

A practical guide to living with and after cancer

MANAGING THE LATE EFFECTS OF BOWEL CANCER TREATMENT



About this booklet

This information is for people who have late effects after treatment for bowel cancer.

Most people have side effects during and for a few weeks after treatment. Usually these gradually lessen and disappear. But some people may still have side effects months after treatment. Some may become permanent. Other people may develop delayed late effects of treatment months or years later.

In this booklet we describe some of the possible side effects. We explain how they can be improved and managed and who can help. There are also suggestions on ways in which you can help yourself.

Not everyone has or gets long-term or late effects. Many get better over time. How likely you are to have problems depends on different factors. This includes, where in your bowel the cancer was (rectum or colon), the size of the cancer (stage) and types of treatment you had.

Doctors are trying to make sure people get the best treatment for bowel cancer with as few side effects as possible.

If you'd like to discuss this information, call the Macmillan Support Line free on **0808 808 00 00**, Monday–Friday, 9am–8pm. If you're hard of hearing you can use textphone **0808 808 0121**, or Text Relay. For non-English speakers, interpreters are available. Alternatively, visit **macmillan.org.uk**

Turn to pages 107–112 for some useful addresses, helpful books and websites. There is space for you to write down questions for your doctor or nurse on page 113.

If you find this booklet helpful, you could pass it on to your family and friends. They may also want information to help them support you.

We've included some comments from people who have had late effects after bowel cancer treatment, which you might find helpful. Quotes are from the Macmillan online community ([macmillan.org.uk/community](https://www.macmillan.org.uk/community)). Some names may have been changed.



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Long-term and late effects

There are two commonly used terms:

- long-term effects
- late effects.

Long-term effects begin during or shortly after treatment and don't go away within six months. Symptoms may gradually get better for up to a year or two after treatment ends.

Some long-term effects may eventually go away on their own. But some may be permanent.

Late effects are a delayed response to treatment. They don't appear during treatment but can happen months or even years later.



In this booklet we use the term late effects to include both long-term and late effects.

There are many things that can be done to manage or treat late effects. It's important that you don't feel you just have to put up with them.

Late effects may be minor and not affect your day-to-day life much. Or, they may be more troublesome or difficult to live with, and interfere with your daily life. If you have late effects, there are usually lots of things that can help you cope with them. This will help you live life as fully as possible. Some late effects improve over time and may eventually go away on their own. In the following sections, we explain ways you can manage and reduce late effects.

Talking to your doctor

If treatment effects don't go away, always let your cancer doctor or specialist nurse know. If you have any new symptoms or problems after treatment, it is also important to tell them.

The more information you give your doctor, the more likely they are to be able to help you. You may feel embarrassed talking about problems with your bowel or difficulties with your sex life. But doctors and nurses are very used to discussing intimate problems like this, so don't be put off.

Some late effects symptoms may be similar to the symptoms you had when you were first diagnosed. This can be frightening and you may worry the cancer has come back.

Your cancer doctor or bowel surgeon will assess your symptoms. They will explain whether they could be caused by your treatment. Your doctor may arrange tests to be certain about the cause of your symptoms. Sometimes symptoms are caused by other conditions not related to the cancer or its treatment.

Remember that you can arrange to see your cancer doctor or specialist nurse in between appointments. And you can contact your GP at any time.

Getting expert help

Some people with late effects are referred to a doctor or nurse with expertise in that area. For example:

- a doctor who specialises in bowel problems, called a gastroenterologist
- a specialist nurse or physiotherapist who gives advice on incontinence and treatment (continence adviser).

Some expert doctors specialise in treating late effects of radiotherapy. This is a specialised area and there are not many of these doctors. You may need to travel to see one.

A few hospitals have special clinics for people with late effects. Ask if there are any near you. Your doctor or nurse can refer you to other specialists if needed.

Possible late effects of bowel cancer treatments

The main treatments for bowel cancer are surgery, radiotherapy and chemotherapy.

They can all affect the bowel in different ways. But some late effects cause changes to the bladder or to your sex life. Other late effects can affect the nerves. It depends on the treatments you had.

Surgery

Surgery for bowel cancer involves removing some of the colon and/or rectum (see diagram on page 12). All of these operations cause changes in how the bowel works (see pages 16–21).

Some people need to have a new opening in the abdomen called a colostomy or ileostomy. This is usually called a stoma. It may be temporary or permanent.

If you have a stoma you'll need to learn new skills to manage this. Specialist nurses, called stoma care nurses, will help and support you with this. You'll need time to adjust to the changes in your body.

After rectal surgery, some people may have changes in how their bladder works (see pages 48–53) or to their sex life (see pages 70–75).

Surgery can cause changes in the tissues of the tummy (abdomen). The skin may be less stretchy and the abdominal wall less strong. Weakness in the muscle of the tummy can lead to a hernia developing months or years later (see pages 66–67). Sometimes, scar tissue inside the abdomen (adhesions) may cause pain or discomfort, or may narrow the bowel (see pages 68–69).

Radiotherapy

Radiotherapy to the rectum and surrounding tissues (called pelvic radiotherapy) often causes bowel symptoms. These usually get better within a few weeks of treatment ending. But it can also cause late (delayed) effects months or years after treatment. Possible late effects include changes in the way your bowel (see pages 16–21) or bladder works (see pages (48–50). It can also cause sexual difficulties (see page 70–75).



We have separate information about managing the late effects of pelvic radiotherapy we can send you.

Chemotherapy

Some chemotherapy drugs can damage nerves (see pages 85–87) and cause pins and needles or numbness in your hands and feet. These changes may take several months to get better and for some people they are permanent.

Cancer treatment can also cause more general changes in how you feel. You may be more tired than usual (see pages 76–79) for many months after treatment. Some people may have difficulty concentrating or remembering things (see pages 81–83). These side effects usually improve gradually over time.



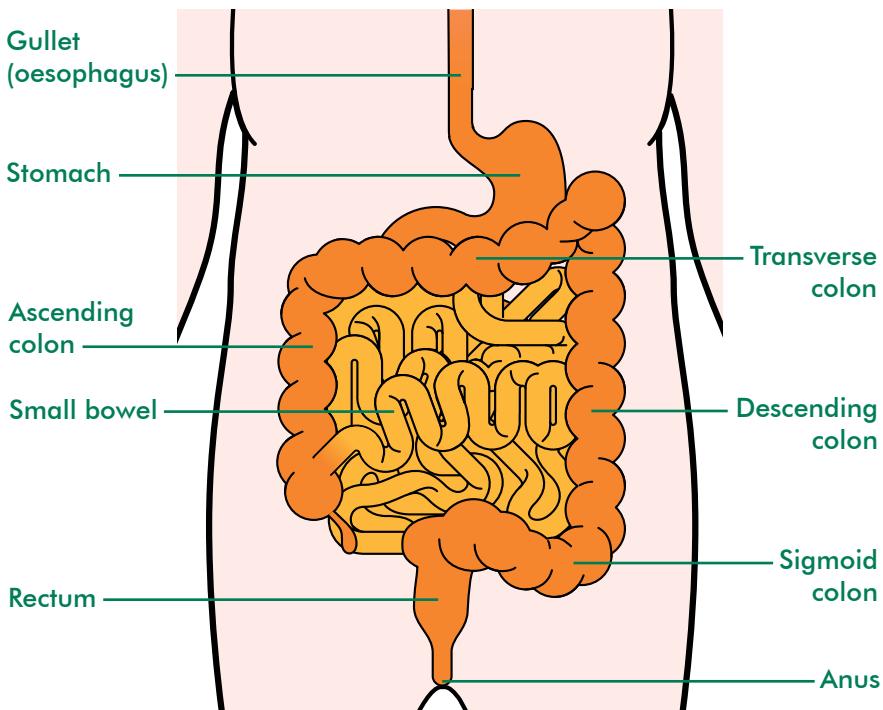
You can read more about the main treatments for bowel cancer in our booklets **Understanding colon cancer** and **Understanding rectal cancer**.

The bowel

The bowel is part of our digestive system. It is divided into two parts: the **small bowel** and the **large bowel**. The large bowel is made up of the colon, rectum and anus.

Food passes down the gullet (oesophagus) to the stomach, where digestion begins. From here, it enters the small bowel. This is where important nutrients from the food we eat are absorbed into the body.

The digestive system



The colon absorbs water from the waste before passing the more solid waste (stool or faeces) into the back passage (rectum). The stool is held in the rectum until it is ready to be passed through the opening (anus) to outside the body.

Cancers can develop in the colon, rectum or anus. Your treatment will depend on the part of the bowel that is affected.



BOWEL CHANGES AFTER TREATMENT

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Changes in how your bowel works

Most people have changes in how their bowel works after surgery and/or radiotherapy for bowel cancer.

You may find your bowel habits don't go back to the same as they were before treatment. It may take at least a year for things to settle down. Over time, bowel symptoms usually become less troublesome. Most people find they get into a new routine that becomes normal for them.

If bowel problems don't settle, there are many things that can be done to help. Your doctor or nurse can give you advice. They may also refer you to a specialist in bowel control problems for further assessment and treatment.

Changes after surgery

After bowel surgery your large bowel is shorter than before. This means bowel motions (stools) pass through more quickly. This often settles as your body adjusts. But if part of the rectum has been removed, there may be long-term changes to how your bowel works.

Changes caused by a shorter bowel

You may find stools pass through the bowel more quickly and are softer and looser, or liquid. You may go to the toilet more often and more urgently.

Softer stools can be more difficult to pass out of the bowel completely. This can mean needing to go back to the toilet a few times after a bowel movement to finish passing the stool. Stools may be stickier. You may need to wipe around your back passage more after passing a stool. This can sometimes make the skin in the area sore.

Some people go between having loose stools and constipation. Or, you may feel bloated at times and have problems with wind.

Bile acid malabsorption

Bile acids help us to digest fats in our food. Sometimes surgery to the right side of the colon removes part of the bowel involved in reabsorbing bile acids. When bile acids cannot be absorbed it's called **malabsorption**. This can cause sudden episodes of diarrhoea. You can read about how this is treated on page 44.

Other changes after rectal surgery

The rectum is the part of the large bowel that stores stool. It has nerves and muscles that help you to hold onto stools until you're ready to pass them. After surgery these nerves may be more or less sensitive, and the muscles may be weaker. This means you cannot hold onto stools as well as before.

You may feel you need to rush to the toilet (urgency) when you feel you need to pass a bowel movement. Some people may have some leakage from their bowel. Or, there may be occasions when you aren't able to get to the toilet in time. This is called **faecal incontinence**.

You may also have less control over when you pass wind. Some people may find it difficult to tell the difference between wind and stool in the back passage. They may leak some stool from the bowel (incontinence) when they pass wind.

It may take up to two years after rectal surgery that involves rejoining the bowel before your bowel is working at its best.

During surgery to remove the rectum, the surgeon may make an internal pouch from a piece of bowel. This acts as a store instead of the rectum. If you have an internal pouch you may not have problems with urgency. But you may find it more difficult to empty your bowel completely. This can sometimes lead to constipation.

Problems with a stoma

If you had a stoma as part of your surgery, it can take some time to adjust. You may have loose stools, or go between having loose stools and episodes of constipation. You may also be more aware of wind produced by your bowel. Some people find it difficult to predict when the stoma is going to be active.

Many of the suggestions for bowel function problems in the following chapter are also relevant to people with a stoma. We've also included other information specific to coping with a stoma where we think this may be helpful.

Possible changes to the large bowel after pelvic radiotherapy

Radiotherapy to the bowel (pelvic radiotherapy) can cause scarring (fibrosis) in the lining of the large bowel. This makes the bowel lining thicker and less flexible. As a result it cannot hold as much and stools pass through the bowel more quickly. The nerves and muscles that help you hold stool in the rectum can also be affected.

These changes cause similar symptoms to those we mention for bowel surgery (see pages 16–18). You may have loose stools, or more frequent bowel movements. Or, you may feel the need to rush to the toilet to move your bowels. Some people may have leakage (incontinence). This can vary from slight staining to occasionally a larger amount of stool.

Bleeding from your back passage is also quite common. Radiotherapy can make small blood vessels in the bowel lining fragile so that they bleed. This is usually mild and doesn't need any treatment. Bleeding can also be caused by piles (haemorrhoids) or straining when you go to the toilet.

Even if you think you know the cause, always tell your cancer doctor or nurse if you bleed from the back passage. It is important to rule out serious problems.

Bleeding caused by radiotherapy may not need any treatment. It may improve gradually on its own. The most common treatment is a drug called sucralfate (Antepsin Suspension). You have this as an enema.



There is more detailed information in our information on **Managing the late effects of pelvic radiotherapy**.

Possible changes to the small bowel after pelvic radiotherapy

As well as its effects on the colon and rectum, radiotherapy can also sometimes affect the small bowel. This may cause one or more of the following conditions:

Food intolerance

Sometimes after radiotherapy for rectal cancer the bowel can't cope as well with certain types of food, such as:

- lactose – found in dairy products
- fructose – a fruit sugar sweetener often found in products labelled 'no added sugar'
- gluten – a wheat protein found in breads, cakes, biscuits and pasta.

Symptoms of food intolerance may include tummy cramps, feeling bloated and having wind after particular food. If you think you may have a food intolerance, ask your doctor to refer you to a gastroenterologist (stomach and bowel specialist).

Bile acid malabsorption

Bile acids help us to digest fats in our food. Pelvic radiotherapy may alter the balance of bile acids in the bowel. This can cause episodes of diarrhoea that come on suddenly.

You can read about how bile acid malabsorption is treated on page 44.

Small bowel bacterial overgrowth

The large bowel contains lots of healthy or 'good' bacteria that help us digest food. But, a healthy small bowel contains almost no bacteria. After pelvic radiotherapy, extra bacteria sometimes grow in the small bowel. This is called small bowel bacterial overgrowth. It can cause a range of symptoms, but the most common one is diarrhoea. Other symptoms include; fatty bowel movements (stools), wind, bloating, constipation, feeling sick, vomiting and bad breath.

Small bowel bacterial overgrowth is usually treated with antibiotics.



Managing bowel control problems

There are different ways bowel problems can be treated or managed. What is likely to work best for you depends on your symptoms and what is causing them. So it's important that you see a doctor to be properly assessed.

Your cancer doctor and their team will probably have helpful suggestions. If your symptoms still don't improve, you can ask your GP to refer you to a continence specialist or a specialist in stomach and bowel problems (gastroenterologist).

Treatments for bowel function problems are often based on one or more of the following:

- Slowing the time it takes for stools to pass through the large bowel (bowel transit time).
- Emptying the bowel more effectively.
- Strengthening the muscles used for bowel control.
- Retraining the bowel.

The following pages have information on these treatments and techniques.

Slowing down the bowel

Slowing the rate at which bowel movements (stools) pass through your bowel helps reduce the number of stools you have. It will also mean your stools are less liquid. Firmer stools are easier to control and make it easier for you to empty your bowel completely.

Diet, anti-diarrhoea medicines and stress management can all help slow bowel transit time. If these approaches don't work, ask your GP for a referral to a gastroenterologist. They might suggest other treatments that could be useful.

Diet

It's important to try to continue to eat a wide range of different food types. If you are very limited in what you can eat get advice from a doctor or dietitian. If you are losing weight because of bowel problems, it's important to tell them this.

Your doctor or dietitian may recommend making changes to your diet. They may suggest eating at regular times, or having smaller meals more often.

Skipping meals may make your symptoms worse. It can make your bowel habits unpredictable. Eating at regular times helps to encourage a regular bowel pattern.

You may be shown how to adjust the amount of fibre in your diet. Some people are given fibre supplements to take (see page 27).

Your doctor may prescribe anti-diarrhoea medicine. This may help you to better manage your bowel symptoms and allow you to eat a wider range of foods.

It's important to drink at least 1–2 litres of fluids a day. Your dietitian can advise you how much to drink. This depends on your body size. Water is best. Drink smaller amounts through the day rather than large amounts of fluids with meals.

Tell your doctor or dietitian if certain foods make your bowel symptoms worse. A dietitian can advise you if changing your diet may be helpful and how best to do this.

Keeping a daily diary of what you eat and how this affects you will help you to work out if certain foods make your symptoms worse. You can use our food and symptom diary on pages 32–33.

Foods affect people differently. You may need to try a few changes to your diet before finding out what works best for you.

You may be able to eat less of the foods that upset your bowel without cutting them out altogether. See our food guide on pages 29–31 for information on how some foods may affect the bowel.

If you think you may have an intolerance (see page 20) to some types of food, such as dairy products or wheat, it's best to get advice. Ask your doctor to refer you to a gastroenterologist.

'There is no general answer, we just need to experiment and see what works for us.'

Greg

Fibre

Fibre helps to regulate the way your bowel works.

There are two types of fibre:

Insoluble fibre helps manage constipation and can help with other bowel problems. You can get insoluble fibre from bran and seeds, such as ground golden linseeds. It's also in multigrain, wholemeal and wholegrain foods, such as bread and cereals.

Soluble fibre helps to bulk up and slow down bowel movements. It may help improve diarrhoea or soft stools. You can get soluble fibre from oats, porridge, bananas, and apples and pears with their skins removed. It's important to remove the skins, because they contain insoluble fibre.

Pulses, such as baked beans and lentils, are high in soluble fibre. But they stimulate the bowel, so aren't recommended if you have diarrhoea or soft stools.

Your specialist nurse, continence adviser or gastroenterologist will advise you on the type of fibre you need. They will explain how much you should have.

Add fibre to your diet slowly and start with small amounts. This gives your body time to adjust. You can slowly increase the amount. Make sure you drink more water while you're increasing your fibre.

Adding more fibre is not right for everyone. After pelvic radiotherapy, you may not be able to cope with as much fibre as before. So it may not be appropriate to follow the 'five-a-day' plan for fruit and vegetables. Some high-fibre foods make the bowel produce a lot of wind. If wind is a problem for you, you may need to avoid these foods.

Fibre supplements

People who have frequent bowel motions or incontinence may be prescribed soluble fibre supplements, such as Normacol® or Fybogel (soluble fibre). These supplements are also used to prevent constipation. They work by absorbing water and expanding to fill the bowel. This makes stools bulkier and easier to push out.

Some people find that Fybogel can make the bowel produce a lot of wind.

You can buy fibre supplements at the chemist, or your doctor can prescribe them. When you're taking fibre supplements it's important to drink plenty of fluids – at least two litres every day.

'I also eat a few marshmallows now and again. I was told to eat these when I had my ileostomy to thicken it up and slow things down.'

Jeff



Food guide

The following foods may increase or reduce bowel symptoms. This is only a guide as foods can affect people differently.

Foods that stimulate the bowel

If you have problems with diarrhoea, soft stools or frequent bowel movements, eating less of these foods may help. Eating more of them may be helpful if you have constipation:

- some types of fresh, tinned or dried fruit. For example, grapes, fruits with stones, such as apricots, plums and prunes, and most berries except blueberries
- fruit juices such as prune, orange, apple and grape juices
- vegetables such as sprouts, broccoli, cabbage, cauliflower, cucumber, onions, radishes, spinach and sweetcorn
- baked beans, kidney beans, lentils, chickpeas and other pulses
- bran and foods high in insoluble fibre
- spices such as chilli, curry and ginger
- caffeine in coffee, tea, chocolate drinks, cola drinks and some energy drinks
- nuts, linseeds and popcorn
- sugar-free foods containing sorbitol, mannitol or xylitol.
For example, sugar-free chewing gum, some mints, sweeteners and diet drinks and foods
- chocolate
- alcohol – especially beer and red wine
- some supplements, such as the mineral selenium or high doses of vitamin C, which the body only needs in small amounts.

Foods that may cause wind

If you have a lot of wind the foods you should avoid include:

- vegetables such as sprouts, broccoli, cabbage, cauliflower, cucumber, onions, radishes, spinach and sweetcorn
- baked beans, kidney beans, lentils, chickpeas and other pulses
- nuts
- bran cereals
- eggs and dairy produce
- beer and fizzy drinks
- chewing gum
- sorbitol – a type of sugar found in some artificial sweeteners, some sugar-free foods and in apples, pears and peaches.

Tips to help control wind

Some people find that peppermint oil, live yoghurts, probiotic drinks or charcoal tablets help to control wind.

Regular meals, eating more slowly, not swallowing air or eating and drinking at the same time can also help.

Foods that may help make bowel motions firmer

If you have problems with diarrhoea, loose stools or frequent bowel movements, including these foods in your diet may help:

- apples and pears with their skins removed
- bananas
- potatoes
- yoghurt
- white bread (not high-fibre), boiled white rice, pasta (not wholemeal)
- chicken and fish.

The food and symptom diary on the next page will help you to learn how different foods affect you.

Medicines

It's important to speak to your doctor or specialist nurse before taking medicines to treat bowel symptoms.

Anti-diarrhoea drugs

If changes to your diet aren't enough to control bowel problems, anti-diarrhoea drugs may help. It's important to speak to your doctor or specialist nurse before taking any medicines.

The most commonly used treatment is loperamide (Imodium® or Diareze®). It slows down your bowel, making the stools more solid and less frequent. Taking loperamide regularly, half an hour before meals, works very well for some people. It's safe to take it for as long as you need it, but discuss this with your doctor.

The dose may need to be adjusted until you find what works best for you. Your doctor may recommend starting with a low dose and increasing this until it's right for you. Loperamide is also available as a syrup. This allows you to take less and adjust the dose as needed.

Sometimes doctors prescribe other anti-diarrhoea tablets, such as codeine phosphate or diphenoxylate (Lomotil®). Your doctor or a continence adviser can advise you on the medicines that may be best for you.

Doctors can also prescribe low doses of antidepressant drugs to help slow down the bowel.

Medicines that can increase bowel symptoms

Some medicines can make bowel symptoms, such as wind or frequent bowel motions, worse for some people. These include:

- non-steroidal anti-inflammatory painkillers (NSAIDs), such as ibuprofen and diclofenac
- magnesium in antacids (for heartburn)
- lactulose and Fybogel
- metformin – a tablet used to treat diabetes
- beta-blockers – tablets to treat high blood pressure
- antibiotics
- some types of antidepressants, such as venlafaxine and citalopram.

Talk to your doctor if you take any of these drugs and think they may be making your symptoms worse. Your doctor may be able to prescribe a different drug that may affect you less.

Managing stress

Your emotions can also affect your bowel. Not feeling in control of your bowel can be stressful. Anxiety and stress can make bowel movements looser and more frequent.



You can read more about this in our section on coping with bladder and bowel problems (pages 56–63).



Emptying your bowel more effectively

After rectal surgery some people may find it difficult to completely empty their bowel. Signs that your lower bowel may not be emptying completely can include:

- feeling there is still something in your bowel after you've passed a stool
- having smaller, pellet-like stools (fragmented)
- having leakage of stool after you go to the toilet
- needing to go back to the toilet several times after a bowel movement.

Try to hold off going to the toilet until the urge to pass a stool is strong. If this is difficult for you, there are some tips on pages 41–42 that may help you. For most people the best time to empty their bowel is about 30 minutes after a meal.

Straining to try to complete a bowel movement can weaken your pelvic floor muscles. This can cause problems with bowel control in future. If you have to wait for a long time after sitting down you may be going to the toilet too soon. Or it may be a sign that you're constipated.

Sitting in the right position can help you to empty your bowels effectively. Lean forward a little and rest your elbows on your knees. Have your knees higher than your hips. It may help to place a small footstool or telephone book under your feet. Don't strain or hold your breath. You may find using a relaxed breathing technique helps.

The correct position for emptying your bowels



Caution – if you have had recent hip surgery don't use this position, and always check with your doctor first.

If you have constipation, include more fibre in your diet and eat more foods that encourage (stimulate) your bowel to empty (see page 29).

Our food and symptom diary (see pages 32–33) will help you to learn how different foods affect you.

Some people may need to take laxatives to stimulate their bowel as well as making changes to their diet. Your doctor or a continence adviser can advise you about laxatives.

Bowel motions that are too soft can also cause problems with incomplete emptying. Look at our suggestions on diet and anti-diarrhoea medicines on page 34 for help in dealing with this. If you still have difficulty emptying your bowel completely your specialist may recommend using suppositories, enemas or having bowel irrigation. Your doctor or a continence specialist can talk through these options with you and help you to decide which might suit you best.

Suppositories

You put these into your back passage or stoma. As they dissolve they release a lubricant, which encourages the bowel to empty. They usually take about 10–30 minutes to work.

It may be better to take them at night so they have longer to work. You may not need to use them every day.

Enemas

These contain a small amount of gel or liquid that you squeeze into the lower bowel. This stimulates it to empty.

Bowel or colostomy irrigation

This is a way of emptying the bowel by introducing warm water into it. You should only use bowel or colostomy irrigation if it's recommended by a health professional.

Bowel irrigation may help to control an irregular bowel habit. You can empty your bowel at a time that suits you. You will be less likely to have leakage or incontinence at other times.

You place a narrow, flexible tube (catheter) into your back passage or stoma. You then put water into the bowel through this. You usually do this every day or every other day. It takes about half an hour.

Irrigation can also be used to regulate a stoma. This is called colostomy irrigation. It can mean fewer worries about a stoma becoming active at inconvenient times. Your continence specialist or stoma nurse can tell you more about bowel or colostomy irrigation. If it's suitable for you, they can teach you how to do it. They will also arrange for you to get the equipment you need on prescription.

Some people find bowel or colostomy irrigation too time-consuming. But, others feel more in control of their bowel and more confident as a result.



You should only use bowel or colostomy irrigation if recommended by a healthcare professional.

Strengthening the muscles used for bowel control

Doing exercises to strengthen the muscles used in bowel control can be very useful. It can help with urgency, leakage of stool and to control wind. These exercises are called pelvic floor muscle exercises or sometimes Kegel exercises. A continence specialist can tell you if they are likely to help and can teach you how to do them.

The exercises work the sphincter muscles around the back passage (anus) and the pelvic floor muscles. The pelvic floor muscles are also important for bladder control and when having sex.

The Bladder and Bowel Foundation has information on how to do pelvic floor muscle exercises. You can order or download it from their website (see page 107).

It's important to do pelvic floor muscle exercises correctly and to practise regularly. It can take at least 12 weeks to strengthen the muscles. You need to continue doing the exercises three times a day. Try doing them at the same time every day to get into a routine. Or you can set a reminder on your mobile phone.

Keeping to a healthy weight is also important. Being overweight puts extra stress on your pelvic floor muscles.

Biofeedback training

If you find it difficult to learn pelvic floor muscle exercises, you may be offered biofeedback training to help you. As you squeeze your pelvic floor muscles, sensors measure the pressure. This helps you to know when you're squeezing in the right way. Biofeedback training is only available in specialist units. If your continence adviser thinks this may help you they can refer you.



Bowel retraining

If you have loose bowels or urgency you may worry you won't be able to 'hold on'. Worrying you may not get to the toilet in time can make you anxious. You may try to monitor your bowel for signs that you need to 'go'. This can make you very aware of any activity in your bowel, including wind.

Continence specialists can help by teaching you to retrain your bowel. The aim is to help you build up the length of time you can 'hold on'. Bowel retraining is usually used in combination with other approaches. It's often used with anti-diarrhoea medicines (page 34) and muscle strengthening exercises (page 41–42).

With bowel retraining you learn to resist the urge to go right away. At first you start by getting to a toilet when you feel the urge. You then wait for a minute or so before actually sitting on the toilet to open your bowels. The aim is to increase the time between feeling the urge to go and emptying your bowel. This will build up your confidence and give you more control of your bowel.

Other treatments

Treating bile acid malabsorption

Bile acid malabsorption can be caused by radiotherapy to the bowel. It can also happen after surgery to the right side of the colon (a right hemicolectomy). It causes diarrhoea that's not helped by anti-diarrhoea medicines.

A bowel specialist can diagnose bile acid malabsorption using a scan called a SeHCAT scan. Your specialist can tell you more about this. The scan will confirm whether you have bile acid malabsorption and how much it will affect you. It is important to get the diagnosis right. If you have bile acid malabsorption, you need to take a drug for the rest of your life to treat it.

You may also be advised to keep to a low-fat diet.

Bile acid malabsorption can be treated with a drug called colestyramine (Questran®). It comes as a powder you mix with water or fruit juice.

If your bowel movements (stools) are sometimes pale, smelly and difficult to flush away, Questran may not work. Or it may make things worse. If this happens, your specialist may prescribe a newer medicine, called colesevelam (Cholestagel®). They may also refer you to a dietitian for advice on keeping to a low-fat diet.

Sacral nerve stimulation

Sacral nerve stimulation may be used to treat very troublesome bowel symptoms and help bowel control. It is usually used when other treatments haven't helped.

Sacral nerve stimulation uses electrical pulses to stimulate the nerves to the bowel. A doctor places electrodes under the skin in the lower back (sacral area). They connect the electrodes to a pulse generator, which produces pulses of electricity. Doctors think these affect the nerves that control the lower part of the bowel and the anal sphincter.

The treatment is in two parts. First, you are tested with temporary electrodes. This is to check if sacral nerve stimulation works for you. If the test is successful, you can have a small permanent implant fitted.



BLADDER CHANGES AFTER TREATMENT

Bladder changes

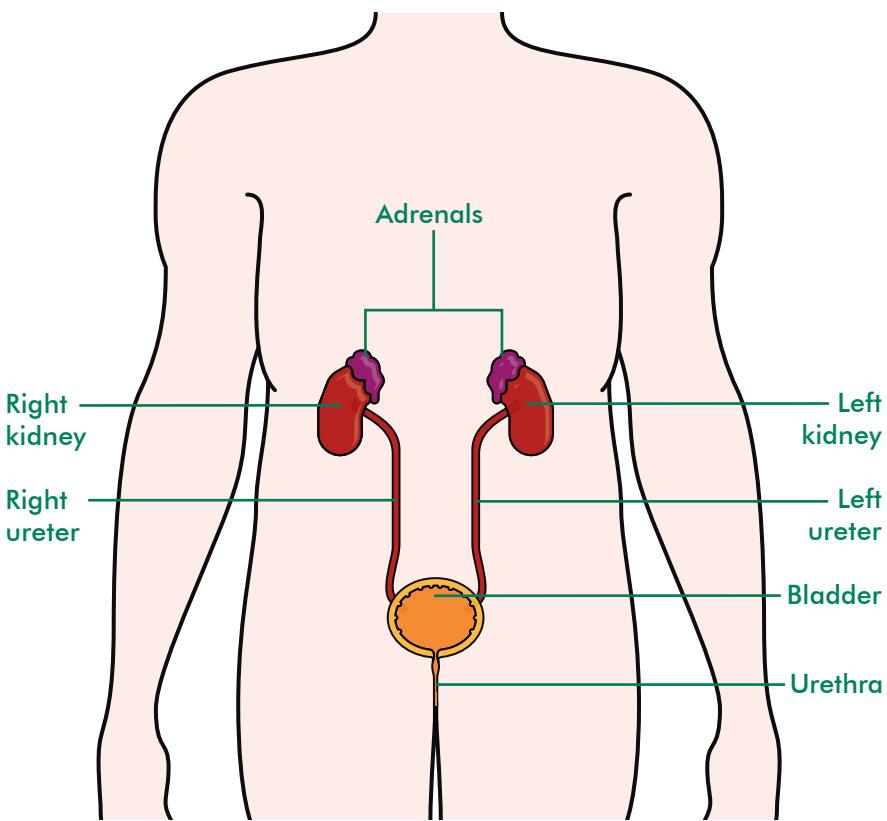
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Bladder changes

Some people have problems with bladder control after treatment for rectal cancer. Changes also happen as the bladder muscles age so they are more common as people get older.

The bladder is a stretchy, muscular bag that collects and stores urine. It's in the lower part of the pelvis. The bladder connects to the kidneys (which produce urine) by tubes called the ureters. You pass urine from the bladder through a tube called the urethra.

The bladder and kidneys



Possible effects of treatment

When it is relaxed, the bladder stores urine. It then contracts to expel urine. The effects of treatment may mean that the bladder needs re-training.

Surgery

Sometimes an operation to the rectum can affect the nerves to the bladder. These nerves control the muscles that hold urine in the bladder. They also tell the muscles to squeeze to empty the bladder. Nerve damage can cause loss of bladder control. This can lead to leakage of urine (urinary incontinence). Or, it may cause difficulty in emptying the bladder (incomplete emptying).

Radiotherapy

Radiotherapy to the bowel often causes bladder symptoms. These usually get better within a few weeks.

It's not common for radiotherapy to cause long-term changes to the bladder. But a few people may have changes to the way their bladder works several months after treatment.

Bladder symptoms due to the late effects of radiotherapy can include:

- needing to pass urine more often than usual
- a burning sensation when you pass urine (like cystitis)
- being unable to wait to empty your bladder (urgency)
- leaking urine (incontinence)
- blood in your urine (haematuria)
- difficulty passing urine.



If you have any of these symptoms it's important to have them checked by your doctor. Blood in the urine should always be checked by a doctor straightaway.

We have more detailed information about bladder changes due to radiotherapy. You can read about this in our booklets on managing the late effects of pelvic radiotherapy.

Managing bladder changes

Bladder problems can be embarrassing and difficult to talk about. You may also worry about going out and socialising. But there are many things that can be done to manage symptoms.

We've included some information about these in the following pages. It's important to talk to your doctor if you're having problems. They can refer you to a specialist in bladder control problems. This may be a urologist, a urology nurse specialist or a continence nurse.

You can also find helpful advice in the chapter coping with bowel and bladder changes on pages 56–63.

Sometimes nerve damage means the bladder muscle can't squeeze strongly enough. This results in the bladder not emptying completely. The most common symptoms of this are:

- difficulty passing urine
- straining to release urine
- a delay in starting to pass urine
- a weak stream of urine
- repeated urine infections.

If you have any of these symptoms, it's important to get them checked. They can lead to problems that are more serious if they are not treated.

There are other common conditions that can cause problems with the bladder emptying. This can include an enlarged prostate gland in men, or some medicines. Your symptoms may not be related to your cancer treatment. Your doctor or continence specialist will do tests to find out the cause. This will help them to give you the best treatment or advice.

Urinary incontinence

Urinary incontinence can vary. For some people it means leaking a few drops of urine when sneezing or coughing. For others it may mean a total loss of control over passing urine.

A continence specialist can assess the type of incontinence you have. They can recommend the appropriate treatment depending on the cause of the incontinence. Your continence specialist will give you advice.

You may be given exercises to strengthen the muscles that are important for bladder control. These are called pelvic floor muscle exercises. They can also help with bowel control. You can read more about them on pages 41–42.

If you are training an overactive bladder, don't go to the toilet just in case. The bladder won't fill completely and it won't get used to holding more urine.

There are specialist products for incontinence. They can help while you are waiting for a diagnosis or for a treatment to work. There is more information on pages 56–60. The Bladder and Bowel Foundation can also offer advice and support (see page 107).

Looking after your bladder

Drinking too little will make your symptoms worse as concentrated urine irritates the bladder. Drinking more trains your bladder to hold more urine, reduces the irritation and your risk of getting urine infections.

Try to drink at least two litres (four pints) of fluids a day. This is about eight glasses. If it's hot or if you're exercising, you need to drink even more. It's best to drink small amounts regularly throughout the day.

Drink the right fluids

Try to drink water, diluted fruit juice and herbal teas. You should cut down on or avoid:

- fizzy drinks
- drinks with caffeine (tea, coffee, cola and cocoa)
- alcohol (especially spirits)
- acidic drinks (such as fresh orange or grapefruit juice)
- drinks with artificial sweeteners ('diet' or 'light' drinks).

Managing stress may also help to improve your symptoms.
You can read more about this on pages 62–63.





COPING WITH BOWEL AND BLADDER LATE EFFECTS

Coping with bowel or bladder changes

56

Coping with bowel or bladder changes

The day-to-day issues caused by bladder and bowel changes are often similar, so we cover them both in this chapter.

If you are having problems, you may worry about going out or getting involved in social occasions. But there are lots of practical things you can do and lifestyle changes you can make to help you feel more confident and in control.

Protect your skin

If you have problems with leaking (incontinence) from your bladder or bowel, it can make the skin in that area sore.

You can protect your skin by keeping it clean and dry. There are many products available. Your continence adviser can give you more information.

Below are some suggestions to help keep your skin clean and dry.

- Unperfumed baby wipes are more gentle on your skin than toilet paper.
- Absorbent pads and a non-oil barrier cream can help protect your skin.
- Cotton underwear allows your skin to breathe more than other materials.

Going out

If you have problems with bowel or bladder control, you may feel worried about going out, especially to somewhere new. Planning ahead so that you are prepared can help you feel more confident.

Access to toilets

If you are going somewhere you're not familiar with, it's a good idea to find out where the toilets are in advance. Many towns and counties have lists or maps of the public toilets in their area. These are often on local authority websites. There are too many of these websites to list here, but you'll be able to find them on the internet. Try typing "public toilets" and the name of the place you're visiting into a search engine.

Carrying a **Just Can't Wait card** may help you access a toilet more quickly when you're out. The card states that the cardholder has a medical condition that means they need urgent access to a toilet. It can be used in places such as shops and pubs. You can get a Just Can't Wait card from the Bladder and Bowel Foundation (see page 107) or Disability Rights UK (see page 112).

You can also use disabled toilets. These often have more privacy. They have a wash basin and more space if you need to change. The National Key Scheme for Toilets offers access to about 9,000 locked public toilets across the UK. You can buy a key from Disability Rights UK (see page 112). They can also send you details of where the toilets are.

Macmillan also has a toilet card for people with late bowel or bladder effects. It gives you urgent access to a toilet when out in public. You can get one by phoning our Macmillan Support Line on **0808 808 00 00** and speaking to a cancer support specialist. Or, you can order it on our website at **be.macmillan.org.uk**

Take a bag with supplies

Pack a bag of the things you may need when you go out. This will help you feel more confident. You may want to include:

- wet wipes or baby wipes
- a non-oil barrier cream
- pads and pants
- a change of clothes
- a sealable bag
- anti-diarrhoea tablets (if you have problems with diarrhoea)
- your Just Can't Wait or Macmillan toilet card.

Specialist products for leakage or soiling

If you have problems with leakage or soiling (incontinence), there are different products you can wear. These help you feel more confident and protect your clothes if you have any leakage. A continence adviser can help you choose products that suit your needs.

You can buy pads for mild to moderate incontinence in most supermarkets and pharmacies and online. If these aren't absorbent enough, you can get bigger pads from your continence adviser. They can also explain what's available to you on the NHS. This can vary from region to region. The Bladder and Bowel Foundation offers advice and support via its helpline and website (see page 107).



Products for bladder incontinence

Pads and pull-ups have a layer that draws urine away from the surface and absorbs it, so your skin stays dry. There are different types available. You can wear some inside your underwear and others as a replacement for underwear. You can also buy pads to cover your bed.

For men

Having a urine bottle near your bed may help you get a better night's sleep. You won't have to walk to the toilet every time you need to go. If you are worried about getting to the toilet in time during the day, keep the bottle nearby. You may want to keep one in your car.

If you don't want to use pads, you may prefer to wear a sheath and leg bag. The sheath fits over your penis (like a condom), and urine is held in a bag that you strap to your leg. You can buy underwear with a built-in pocket to hold the bag.

Products for bowel incontinence

There are different types of pad you can wear during the day in case of accidents. Pads and pants with charcoal linings help reduce smell from leakage or wind. Stoma bags with filters also help reduce smell. There are also various types of pad you can use to cover your bed at night.

Anal plugs are made from soft foam and stop bowel leakage for up to 12 hours. There's a cord attached to the plug, which allows you to remove it when you're ready. Some people find anal plugs uncomfortable to begin with, but most people get used to them after using them a few times. Your continence adviser can tell you more about anal plugs.

Keep to a healthy weight

Being overweight puts pressure on your pelvic floor muscles. It's important to keep to a healthy weight if you have stress incontinence or problems with bowel control. Your GP can advise you on the right weight for your height.



Our booklet **Managing your weight after cancer treatment** has more information.

Keep physically active

Keeping active will help you manage your weight and avoid getting constipated. This is important to help look after your pelvic floor muscles. Exercise also encourages you to go to the toilet more regularly. It helps you feel better and can reduce stress.

If you have stress incontinence, it's best to avoid anything that involves running or jumping. Walking or swimming are low impact and are less likely to be a problem. When your symptoms are under control, you may want to gradually introduce other types of exercise. If you have a stoma, there is no restriction on the sports that you can play apart from contact sports. Ask your stoma nurse if you're in doubt about what you can do.



We have a booklet called **Physical activity and cancer treatment**, which you may find helpful.

Don't smoke

Smoking can make both bowel and urinary symptoms worse. If you need advice on stopping smoking, talk to your GP.



Our booklet **Giving up smoking** has more information on how to stop.

Avoid constipation

This is important to help look after your pelvic floor muscles.

Pages 29–31 of our food guide list foods that help reduce constipation. Look at our diagram on page 38 for the correct toilet sitting position.

Make sure you drink plenty of fluids and keep physically active.

Managing stress

The way you feel can affect both your bladder and your bowel. Anxiety and stressful situations can make your symptoms worse and may make accidents more likely.

Learning to relax may help improve some of your symptoms. Some continence clinics and support groups teach stress management. Your doctor or specialist nurse can tell you about relaxation classes in your area.

Relaxation CDs are available from bookshops and some health shops. You can also download relaxation podcasts from the internet.

Some people find that complementary therapies help them feel less stressed (see page 79). For details of what's available in your area, call our cancer support specialists on **0808 808 00 00**.

Getting support

Bladder or bowel problems can be embarrassing and difficult to talk about. This can make you feel isolated. Health professionals can give you lots of support and advice if you let them know about any problems you're having. They are used to dealing with these issues and can refer you to a counsellor or specialist if you need more help.

Support groups, online community sites and specialist organisations (see pages 107–112) can also provide invaluable support. They're a good way of meeting people who've been through similar difficulties. You can share experiences and solutions with each other. Partners, family members and close friends can also help you cope with feelings.

You can access the Macmillan online community at [macmillan.org.uk/community](https://www.macmillan.org.uk/community)

'Unless you have cancer and have been through an operation or chemo, it's hard for others to really understand how you feel. That is why I love the Macmillan online community. They are always here to give advice or support, so you feel you are never on your own.'

Pam



OTHER LATE EFFECTS

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Hernia (after surgery)

A hernia is a bulge caused by a part of the body, such as the bowel, pushing through a weakness in the muscle or tissue wall. Usually your muscles hold your intestines and organs in place. But after an operation, the area around the operation scar or stoma may become weaker and a hernia can develop.

The main symptom of a hernia is an ache or bulge in your tummy area (abdomen) or under the skin around your stoma. It may not be there all the time. You may notice it when you cough, sneeze or strain your tummy muscles. You may be able to push it back into place or it may go away when you lie down.

Always see your doctor if you think you may have a hernia. Some people may worry the swelling is linked with cancer. Your doctor will examine you by feeling around the area and reassure you that it is a hernia.

Sometimes they may arrange a CT (computerised tomography) or ultrasound scan to give a picture of the hernia.

Reducing your risk of getting a hernia

Smoking can increase the risk of a hernia developing. People who are overweight are also more likely to develop a hernia. Anything that increases the pressure inside your abdomen, such as lifting heavy objects or straining, can also increase your risk.

You can reduce your risk of developing a hernia by:

- keeping to a healthy weight for your height or losing weight if you are overweight
- not smoking
- following a healthy, balanced diet
- strengthening your abdominal muscles with regular moderate exercise, such as walking, yoga, or gentle aerobics and stretching exercises (ask your surgeon when it's ok to exercise first)
- not straining on the toilet and avoiding constipation
- learning how to lift heavy objects safely, so that your arm and leg muscles take the strain.

Treating a hernia

Most hernias won't need to be treated, especially if they are small and not causing any problems. Your doctor or nurse may advise you about lifestyle changes that could help, such as keeping to a healthy weight.

We have booklets about **Keeping to a healthy weight** and **Physical activity and cancer treatment**.

A hernia can also be treated with an operation to repair the tissue wall if necessary.

If an operation isn't right for you, there are also specially designed hernia support garments you can wear. It's important that the size and fit are correct; so ask your doctor, specialist nurse or stoma care nurse for advice.

Bowel adhesions (after surgery)

After any type of surgery in the abdomen, bands of tissue (called adhesions) may form between abdominal tissues and organs. Normally, tissues and organs are slippery and move easily as the body moves. But, if adhesions form they can make tissues and organs stick together.

Most adhesions don't cause problems. But, if you have also had radiotherapy to your bowel, you may be more likely to have symptoms.

Sometimes adhesions can cause pain in the abdomen. Rarely, they cause a part of the bowel to twist or kink, pulling it out of place so that it becomes blocked. This can cause symptoms such as:

- severe pain or cramping in your tummy (abdomen)
- being sick (vomiting)
- bloating
- loud gurgling sounds from the bowel
- tummy (abdominal) swelling
- not being able to pass wind
- constipation.

If you have severe pain you should contact a doctor straight away, as this could be a sign of a blocked bowel. You may need tests such as x-rays or scans to check.

Treating adhesions

Most people don't need treatment for abdominal adhesions as they usually don't cause problems.

Some people may need a short stay in hospital until their symptoms improve. Often the bowel is only partly blocked and gets better (unkinks) after being rested for a time. This may mean not eating for a day or so and having fluids through a drip into a vein. Or, you may need to take a liquid or low-residue diet for a few days. This diet is high in protein and low in fibre (found in fruit, vegetables and pulses). Low residue foods are more easily broken down into smaller parts by the digestive system.

If the bowel is completely blocked, an operation is the only way to break adhesions that cause pain or bowel blockage. But, because surgery may cause more adhesions to form, your doctor will only do this when it's necessary.

Effects on your sex life

Bowel cancer and its treatment can affect your sex life and also how you see yourself (body image). Difficulties with your sex life can happen because of the physical and emotional effects of cancer and its treatment.

You may feel too exhausted to have sex during treatment and for a while afterwards. Most people find that this gradually improves, but occasionally it can last for months or even longer.

Many people find it difficult to talk about sexual difficulties because they feel embarrassed or self-conscious. Your doctor or specialist nurse will be used to talking about these issues. They can advise you where to go for specialist help and support. You can also find a list of organisations that offer information and treatment on pages 107–112.



Our booklet **Sexuality and cancer** has more detailed information. We also have a booklet called **Body image and cancer**, which you may find helpful.

Low sex drive (libido)

Some people find their interest in sex is reduced after treatment. There can be different reasons for this.

- Coping with cancer and its treatment can cause anxiety, depression and low self-esteem.
- Tiredness (fatigue) may carry on for months after treatment.
- Changes to how you feel about yourself sexually may lower your sex drive.
- Reduced levels of sex hormones due to treatment. There is more information about menopausal changes in women on page 73, and reduced testosterone in men on page 74.

If you have a partner, let them know how you feel. Explaining why you don't feel like sex can reassure them that it isn't because your feelings for them have changed.

Possible sexual changes in women

After treatment for rectal cancer some women feel their orgasm is less intense than before. It may also take longer to reach orgasm. This may be due to changes in the blood flow and nerves in the pelvic and genital area.

The vagina may be shortened or narrowed by surgery or radiotherapy. If the rectum, which normally cushions the vagina, has been removed, sex may be uncomfortable in certain positions.



Sometimes a different position can feel better. You may need to experiment to find out what works best for you. Some women feel more relaxed if they can take control over the depth and speed of penetration. You can also use pillows and cushions to give you support.

Radiotherapy to the pelvic area can cause changes to the vagina. It may become drier, narrower and less flexible. Your hospital team may recommend that you use vaginal dilators to help. Dilators are tampon-shaped plastic tubes of different sizes that you use with a lubricant. Your specialist nurse or doctor will explain how best to use them.

If you find sex uncomfortable because of vaginal dryness, your doctor can prescribe you a cream or gel to treat this. You can buy simple lubricants, such as Aquaglide®, Senselle® or Replens® from most chemists. Your doctor can also prescribe hormonal creams.

Menopausal symptoms

Treatments such as chemotherapy and radiotherapy to the pelvis can bring on an earlier menopause. This can cause menopausal symptoms that make sex difficult, such as a dry vagina or lowered sex drive. Your doctor can usually prescribe hormone replacement therapy (HRT), which will improve these symptoms.

The Daisy Network offers information and support for women going through an early menopause – see page 108 for details.



You can find more information on managing possible sexual changes after radiotherapy in our booklet **Managing the late effects of pelvic radiotherapy in women**.

Possible sexual changes in men

Surgery or radiotherapy for rectal or anal cancer can affect a man's ability to get and maintain an erection. During surgery to remove rectal cancer, nerves that supply the penis may be damaged. After radiotherapy some men notice that their erections are weaker than before and that this gradually gets worse over a year or two. This may happen if radiotherapy has caused damage to nerves or scarring in blood vessels that supply the penis.

Treatment with drugs such as sildenafil (Viagra[®]) can help some men to get and maintain an erection after surgery or radiotherapy. There's some evidence that taking these tablets sooner rather than later, helps to improve your ability to get and maintain an erection. For men who can't take these drugs or aren't helped by them there are other methods that can be used. You can find out more about these in our booklet **Sexuality and cancer**.

Low testosterone levels

After radiotherapy for rectal cancer the levels of the male hormone testosterone are reduced in some men. Your specialist can tell you if testosterone replacement therapy is likely to be helpful for you.



You can read more about the possible effects of radiotherapy in our booklet **Managing the late effects of pelvic radiotherapy in men**.

If you have a stoma

If you have a stoma, you may find some sexual positions uncomfortable. It can also affect your self-confidence and you may feel self-conscious about the change in your body. This may result in sexual difficulties with your partner or make you feel anxious about new relationships.

Occasionally, problems may arise because partners are struggling with change. However, your partner may not have a problem with your changed appearance. It can be helpful to try to talk openly with them about how you feel.

If you feel self-conscious about how you look, talking with your partner may help you regain confidence. Focus on a part of your body that you like and use this as a foundation to build confidence in your body. If you feel very self-conscious, making love while partly dressed or keeping the lighting low may help.

Stoma nurses can give you advice and help with the effects a stoma can have on sexuality. Information is also available from The Sexual Advice Association (see page 109) or the Ileostomy and Internal Pouch Support Group (see page 109).

Tiredness

Tiredness (fatigue) is probably the most common side effect of bowel cancer treatment. Rest often doesn't make it better.

It's not unusual for fatigue to last for many months after treatment is over. Occasionally, in some people, it may last for a year or two.

If you have fatigue you may:

- feel you have no energy and could spend whole days in bed
- feel as if everyday activities, like showering or cooking, can seem impossible and have problems doing even small chores
- have difficulty concentrating or thinking clearly, making decisions and remembering things (see page 81–83)
- feel breathless after very little exertion, dizzy or light-headed
- have sleep problems
- lose interest in sex (see page 71)
- feel more emotional than usual.

Fatigue can affect the way you think and feel. Even things you usually enjoy, such as reading or watching TV, can be difficult.

You may find it affects your relationships and makes you impatient with people around you. Some people end up avoiding socialising because it's too much effort.

Possible causes

Recovering from cancer treatments can take time and fatigue is often a part of this. It is sometimes linked to problems such as depression, sleep problems, pain, anaemia or thyroid problems. It's important to find out if there's a particular cause of your fatigue so that it can be treated.

Always tell your doctor or nurse how you're feeling. Don't play it down. Tell them how your fatigue is when it's at its worst.

Your doctor can take blood samples to find out if you have anaemia (low number of red blood cells), or to find out if your thyroid gland is underactive. These conditions can be treated with medicines.

Fatigue is a common symptom of depression. It's not unusual to feel depressed, anxious or stressed after cancer treatment. If you think you may be depressed, talk to your doctor or nurse.

You and your doctor will be able to work out if what you're feeling is depression or fatigue. Your doctor can refer you to a counsellor and may prescribe antidepressants to treat depression.

If sleep or pain problems are causing or making your fatigue worse, improving these will help you feel better.

You can read more about ways of getting a better night-time rest in our booklet **Coping with fatigue**.

Coping with pain is tiring and it affects the quality of your sleep. Always let your doctor or nurse know if you have pain that isn't controlled.

What you can do to help yourself

Taking care of yourself is important and can help you to feel better.

- Keep to a routine. Going to bed at the same time and getting up at the same time each day can help. Try not to stay in bed in the morning after you have woken up.
- Eat well and keep to as healthy a diet as possible. This can help you feel better and may give you more energy.
- Allow people you trust, such as family, friends, neighbours and carers, to help you. Generally, people are glad to help, particularly if you can tell them what you need.
- Make a list of tasks you would like help with. This could include practical help, such as taking out rubbish, or things like paying bills or setting up direct debits to pay bills. If you have internet access you can do shopping online and have it delivered to your home.



'I discovered the delights of shopping online and getting my weekly groceries delivered. That felt like a real luxury, and it's easy to do. I'd recommend it.'

Eileen

- Regular exercise can help to reduce fatigue and build up your energy levels. Short walks that you can gradually build up are a good way to begin. Exercise also helps you to sleep better and can improve anxiety and depression. You can read more in our booklet **Physical activity and cancer treatment**.
- Complementary therapies may help to reduce stress and anxiety, and may improve fatigue. Relaxation, counselling and psychological support are available at many cancer treatment hospitals. You can read more in our booklet **Cancer and complementary therapies**.
- Problems with concentration and memory are common with fatigue and can be frustrating to deal with. You can read about ways to cope with concentration and memory problems on pages 81–83.



Our booklet **Coping with fatigue** has more suggestions that you may find helpful.



Concentration and memory problems

After cancer treatment, some people have difficulties concentrating and remembering things. Doctors call this **cognitive impairment**. Cognitive means thinking or the way we process information.

People sometimes call this difficulty 'chemobrain' or 'chemofog'. But these changes can also happen with other cancer treatments.

Changes in memory or concentration are usually mild and often get better within a year of finishing treatment. They can occasionally go on for longer or have more of an impact on your day-to-day life.

Here are some examples of the difficulties people describe:

- difficulty in concentrating and focusing (feeling foggy)
- feeling mentally slower than before and finding it hard to take things in
- forgetting details of conversations or events that you'd usually have no problem remembering
- mixing up dates and appointments and not being able to find things
- difficulty doing more than one thing at a time (multitasking)
- struggling to find everyday words or phrases.

If you are having these problems talk to your doctor about them. They will look for possible causes for your symptoms. They may arrange for you to have tests, such as blood tests or a scan.

If other factors are linked to your symptoms, treating these could help.

Feeling extremely tired (fatigue) is a common side effect of cancer treatment. It can cause problems with concentration and memory. Reducing the fatigue may help improve these problems. You can read more about this on pages 76–79.

Anxiety, stress and depression can all cause difficulty with memory and concentration. Treatment to help anxiety or depression may improve your memory and concentration.

Pain or other symptoms can make it difficult to focus on anything else. Having your symptoms treated may improve problems with concentration.

What you can do

Tell your family and friends about the difficulties you're having. They can support you and help you find ways to make life easier.

Try to look after yourself. Get plenty of rest but balance this with regular physical activity, such as walking. Being more active improves fatigue and sleep problems. Feeling less tired could improve your concentration and memory.

Some people find activities like yoga, exercise, meditation, reading and complementary therapies helpful. They can relax you and help with anxiety. You can read more in our booklet **Cancer and complementary therapies**.

Here are some other things you can do to help your symptoms and help you.

- Keep notes of anything important, such as talks with your doctor or nurse and questions you want to ask them. There is space to write these down on page 113.
- Have a daily routine, try to stick with it and to do one thing at a time. Cut out things that distract you, such as background noise when you are trying to concentrate.
- Use things to help your memory, such as a pill box dispenser, planners, calendars, post-it notes and to-do lists.
- Keep things in the same place so you know where they are, even if you don't remember putting them there.
- Try crosswords, word puzzles or Sudoku to help your concentration, or do simple arithmetic in your head for things like calculating your change.
- Keep a diary of times when your concentration or memory problems are worse. You can plan to do things that need more concentration when you're at your best.



Damage to nerves (after chemotherapy)

Doctors use the term peripheral neuropathy to describe damage to nerves. The chemotherapy drug oxaliplatin is the most common cause of peripheral neuropathy in people who have had treatment for bowel cancer.

The nerves carry messages between the brain, the spinal cord and the rest of the body. Nerve damage causes symptoms such as pins and needles, numbness, weakness, or pain in the hands and feet. For a few people this may lead to problems with balance and walking.

After chemotherapy, symptoms often improve as the nerves slowly recover. This usually takes several months. For some people the nerves don't completely recover and some nerve damage never goes away.

The symptoms often become less troublesome over time as you adapt and find ways of coping with the changes.

We have more detailed information about peripheral neuropathy.

Treating pain

If you have nerve pain there are different ways it can be treated. Some drugs change nerve impulses and help to relieve nerve pain. They include anticonvulsants (used to treat epilepsy) and certain antidepressant drugs. Drugs such as morphine can also sometimes be helpful.

If your pain is difficult to treat, ask for a referral to a pain clinic to get expert help from specialist doctors and nurses.

Transcutaneous electrical nerve stimulation (TENS) works by blocking pain messages sent from the nerves to the brain. Pads put on the skin give off small electrical pulses to stimulate nerves close to the pain. A physiotherapist or a specialist at a pain clinic can give you more advice.

Acupuncture uses fine needles that are placed through the skin at particular points. It's not clear exactly how this works, but it may help to block pain messages from being sent to the brain. Some hospitals and GP surgeries offer acupuncture on the NHS.

You can read more in our booklet **Cancer and complementary therapies**.

Other support

If you have problems with balance, co-ordination or walking, a physiotherapist can give you treatment and advice.

If you're having difficulty carrying out daily tasks, ask to be referred to an occupational therapist. They can assess your needs and recommend aids and equipment to help you.

If your symptoms continue for more than six months and cause you difficulty in walking or carrying out daily activities, you may be entitled to financial help. You can contact our cancer support specialists on **0800 808 00 00** for more information.

What you can do to help yourself

Make sure you protect your hands and feet. And, try to reduce your risk of accidents and falls.

Here are some general tips:

- Keep your hands/feet warm – wear gloves and warm socks in cold weather.
- Don't walk around barefoot, check your feet regularly for any problems and always wear well-fitting shoes.
- Wear gloves, for example, when doing household chores, gardening or DIY. Use potholders and oven gloves to avoid burning your hands when cooking.
- Test the temperature of water with your elbow to make sure that it isn't too hot before baths or showers.

Make sure rooms are well lit and there aren't things you could trip over. Put on a light if you get up during the night.



YOUR FEELINGS AND RELATIONSHIPS

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Your feelings

It's not unusual to find it difficult to cope with some of your feelings months or even years after treatment, especially if you have late effects. These often become easier to cope with in time and with the right support.

Even with ongoing treatment effects, many people find that cancer has helped them focus on what's important in their lives.

Feeling alone

Some late effects can be embarrassing or difficult to talk about. This can make you feel isolated. You may also feel isolated as you begin to have less contact with the hospital or if you don't know anyone else with the same problems.

Uncertainty

You may worry that some of your late effects are a sign of the cancer coming back. After cancer treatment, it's also common to feel anxious about aches and pains that you wouldn't have worried about before. It can help to know more about your late effects and where you can get support when you're worried.



Our booklet **Worrying about cancer coming back** has helpful advice.

Anger

It's natural to feel angry when you've had cancer, especially if you're coping with the late effects of treatment. Don't feel bad about feeling this way. It can be a relief to simply tell yourself and people you trust when you're feeling angry. Keeping strong feelings to yourself may make you feel depressed. You can talk to your doctor about seeing a counsellor.

Depression

Coping with the late effects of treatment can be physically and emotionally demanding. This can sometimes make people feel depressed. Signs of depression include:

- feeling low in mood
- having no interest or enjoyment from the things you would normally enjoy
- feeling helpless or hopeless.

If you think you may be depressed, talk to your doctor. They can refer you to a counsellor or psychologist or prescribe a course of antidepressant drugs for you.



Our booklet **How are you feeling? The emotional effects of cancer** has more detailed information that you may find helpful.

Relationships

Your experience of cancer may have improved and strengthened your relationships with people close to you. You may feel that you wouldn't have been able to cope so well without the support you've had from family and friends.

However, cancer is stressful and this sometimes has an effect on your relationships. Any problems usually improve over time, especially if you can talk openly with each other. On the following pages, we've listed some of the issues that sometimes arise in relationships and some ways of coping with these.

Family and friends

You may sometimes feel that your family and friends don't understand if you aren't feeling positive about getting on with things. You may feel they don't realise how much the effects of treatment are interfering with your life. Talking openly about how you're feeling will help them to understand you better and give you the support you need.



Our booklet **Talking about your cancer** has useful tips on how to talk to family and friends.

Children

How children have been affected by your illness often depends on their age. Younger children may feel that they're somehow to blame for your illness and could feel guilty.

Even if you have explained the situation when you were first diagnosed, you'll probably need to go over it again. You can reassure them that you are now recovering.



Our booklet **Talking to children when an adult has cancer** has helpful tips.

Try to talk openly and honestly with your children. Look for ways of getting them involved in your recovery, such as going for walks with you. Tell them what you can do and help them to understand that recovery takes time.

Teenagers may find it particularly difficult because they're going through a lot of emotional changes themselves. You may need them to take on more responsibilities around the home at a time when they're looking for more independence.

If they're finding it hard to talk to you, encourage them to talk to someone close who can support them, such as a relative or family friend. They may also find it useful to look at the website **riprap.org.uk**, which is for teenagers who have a parent with cancer.



Your partner

Some couples become closer as a result of sharing the experience of cancer. However, cancer can put a lot of strain on a relationship.

Problems sometimes develop, even between close and loving couples who've been together for a long time. If a relationship was already difficult, the stress of a major illness may make problems worse.

Even couples that are close may assume that they know what the other is thinking, but they may not always be right.

Talking openly about your feelings and listening to each other can help you to understand each other's point of view.

If you and your partner feel that counselling would help you in your relationship, you can contact Relate (see page 109).

Our leaflet called **Cancer, you and your partner** looks at the impact that cancer has on emotions, sexuality, practical issues and communication. It also gives you tips on how you can help your relationship.

Getting help and support

You don't have to wait until your next check-up to contact your doctor or any other health professional. If you have physical or emotional problems as a result of the cancer treatment, or if you think that your symptoms have come back, let your doctor or specialist nurse know as soon as possible.

Even if you're just feeling nervous or worried, tell your doctor so you can get appropriate support. After going through cancer, it's natural for your body to feel different, and for you to feel differently about your body. Aches and pains that you would have shrugged off before may make you wonder if the cancer has come back again. This is a common reaction.

Your GP or cancer specialist can assess your situation and refer you to the appropriate services. You can get physical and emotional support services through the NHS. Voluntary organisations also offer a range of support services. Your doctor or nurse can arrange these for you at your outpatient appointment at the hospital.

'I'm not the person I was before, and I think I am the better for it. I am now much more patient than before, both with the people I meet and the challenges I face. Even if you think the worst at the start, things can get better and you can learn to embrace the new you.'

Sean



Work

Late effects of cancer treatment may make work more difficult for you. Many companies have an occupational health service for their employees. They can offer support in various ways.

There are laws protecting the rights of workers affected by illnesses such as cancer. Your employer has a duty to make 'reasonable adjustments' to your workplace and working practices. This is to ensure you aren't at a disadvantage compared with others. Examples of reasonable adjustments may include:

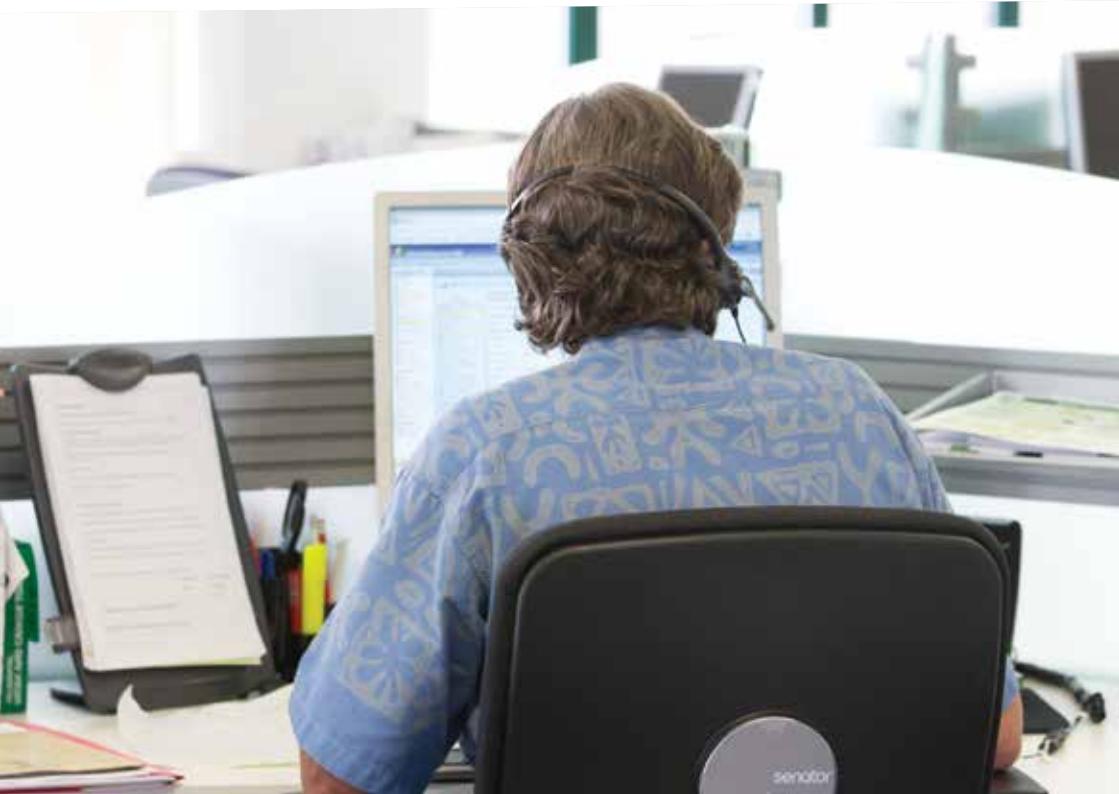
- allowing some flexibility in working hours
- moving a work base. For example, transferring to a work station nearer to a toilet
- providing toilet facilities appropriate for a disabled employee
- allowing extra breaks to help an employee cope with fatigue.

Your employer can get practical and financial support through 'Access to Work'. This is a government funded scheme. It helps employers make more expensive changes to a workplace, for example, installing separate toilet facilities. Our booklets **Work and cancer** and **Self-employment and cancer** have more information. We also have a guide for employers to support staff affected by cancer. It's called **Managing cancer in the workplace**.

Employment rights

The Equality Act 2010 protects anyone who has, or has had, cancer. Even if a person who had cancer in the past has been successfully treated and is now cured, they are still covered by the act. This means their employer must not discriminate against them for any reason, including their past cancer. The Disability Discrimination Act protects people in Northern Ireland.

Our booklets **Work and cancer**, **Working while caring for someone with cancer** and **Self-employment and cancer** have more information that may be helpful. There's also lots more information at macmillan.org.uk/work





FURTHER INFORMATION

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About our information

We provide expert, up-to-date information about cancer. And all our information is free for everyone.

Order what you need

You may want to order more leaflets or booklets like this one. Visit be.macmillan.org.uk or call us on **0808 808 00 00**.

We have booklets on different cancer types, treatments and side effects. We also have information about work, financial issues, diet, life after cancer and information for carers, family and friends.

All of our information is also available online at macmillan.org.uk/cancerinformation

There you'll also find videos featuring real-life stories from people affected by cancer, and information from health and social care professionals.

Other formats

We also provide information in different languages and formats, including:

- audiobooks
- Braille
- British Sign Language
- Easy Read booklets
- ebooks
- large print
- translations.

Find out more at macmillan.org.uk/otherformats

If you'd like us to produce information in a different format for you, email us at cancerinformationteam@macmillan.org.uk or call us on **0808 808 00 00**.

Help us improve our information

We know that the people who use our information are the real experts. That's why we always involve them in our work. If you've been affected by cancer, you can help us improve our information.

We give you the chance to comment on a variety of information including booklets, leaflets and fact sheets.

If you'd like to hear more about becoming a reviewer, email reviewing@macmillan.org.uk. You can get involved from home whenever you like, and we don't ask for any special skills – just an interest in our cancer information.



Other ways we can help you

At Macmillan, we know how a cancer diagnosis can affect everything, and we're here to support you. No one should face cancer alone.

Talk to us

If you or someone you know is affected by cancer, talking about how you feel and sharing your concerns can really help.

Macmillan Support Line

Our free, confidential phone line is open Monday–Friday, 9am–8pm. Our cancer support specialists can:

- help with any medical questions you have about your cancer or treatment
- help you access benefits and give you financial advice
- be there to listen if you need someone to talk to
- tell you about services that can help you in your area.

Call us on **0808 808 00 00** or email us via our website, macmillan.org.uk/talktous

Information centres

Our information and support centres are based in hospitals, libraries and mobile centres. There, you can speak with someone face to face.

Visit one to get the information you need, or if you'd like a private chat, most centres have a room where you can speak with someone alone and in confidence.

Find your nearest centre at macmillan.org.uk/informationcentres or call us on **0808 808 00 00**.

Talk to others

No one knows more about the impact cancer can have on your life than those who have been through it themselves. That's why we help to bring people together in their communities and online.

Support groups

Whether you are someone living with cancer or a carer, we can help you find support in your local area, so you can speak face to face with people who understand.

Find out about support groups in your area by calling us or by visiting [macmillan.org.uk/
selfhelpandsupport](http://macmillan.org.uk/selfhelpandsupport)

Online community

Thousands of people use our online community to make friends, blog about their experiences and join groups to meet other people going through the same things. You can access it any time of day or night. Share your experiences, ask questions, or just read through people's posts at [macmillan.org.uk/
community](http://macmillan.org.uk/community)

The Macmillan healthcare team

Our nurses, doctors and other health and social care professionals give expert care and support to individuals and their families. Call us or ask your GP, consultant, district nurse or hospital ward sister if there are any Macmillan professionals near you.

'Everyone is so supportive on the online community, they know exactly what you're going through. It can be fun too. It's not all just chats about cancer.'

Mal

Help with money worries

Having cancer can bring extra costs such as hospital parking, travel fares and higher heating bills. If you've been affected in this way, we can help.

Financial advice

Our financial guidance team can give you advice on mortgages, pensions, insurance, borrowing and savings.

Help accessing benefits

Our benefits advisers can offer advice and information on benefits, tax credits, grants and loans. They can help you work out what financial help you could be entitled to. They can also help you complete your forms and apply for benefits.

Macmillan Grants

Macmillan offers one-off payments to people with cancer. A grant can be for anything from heating bills or extra clothing to a much-needed break.

Call us on **0808 808 00 00** to speak to a financial guide or benefits adviser, or to find out more about Macmillan Grants. We can also tell you about benefits advisers in your area. Visit macmillan.org.uk/financialsupport to find out more about how we can help you with your finances.

Help with work and cancer

Whether you're an employee, a carer, an employer or are self-employed, we can provide support and information to help you manage cancer at work. Visit macmillan.org.uk/work



Macmillan's My Organiser app

This free mobile app can help you manage your treatment, from appointment times and contact details, to reminders for when to take your medication. Search 'My Organiser' on the Apple App Store or Google Play on your phone.

Other useful organisations

There are lots of other organisations that can give you information or support.

Beating Bowel Cancer

Harlequin House, 7 High Street,
Teddington TW11 8EE

Helpline 020 8973 0011

Email

nurse@beatingbowelcancer.org
www.beatingbowelcancer.org

org

Works to raise awareness of symptoms, promote early diagnosis and encourage open access to treatment choice for those affected by bowel cancer. Provides information on bowel cancer through its website or Nurse Advisory Helpline.

Bladder and

Bowel Foundation

SATRA Innovation Park,
Rockingham Road, Kettering
NN16 9JH

Helpline 0845 345 0165

Email

info@bladderandbowel
foundation.org
**www.bladderandbowel
foundation.org**

Provides information and support. Campaigns for people living with bladder and bowel disorders, including incontinence, constipation and diverticular disease.

Bowel Cancer UK Head Office

Willcox House,
140–148 Borough High Street,
London SE1 1LB

Tel 020 7940 1760

Email

admin@bowelcanceruk.org.uk
www.bowelcanceruk.org.uk

Raises awareness of bowel cancer and aims to improve the quality of life of those affected. Provides information about bowel cancer prevention, screening and symptoms through its website, leaflets and a helpline run by specialist colorectal nurses.

Bowel Cancer UK in Scotland

20 Queen Street,
Edinburgh EH2 1JX

Tel 0131 225 5333

Email scotadmin@bowelcanceruk.org.uk

Bowel Cancer UK in Northern Ireland

Tel 07798 523668

Email bernadette.mcgarry@bowelcanceruk.org.uk

Colostomy Association

Colostomy Association,
Enterprise House,
95 London Street, Reading,
Berkshire RG1 4QA

Helpline 0800 328 4257

Email cass@colostomyassociation.org.uk

www.colostomyassociation.org.uk

Offers support, reassurance and information to anyone who has had a colostomy or is facing one. Produces a range of free literature with useful and practical guidance. Offers home and hospital visits by experienced colostomates, and telephone advice and support.

The Daisy Network

PO Box 71432,
London SW6 9HJ

Email

daisy@daisynetwork.org.uk
www.daisynetwork.org.uk

A nationwide support group for women who have suffered a premature menopause.

IA (Ileostomy and Internal Pouch Support Group)

Peverill House, 1–5 Mill Road,
Ballyclare, Co. Antrim
BT39 9DR

Freephone 0800 0184 724

Email info@iasupport.org

www.the-ia.org.uk

For anyone who has had or is about to have an ileostomy or internal pouch. Has a network of branches throughout the UK providing advice, information leaflets, and home and hospital visiting. Hosts a number of forums for discussion of related issues. Membership fees apply.

Counselling and emotional support

British Association for Counselling and Psychotherapy (BACP)

BACP House,
15 St John's Business Park,
Lutterworth LE17 4HB

Tel 01455 883 300

Email bacp@bacp.co.uk

www.bacp.co.uk

Promotes awareness of counselling and signposts people to appropriate services. You can search for a qualified counsellor at itsgoodtotalk.org.uk

Relate

Tel 0300 100 1234

www.relate.org.uk

Counselling, support and information for all relationships.

The College of Sexual and Relationship Therapists

COSRT, PO Box 13686,
London SW20 9ZH

Tel 020 8543 2707

Email info@cosrt.org.uk

www.cosrt.org.uk

Has a directory of therapists to help members of the public find professional support in their local area.

The Sexual Advice Association

Tel 020 7486 7262

(Mon, Wed, Fri, 9am–5pm)

Email info@

sexualadviceassociation.co.uk

Helps to improve the sexual health and wellbeing of men and women.

General cancer support organisations

Cancer Support Scotland

Calman Centre,
Gartnaval Complex,
75 Shelley Road,
Glasgow G12 0ZE

Tel 0141 211 0122

Email info@
cancersupportscotland.org

**www.cancersupport
scotland.org**

Offers information and support
to people affected by cancer.
Also runs support groups,
and provides counselling and
complementary therapies.

Irish Cancer Society

43–45 Northumberland Road,
Dublin 4, Ireland

Tel 1800 200 700

(Mon–Thu, 9am–7pm,
Fri, 9am–5pm)

Email helpline@irishcancer.ie
www.cancer.ie

Has a freephone cancer
helpline staffed by nurses
trained in cancer care. You can
also chat to a nurse online and
use the site's message board.

Maggie's Centres

1st Floor, One Waterloo Street,
Glasgow G2 6AY

Tel 0300 123 1801

Email enquiries@maggiescentres.org

www.maggiescentres.org

Maggie's Centres provide
information about cancer,
benefits advice, and emotional
or psychological support.

Tenovus

Head Office, Gleider House,
Ty Glas Road, Cardiff
CF14 5BD

Tel 0808 808 1010

www.tenovus.org.uk

Provides a range of services
to people with cancer and their
families, including counselling
and a freephone helpline.

Financial or legal advice and information

Benefit Enquiry Line Northern Ireland

Tel 0800 220 674

(Mon–Wed and Fri, 9am–5pm,
Thu, 10am–5pm)

Textphone 0800 243 787

[www.nidirect.gov.uk/
money-tax-and-benefits](http://www.nidirect.gov.uk/money-tax-and-benefits)

Provides information and
advice about disability
benefits and carers' benefits
in Northern Ireland.

Citizens Advice

Provides advice on a variety
of issues including financial,
legal, housing and employment
issues. Details for your local
office can be found in the
phone book or on one of the
following websites:

England and Wales

www.citizensadvice.org.uk

Scotland

www.cas.org.uk

Northern Ireland

www.citizensadvice.co.uk

You can also find advice online
in a variety of languages at
adviceguide.org.uk

Department for Work and Pensions (DWP)

Disability Living Allowance

Helpline 0345 712 3456

Textphone 0345 722 4433

Personal Independence

Payment Helpline

0345 850 3322

Textphone 0345 601 6677

Carer's Allowance Unit

0345 608 4321

Textphone 0345 604 5312

[www.gov.uk/browse/
benefits](http://www.gov.uk/browse/benefits)

Manages state benefits in
England, Scotland and Wales.
You can apply for benefits
and find information online
or through its helplines.

Personal Finance Society – 'Find an Adviser' service

42–48 High Road,
South Woodford,
London E18 2JP

Tel 020 8530 0852

www.findanadviser.org

Use the website to find qualified
financial advisers in your area.

Support for carers

Carers UK

20 Great Dover Street,
London SE1 4LX

**Tel (England, Scotland,
Wales)** 0808 808 7777

Tel (Northern Ireland)

028 9043 9843

(Wed–Thu, 10am–12pm
and 2–4pm)

Email

adviceline@carersuk.org

www.carersuk.org

Offers information and support
to carers across the UK.

Can put people in contact with
support groups for carers in
their area.

Advanced cancer and end-of-life care

Marie Curie Cancer Care

89 Albert Embankment,
London SE1 7TP

Tel 0800 716 146

(Mon–Fri, 9am–5.30pm)

Email [supporter.services@
mariecurie.org.uk](mailto:supporter.services@mariecurie.org.uk)

www.mariecurie.org.uk

Marie Curie nurses provide free
end-of-life care to people in
their own homes, or in Marie
Curie hospices, 24 hours a day,
365 days a year.

Equipment and advice on living with a disability

Disability Rights UK

Ground Floor,
CAN Mezzanine,
49–51 East Road,
London N1 6AH

Tel 0300 555 1525

Email [enquiries@
disabilityrightsuk.org](mailto:enquiries@disabilityrightsuk.org)

**www.disabilityrightsuk.
org.uk**

Provides information on
social security benefits
and disability rights.

Has a number of helplines
for specific support, including
information on returning to
work, direct payments, human
rights issues, and advice for
disabled students.

YOUR NOTES AND QUESTIONS

Disclaimer

We make every effort to ensure that the information we provide is accurate and up to date but it should not be relied upon as a substitute for specialist professional advice tailored to your situation. So far as is permitted by law, Macmillan does not accept liability in relation to the use of any information contained in this publication, or third-party information or websites included or referred to in it. Some photographs are of models.

Thanks

This booklet has been written, revised and edited by Macmillan Cancer Support's Cancer Information Development Team. It has been approved by our Medical Editor, Dr Terry Priestman, Consultant Clinical Oncologist.

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Sources

We've listed a sample of the sources used in this publication below. If you'd like further information about the sources we use, please contact us at bookletfeedback@macmillan.org.uk

Andreyev J, et al. Practice guidance on the management of acute and chronic gastrointestinal problems arising as a result of treatment for cancer. *Gut* 2011. doi: 10.1136/gutjnl-2011-300563.

Ganz PA. *Cancer Survivorship; Today and Tomorrow*. Springer. 2007.

National Cancer Survivorship Initiative (NCSI). *Living with and beyond cancer: Taking action to improve outcomes*. 2013. www.gov.uk/government/publications/living-with-and-beyond-cancer-taking-action-to-improve-outcomes (accessed April 2015).

Can you do something to help?

We hope this booklet has been useful to you. It's just one of our many publications that are available free to anyone affected by cancer. They're produced by our cancer information specialists who, along with our nurses, benefits advisers, campaigners and volunteers, are part of the Macmillan team. When people are facing the toughest fight of their lives, we're there to support them every step of the way.

We want to make sure no one has to go through cancer alone, so we need more people to help us. When the time is right for you, here are some ways in which you can become a part of our team.



Share your cancer experience

Support people living with cancer by telling your story, online, in the media or face to face.

Campaign for change

We need your help to make sure everyone gets the right support. Take an action, big or small, for better cancer care.

Help someone in your community

A lift to an appointment. Help with the shopping. Or just a cup of tea and a chat. Could you lend a hand?

Raise money

Whatever you like doing you can raise money to help. Take part in one of our events or create your own.

Give money

Big or small, every penny helps. To make a one-off donation see over.

Call us to find out more

0300 1000 200

macmillan.org.uk/getinvolved

Please fill in your personal details

Mr/Mrs/Miss/Other _____

Name _____

Surname _____

Address _____

Postcode _____

Phone _____

Email _____

Please accept my gift of £ _____

(Please delete as appropriate)

I enclose a cheque / postal order / Charity Voucher made payable to Macmillan Cancer Support

OR debit my:

Visa / MasterCard / CAF Charity Card / Switch / Maestro

Card number

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Valid from

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Expiry date

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Issue no

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Security number

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Signature _____

Date / /

Don't let the taxman keep your money

Do you pay tax? If so, your gift will be worth 25% more to us – at no extra cost to you. All you have to do is tick the box below, and the tax office will give 25p for every pound you give.

I am a UK taxpayer and I would like Macmillan Cancer Support to treat all donations I have made for the four years prior to this year, and all donations I make in the future, as Gift Aid donations, until I notify you otherwise.

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax in each tax year, that is at least equal to the tax that Charities & CASCs I donate to will reclaim on my gifts. I understand that other taxes such as VAT and Council Tax do not qualify and that Macmillan Cancer Support will reclaim 25p of tax on every £1 that I give.

Macmillan Cancer Support and our trading companies would like to hold your details in order to contact you about our fundraising, campaigning and services for people affected by cancer. If you would prefer us not to use your details in this way please tick this box.

In order to carry out our work we may need to pass your details to agents or partners who act on our behalf.



If you'd rather donate online go to macmillan.org.uk/donate

Please cut out this form and return it in an envelope (no stamp required) to:
Supporter Donations, Macmillan Cancer Support, FREEPOST LON15851,
89 Albert Embankment, London SE1 7UQ

J

More than one in three of us will get cancer. For most of us it will be the toughest fight we ever face. And the feelings of isolation and loneliness that so many people experience make it even harder. But you don't have to go through it alone. The Macmillan team is with you every step of the way.

We are the nurses and therapists helping you through treatment. The experts on the end of the phone. The advisers telling you which benefits you're entitled to. The volunteers giving you a hand with the everyday things. The campaigners improving cancer care. The community there for you online, any time. The supporters who make it all possible.

Together, we are all Macmillan Cancer Support.

**For cancer support every step of the way,
call Macmillan on 0808 808 00 00
(Mon–Fri, 9am–8pm) or visit macmillan.org.uk**

**Hard of hearing? Use textphone
0808 808 0121, or Text Relay.
Non-English speaker? Interpreters available.
Braille and large print versions on request.**

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**WE ARE
MACMILLAN.
CANCER SUPPORT**