

## Bowel Management for Frequent Stools

This bowel management program is mainly directed to patients who have had colorectal surgery. It is also helpful for patients who have frequent stooling. Stools that are frequent may be liquid, soft-formed or of a sticky consistency. This bowel management program is most successful **after** chemotherapy or radiation treatment is completed because these treatments can affect bowel function.

If you don't know what is causing the frequent stooling, talk with your nurse or doctor so that they can help you. For more information, ask your nurse for the handout "Diarrhea."

Following the information in this guide will help regulate your bowel movements. Your goal is to empty your colon of soft-formed stool **at the same time every day** to help the frequent stool stop.

### Strengthen Anal Sphincter Muscles (Kegel Exercise)

You will need to strengthen the anal sphincter muscles by doing Kegel exercises if you have an ostomy that your doctor plans to reverse or take down. These muscles help you hold back stool until you get to a toilet. Strengthening the muscles will help prevent incontinence after the ostomy is reversed.

Do Kegel exercises right after you have surgery for a diverting ileostomy. Then at the time of takedown, the muscles will be strong. You must continue these exercises until your ileostomy is reversed and after the reversal to keep them strong.

1. Tighten the buttock muscles like you are trying to hold back a bowel movement. Hold this position for five to ten seconds. Counting "one—one thousand, two—one thousand, three—one thousand..." up to ten—one thousand will help. Release and rest to the same count. Notice the difference between tension and relaxation.
2. Repeat this exercise 10 times, four times per day. Practice it while sitting, standing and walking.

If you have frequent or loose stools:

- that are caused by **radiation**, ask your nurse for a copy of "Treating Diarrhea Caused by Radiation."
- that are caused by **chemotherapy**, ask your doctor if medicinal fiber is okay to take with your chemotherapy. If you can take fiber, follow the guidelines in the sections "Changing Loose Stools to Formed Stools" on Page 2 and "Antidiarrhea Medicine" on Page 3.

If you have frequent loose stool:

- It is normal for your system to put out 1,000 cc or less of stool in 24 hours.
- If your system puts out more than 1,500 cc of stool in 24 hours, contact a member of your health care team for help. The goal is to prevent you from becoming dehydrated and slow down the movement in your GI system.
- Follow the guidelines below. The principles are the same for all conditions that require slowing down the movement in the GI system.

## Changing Loose Stools to Formed Stools

Controlling loose stools takes time because you must slowly increase your intake of medicinal fiber. Medicinal fiber (psyllium or methylcellulose) promotes normal bowel function. Psyllium is the generic name for Metamucil<sup>®</sup> and methylcellulose is the generic name for Citrucel<sup>®</sup>. For more information, ask your nurse for a copy of “Medicinal Fiber.”

Remember: 3.4 grams of psyllium/Metamucil = 1 teaspoon of methylcellulose/Citrucel = 2 Metamucil wafers

### How to Increase Medicinal Fiber Gradually

As directed in the chart below, drink medicinal fiber dissolved in water right after a meal and bedtime\*. **Do not** drink any fluid for one hour after drinking this mixture.

1. Begin by taking fiber with 2 ounces of water **once** a day, after breakfast. Do not drink any fluid for one hour after drinking the mixture. When you purchase psyllium or Metamucil, be sure to check what a 3.4 gram dose is. It is packaged different ways.
2. Five days later, increase the dose **twice** a day, taking the fiber right after breakfast and dinner. Stay at this dose for five days. Then increase fiber intake **three times** a day, adding a dose after lunch.
3. Five days thereafter, add a dose at bedtime. See the chart below.

You may substitute 3.4 grams of psyllium (Metamucil) or 1 teaspoon methylcellulose (Citrucel) or **two** Metamucil wafers available at any drug store and are convenient when you are away from home.

Note: gm = grams; oz = ounces.

Days	Your Dates (in five day increments)	Breakfast	Lunch	Dinner	Bedtime
1 – 5		3.4 gm of psyllium or 1 teaspoon Citrucel in 2 oz water			

Days	Your Dates (in five day increments)	Breakfast	Lunch	Dinner	Bedtime
6 – 10		3.4 gm of psyllium or 1 teaspoon Citrucel in 2 oz water		3.4 gm of psyllium or 1 teaspoon Citrucel in 2 oz water	
11 – 15		3.4 gm of psyllium or 1 teaspoon Citrucel in 2 oz water	3.4 gm of psyllium or 1 teaspoon Citrucel in 2 oz water	3.4 gm of psyllium or 1 teaspoon Citrucel in 2 oz water	
16 – 20		3.4 gm of psyllium or 1 teaspoon Citrucel in 2 oz water	3.4 gm of psyllium or 1 teaspoon Citrucel in 2 oz water	3.4 gm of psyllium or 1 teaspoon Citrucel in 2 oz water	3.4 gm of psyllium or 1 teaspoon Citrucel in 2 oz water

\*When stooling slows down and stools become more formed, you can stop increasing the dose and maintain the dose that works for you. Most people are able to stop increasing fiber when they reach the dose of 3.4 grams of psyllium **four** times a day and then maintain at this dose. If this dose does not control the diarrhea, contact a member of your health care team.



Taking more fiber than the amount listed above can increase the amount of bulk in your stool and cause you to have more stools. Check with your nurse before you take more than four doses per day.

If you are eating six small meals per day, take one half your dose of fiber with half the water after each meal.

If you are taking chemotherapy that causes diarrhea or if you are placed on a low-fiber or low-residue diet, wait to take the medicinal fiber until your treatment is complete unless your doctor says it's okay.

## Antidiarrhea Medicine

The following step program is helpful:

- While slowly increasing your fiber intake and to manage frequent stools that can happen after colorectal surgery.
- When having diarrhea from chemotherapy, except for irinotecan. (Ask your nurse for a copy of “Controlling Diarrhea While Taking Irinotecan.”);
- When managing side effects from radiation treatment over the abdomen.

If you just had surgery, do not take antidiarrhea medicine until after you return for your first

follow-up appointment or when your doctor tells you that it is okay to take these medicines. Imodium<sup>®</sup> is a non-prescription medicine available over-the-counter. Lomotil<sup>®</sup> is a prescription medicine. To gradually regulate the medicine so you don't take too much, follow these guidelines:

**Step 1:** Start taking Imodium when frequent stooling begins. Take up to 8 Imodium (2 milligram) tablets. If you continue to have frequent stooling after taking 8 Imodium per day, go to Step 2.

**Step 2:** Alternate 1 Lomotil tablet and 2 Imodium tablets every three hours, as shown below in the chart. (L = Lomotil; I = Imodium). If this schedule does not control frequent stooling go to Step 3, which is the **maximum** dose.

6:00 a.m.	9:00 a.m.	12 Noon	3:00 p.m.	6:00 p.m.	9:00 p.m.	12 Midnight	3:00 a.m.
1 L	2 I	1 L	2 I	1 L	2 I	1 L	2 I

**Step 3:** 2 Lomotil and 2 Imodium every three hours

6:00 a.m.	9:00 a.m.	12 Noon	3:00 p.m.	6:00 p.m.	9:00 p.m.	12 Midnight	3:00 a.m.
2 L	2 I	2 L	2 I	2 L	2 I	2 L	2 I



When you alternate taking Imodium and Lomotil every three hours, do not take the next dose if you have not had a stool since the last dose to avoid 'flipping' to constipation. If you start stooling again, resume Step 2 or Step 3 schedule that you were following.

### Guidelines

- **Do not** take the antidiarrhea medicine unless you need to.
- As you gradually take in more fiber, you should be able to gradually decrease the amount of antidiarrhea medicine you take.
- As your frequent stooling slows, decrease the amount of antidiarrhea medicine you take. At the first sign of constipation, drink 4 ounces of prune juice followed by a hot liquid. This should relieve the constipation immediately.

### Bowel Training



Begin bowel training **only** if you are taking four doses of fiber daily and your stool is formed and has slowed down.

The goals of bowel training are:

- to train the body to empty a large amount of stool at a predictable time; and
- to decrease frequent stooling.

**Step 1:** Eat a big meal at a chosen time.

**Step 2:** Drink 1 cup of a hot liquid as directed by your nurse.

**Step 3:** Record your progress on the attached form "Your Bowel Training Program." If you do

not get good results after three days, go to step 4.

**Step 4:** Before eating the big meal in step 1, drink 2 ounces of prune juice. Before you drink the prune juice, warm it in a microwave for 30 seconds.

Each person reacts differently to bowel training. You may need to modify the steps above to reach your goal.

### How to Adjust the Program

If you still have **diarrhea or extra stools** during the day, the program is too strong. You may adjust it **one** option at a time, in the following ways:

- Decrease the amount of fluids taken with meals. Drink fluids between meals instead. (Keep in mind that hot liquids may bring on the urge to have a bowel movement.)
- Stop bowel training and continue increasing your fiber according to the chart on Page 2. When your stools are formed, restart bowel training.
- Decrease the amount of prune juice by 1 or 2 ounces.
- If you do not have a large bowel movement after the prune juice, big meal and hot liquid:
  - Take one half of a Dulcolax<sup>®</sup> suppository after drinking the hot liquid.
  - If you are taking a suppository and you have more stools, decrease the amount to one fourth of a bisacodyl suppository or change to a glycerin suppository.



Make only one of these changes at a time. Stay on your revised plan for **three days** before making another change.

If you become constipated, drink an extra cup of hot liquid

- **or** if you are **not** using a bisacodyl suppository, insert ½ of a bisacodyl or glycerin suppository into the rectum.
- **or** increase the amount of prune juice to 3 ounces just before the meal you have chosen to use with bowel training.

### Points to Remember

- Bowel training works best when you follow the directions daily.
- Follow the fluid intake guidelines from your nurse. The time of day you drink fluids may influence your bowel function.
- Plan bowel training at the same time every day and around a large meal when food and fluids normally move the fastest down the gastrointestinal tract.
- Bowel training is a lifelong practice. You must stay on the program even after you have reached your goal. The directions remain the same, except that you may not need to continue using a suppository (because each person responds differently).
- Bowel training can vary from person to person. Your results will depend on your body's reaction to the program. Other people will get different results based on how their bodies work.

If you have problems, talk to your nurse or doctor. They can suggest ways to adjust the program to fit your needs.

## **Adjusting Fluids and Food**

If you have frequent or loose stools, keep in mind that the items below speed up the movement of contents through the gastrointestinal tract. You may want to avoid:

- Spicy and fried foods
- Hot liquids – Instead, drink liquids cold or at room temperature. Limit liquids with meals to no more than 8 ounces.
- Large meals – Try eating six small meals per day instead of three large meals.

If you have loose stools and need to slow down the movement of the gastrointestinal tract, include foods from the BRAT diet in your meal. These include: bananas, white rice, applesauce and dry toast.

## **Summary**

The key to bowel management after colorectal cancer treatment is to adjust (titrate) the following components in a way that is best for you:

- Drink 2 quarts (eight, 8 ounce-glasses) of fluid per day. Increase or decrease fluid intake as needed. Limit fluids to 8 ounces with meals and take no fluids for one hour after taking fiber. Avoid hot liquids, except for during bowel training.
- Eat your normal amount of food and write down everything you eat. Recording what you eat can help you see trends and determine what foods are causing problems for you.
- Adjust fiber from 3.4 grams per day, adding another dose every five days until you get good results.
- Adjust your antidiarrhea medicine up or down as needed.

# Your Bowel Training Program

## Instructions

Each day, record how much prune juice you drink; time and type (breakfast, lunch, or dinner) of large meal; amount and type of hot liquid you drink (such as 1 cup coffee); type of suppository you use (such as Dulcolax); type of medicine you take to influence the program (such as stool softener); your results (such as frequency and consistency of your stools); and any changes you make to the program.

	<b>Prune Juice</b>	<b>Large Meal</b>	<b>Hot Liquid</b>	<b>Suppository</b>	<b>Medicine</b>	<b>Results</b>	<b>Adjustments</b>
<b>Day 1</b>							
<b>Day 2</b>							
<b>Day 3</b>							
<b>Day 4</b>							
<b>Day 5</b>							
<b>Day 6</b>							
<b>Day 7</b>							
<b>Day 8</b>							
<b>Day 9</b>							
<b>Day 10</b>							
<b>Day 11</b>							
<b>Day 12</b>							
<b>Day 13</b>							
<b>Day 14</b>							

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	<b>Prune Juice</b>	<b>Large Meal</b>	<b>Hot Liquid</b>	<b>Suppository</b>	<b>Medicine</b>	<b>Results</b>	<b>Adjustments</b>
<b>Day 15</b>							
<b>Day 16</b>							
<b>Day 17</b>							
<b>Day 18</b>							
<b>Day 19</b>							
<b>Day 20</b>							
<b>Day 21</b>							
<b>Day 22</b>							
<b>Day 23</b>							
<b>Day 24</b>							
<b>Day 25</b>							
<b>Day 26</b>							
<b>Day 27</b>							
<b>Day 28</b>							