



Quality of Life After Colorectal Surgery

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Following colorectal surgery, there may be a change in bowel function due to the change in the anatomical structure of the colon or rectum, or both. This may necessitate a bowel management program that is based on the same basic principles but needs to be individualized for each person. There is all the reason in the world to believe that your bowels can be managed after colorectal surgery.

These are the prerequisites for managing bowel control:

- Be committed to the program and be willing to follow specific directions.
- Seek guidance from a professional when you are not achieving the goals of your program.
- Keep your sense of humor.

Following colorectal surgery, many people find themselves having several stools per day. Bowel movements may be clustered at certain times of the day, and often there is an inability to fully empty at one specific time. The normal frequency of bowel movements in a healthy population varies from 3 bowel movements per day to 3 per week. The goal is to return to no more than 3 bowel movements per day.

Transit Time of Food Through the Gastrointestinal Tract

Eating a large meal or drinking a hot liquid will cause a normal peristaltic push down in the gastrointestinal (GI) tract. When frequent bowel movements occur, drink less fluid with your meals, drink more fluids between meals, and avoid hot liquids.

Medicinal Fiber to Change the Transit Time

If you are having frequent stools, then introducing psyllium, a medicinal fiber also known as Metamucil, can slow down transit through the GI tract. Most people take psyllium for constipation or to speed up transit time through the GI tract; however after colorectal surgery, your goal will be to slow down the transit time. To do this, take the prescribed amount of fiber right after a meal in very little fluid, approximately 2 oz., and no more fluid for 1 hour immediately after a meal. This allows the fiber to act like a sponge in the GI tract, soaking up excess fluid in the digestive system and thus slowing things down. One teaspoon should be taken after the same meal each day for 3 to 5 consecutive days. Then increase to 1 teaspoon psyllium 2 times per day. Gradually increase the fiber by 1 teaspoon every

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3 to 5 days until the GI tract transit time slows down a bit.

Bowel Training

Once your stools become better formed and the transit time has been slowed down, the next step is bowel training, with the goal of emptying the colon fully at an expected time each day. Pick a meal of your choice around which you'll bowel train yourself. Bowel training is done around a meal since a big meal causes a push down the GI tract to make room for the food taken in. 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 using a glycerin suppository after the hot liquid.*
- Do this for 3 straight days. *If you don't empty as planned, substitute the glycerin suppository with 1/2 bisocodyl suppository.*
- If this is effective, stay with the program for 2 weeks and then stop using the suppositories.

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

Adjusting the Bowel Management Program

Since each person's body reacts a little differently, don't get discouraged if your program doesn't immediately help. Problem solving is the key to success, and little changes made after trying something for 3 days will help you determine what will work for you. Overall bowel management involves a gradual balancing of food, fluid, fiber, and medications.

Food: If your bowel is stimulated by a big meal, eat 1 big meal per day and 4 smaller meals. Certain foods affect people adversely, and you need to be aware of what you eat that may cause increased bowel movements. (High-fat and/or spicy foods seem to affect many people.)

Fluid: Fluid with meals tends to increase peristaltic push-down. So, drink fluid in between meals instead of a large amount with meals and avoid hot liquids.

Fiber: Adjust the amount of fiber gradually to determine how much fiber is required to slow down or speed up transit

time through your GI tract and maintain soft, formed stool.

Medications: If you are taking antidiarrheal medications such as Lomotil or Immodium, as you gradually increase the amount of psyllium, try to decrease the amount of Lomotil/ Immodium.

Most people get good bowel control just by the use of fiber. However, keep yourself comfortable during the process of defining your maintenance bowel management program. Be patient with yourself. Remember, there is hope for bowel management, the goal being a high quality life after colorectal surgery.

Next Issue: The Resource Review column will review the video "How your Bowel Works" by Annette Bisanz, B.S.N., M.P.H.

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