WHO CAN YOU CONTACT FOR FURTHER INFORMATION?

Please speak to your Stoma Nurse if you have any stoma-related questions or concerns.

The information in this leaflet is for guidance only and does not replace healthcare professional assessment and advice.

If you require this leaflet in a different language or format, please contact Medilink.®

For Medilink® supplies, please contact:



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How chemotherapy might affect your stoma

HELPFUL HINTS AND TIPS



Chemotherapy drugs are used to kill cancer cells, though they also affect healthy cells too. Sometimes people may get side effects from these drugs. This leaflet discusses possible side effects and gives suggestions on what to do if you do experience any side effects.

DIARRHOEA

Diarrhoea is a common side effect of some chemotherapy drugs. They may irritate the lining of the digestive system, causing diarrhoea.

If you are experiencing diarrhoea, you may notice that you have to **empty** or change your bag more often than normal, as your stool is more liquid in consistency than usual. If you are wearing a closed bag, you will find it beneficial to use a drainable bag when experiencing diarrhoea, to avoid potential skin soreness caused by removing the bag frequently.

HOW CAN I MANAGE DIARRHOEA?

You might find it useful to **reduce the amount of fibre** in your diet as this can irritate the bowel more. It is often best to have more bland foods whilst you have diarrhoea such as bread, potatoes, white pasta, white rice, porridge and low fibre cereal such as cornflakes or rice crispies. Also try **high protein foods** such as meat, fish, cheese and cooked eggs.

Please continue to eat regularly, as this will help your stool to thicken. Marshmallows, jelly babies and other gelatine products, and ripe bananas often help to thicken liquid stool too.

Ensure your hands are thoroughly clean when handling foods and be careful with raw and unpasteurised foods.

It is important not to become dehydrated so please drink a variety of drinks, (at least 1 litre of fluid per day).



Isotonic drinks have a higher sugar and salt content and help your bowel to absorb fluid, so these are good to drink when experiencing loose stool. Rehydration sachets will help if you feel particularly dehydrated (thirsty, lethargic, headache, cramps, passing little urine).

Your health professional may advise you to take anti-diarrhoeal medication such as loperamide (Imodium).

It is advisable to take loperamide 30 minutes before eating, regularly when you have liquid stool from your stoma. If you have an ileostomy, you should take the loperamide in tablet form rather than capsules. You may take up to 8 tablets in 24 hours (Please see our separate leaflet about taking loperamide with an ileostomy). Your Stoma Nurse can advise you on the appropriate dose.

Codeine is another anti-diarrhoeal medicine which might be recommended, though it can make people feel drowsy. It can be taken on its own or with loperamide if necessary. Please speak to your Stoma Nurse or GP before starting this medication.

If you have a colostomy or urostomy, it is possible to become constipated when taking the above medications,

so please take antidiarrhoeals with caution and only when experiencing diarrhoea.



A person with an ileostomy will not become constipated, if your stoma stops working, please speak to your Stoma Nurse, chemotherapy helpline or GP as you may have a blockage and need advice to relieve this or attend hospital.

NAUSEA AND LOSS OF APPETITE

Some people may experience nausea when having chemotherapy. Please inform your chemotherapy nurse who may give you some medication to relieve this, also informing him/her that you have a stoma.

Try eating ginger biscuits to relieve the nausea and to eat little and often. It is important to eat regularly to maintain your stool consistency as well as your strength and energy.

High protein and high carbohydrate foods/ snacks (e.g. crisps, biscuits) may help to give you some energy.



CONSTIPATION

Occasionally, some people with a colostomy or urostomy may experience constipation (hard formed stool from the colostomy or back passage, respectively) when having chemotherapy. You could try increasing your fluid intake, fruit juices, eating more fibre and even liquorice to relieve the constipation. Speak to your Stoma Nurse about taking any laxatives.

FATIGUE

Tiredness and fatigue are a possible side effect of chemotherapy, and if you are feeling these you may not feel like eating or even emptying or changing your bag. Keep your bag change equipment ready, prepared in advance to make it easier.

Keep snacks handy so you can eat regularly. **Take rest when you can** but it is important to do light to moderate exercise such as walking to maintain strength and wellbeing.

INCREASED RECTAL DISCHARGE

If you have **not** had your back passage removed, you may still pass mucus discharge from your back passage when you have a stoma, which is entirely normal.

It is not unusual to still feel this sensation: please sit on the toilet without straining, to pass the mucus discharge.

Note: If you are unsure of anything, your specialist nurse can advise you.



During chemotherapy, you could pass more discharge or more often (due to the inflammation of the bowel). Some patients may wear a small pad or pass discharge when sitting on the toilet to pass urine.

SORE SKIN

Some people experience increased skin sensitivity whilst having chemotherapy treatment. **Avoid harsh and perfumed products** on the skin around your stoma. Cleanse your peristomal skin gently with tepid **plain water and dry wipes**/kitchen roll only.

If you think you have developed a sensitivity to your bag or adhesive, please seek advice from your Stoma Nurse as you may require a different bag. Cotton bag covers can be worn too.

Your skin might become sore if you are experiencing leakages or seepage of liquid stool under the adhesive. Try the above advice to thicken your stool.

Sometimes the size and shape of the stoma may change due to swelling caused by the chemotherapy or weight loss/gain. Measuring the template of your bag or flange is a good idea, to ensure the aperture that surrounds the stoma is not too small or too big.

Occasionally, the inflammation of the bowel caused by chemotherapy can lead to swelling and ulcers on the stoma (like mouth ulcers). These are usually temporary and go away without treatment, but sometimes powder or paste may help.

Chemotherapy might make your stoma bleed more easily. If this happens apply gentle pressure to the stoma. A little amount of bleeding when wiping is normal.

PERIPHERAL NEUROPATHY AND PALMAR PLANTAR ERYTHRODYSESTHESIA

Certain chemotherapy drugs may cause patients to experience tingling, soreness and redness, and rare occasions of flakiness or blistering on the hands and feet. Fingertips and palms may become sensitive to the cold. Some patients have difficulty in fastening buttons, picking up paper and other "fiddly" tasks.

If you experience any of these symptoms which make it difficult for you to empty or change your stoma bag, please speak to your Stoma Nurse who may find an easier outlet or bag for you to manage, or offer support and teaching to a carer or family member, while you are experiencing this.

It usually decreases after chemotherapy finishes but might last for a while

You should inform your oncologist and chemotherapy nurse if you experience the above symptoms.

HANDLING AND DISPOSAL OF STOMA OUTPUT AND BAGS

If you are having chemotherapy treatment please take the precautions below when handling and disposing of your stool/urine and bags, as a small amount of chemotherapy drugs are excreted in the stool and urine.

Please sit on the toilet to pass urine or empty your bag, and flush the toilet with the seat lid down. Wipe away any spillages wearing gloves. Put the used bag and cleaning wipes into a disposal bag and then another disposal bag, tying both disposal bags securely before disposing in the normal household waste bin.* Wash your hands thoroughly after handling the waste or bags.

*Or dispose of stoma bags according to your own hospital or Stoma Nurse's instructions.

PASSING BLOOD IN URINE

People with a urostomy should alert the chemotherapy helpline or GP if you notice blood in your urine, as this may indicate a kidney infection. Anyone passing blood in urine should seek GP advice.



IMPORTANT NOTICE

You should contact your chemotherapy helpline if you are feeling unwell, have a temperature, shivering or cold, persistent nausea, vomiting or diarrhoea, or any concerns about your health.

NOTES

