy treatment. This ensures that the patient has adequate nutrition to prevent weakness and fatigue from chemotherapy.

For further information on parenteral nutrition please see 'Parenteral nutrition: information for patients' leaflet.

How can I improve my appetite?

If your appetite is reduced but your doctor tells you to eat, try eating little and often. Try small frequent meals and snacks throughout the day as this will be easier to manage than three larger meals. Enriching your diet can also help minimise weight loss. The 'Eating well when following a low fibre diet' booklet also has some information on enriching foods.

Try to keep up your fluid intake. High energy, high protein drinks are best such as full cream milk, milky drinks, ice-cream and milkshakes.

Steroids can also be used to help improve appetite – you can discuss this with your doctor.

Supplement drinks

Your GP may be able to prescribe supplement drinks for you if your appetite is poor, which can be taken in addition to your meals and snacks.

Mouthcare

Simple mouthwashes or gels can be helpful to keep your mouth feeling clean and fresh. Examples include Corsodyl, Difflam or Oral Balance Gel. Frequent small sips of cold water, juice or ice lollies are also useful.

Complementary therapies

Complementary therapy can help with the discomfort and anxiety associated with constipation and bowel obstruction.

Self-massage of the abdomen

You or your carer can be shown how to do a simple 5 minute massage with or without oil or cream. There is a leaflet showing the 4 simple movements. This can be done before a meal or first thing in the morning or at other time of the day that you can take 5 minutes out for this relaxing self-treatment.

Reflexology

There are believed to be reflex points on the underside of the foot that relate to the large bowel. Reflexologists can work specifically on these areas or you can work the same points on your hands. Again our team can show you this simple technique.

Relaxation techniques, guided imagery and hypnotherapy

Some people may find that these techniques help to stimulate normal processes and assist with discomfort. We can mindfully use these techniques to reduce stress, become calmer and suggest to our tummies that it is OK to relax. Typically, when people are deeply relaxed their tummies gurgle and their mouths become moist – this is a physiological response to becoming less stressed. The complementary therapy team can provide and teach some of these techniques to you and your carer.

Getting the right help and advice

Advice from your oncology team

Your oncology team will be able to provide help and support when you are diagnosed with bowel obstruction. They will also help discuss treatment options with you. If you have any additional concerns or questions, it can help to write these down so that you can then discuss these with your doctor or nurse at your next clinic visit.

The Christie supportive care team

The Christie has a specialist supportive care team on site. They can help to support you whilst you are being treated and are specialists at managing pain and symptoms in bowel obstruction. This service is available to all hospital inpatients. If you are an outpatient, there is also a weekly symptom control clinic on a Friday morning. Your oncology team will be able to arrange a ward or clinic visit for you if required.

Help nearer home

Your GP, district nurse and Macmillan nurse are on hand to provide help and support. If you need help to arrange input from district or Macmillan nurses, please let your GP know.

What if I have more questions?

If you feel you require additional advice or support then there are different ways of getting help.

If you have any queries or worries regarding your condition or symptoms, you should speak to your medical and nursing staff treating you at home or in hospital.

Monday to Friday, 9:00am–5:00pm

Contact your GP, Macmillan or district nurse. You can also contact the supportive care team at The Christie for specialist advice.

Tel **0161 446 3559** or **0161 446 3072**.

After hours

Contact the out-of-hours GP service. The phone number should be on your local GP's answerphone message, or call The Christie Hotline on **0161 446 3658**.

Further information

Macmillan Cancer Support

www.macmillan.org.uk

Macmillan Cancer Support has information on all aspects of cancer. Freephone **0808 808 0000** open Monday to Friday 9am–7pm. You can ask to speak to a specialist nurse who can give you information on all aspects of cancer and its treatment.

Useful contacts

The supportive care team – **0161 446 3072**

Nutrition and dietetics – **0161 446 3729**

Complementary therapy – **0161 446 8236**

The Christie Pharmacy – **0161 446 3432**

The Christie Hotline – **0161 446 3658**

Cancer information centre (department 3) – **0161 446 8100**

Maggie's Manchester – **0161 641 4848**
or email manchester@maggiescentres.org

If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

We try to ensure that all our information given to patients is accurate, balanced and based on the most up-to-date scientific evidence.

If you would like to have details about the sources used please contact **patient.information@christie.nhs.uk**

Contact The Christie Hotline for
urgent support and specialist advice

The Christie Hotline: 0161 446 3658

Open 24 hours a day, 7 days a week

Visit the Cancer Information Centre

The Christie at Withington **0161 446 8100**

The Christie at Oldham **0161 918 7745**

The Christie at Salford **0161 918 7804**

Open Monday to Friday, 10am – 4pm.

Opening times can vary, please ring to check
before making a special journey.

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The Christie Patient Information Service

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