



Living well

After bowel cancer
treatment



Bowel CancerUK
Beating bowel cancer together

Contents

- 4 Your feelings after treatment
- 10 Support for partners, family and friends
- 11 Diet and physical activity
- 14 Follow up
- 18 Dealing with side effects
- 28 Sex and relationships
- 30 Going back to work
- 32 Other useful organisations
- 35 More support

About this booklet

The information in this booklet is for anyone who has had treatment for bowel cancer. We hope it will also be helpful for your family and friends.

This booklet describes your follow up care, possible side effects from treatment and some of the feelings you might be having after you finish treatment. We also explain how a healthy lifestyle can help and what your rights are at work.

Please speak to your healthcare team if you have any questions about how the information in this booklet affects you.

Our contact details and a list of other useful organisations are listed at the end of the booklet.

Support for you

As well as this booklet, we also have a range of other information and support that you might find useful.

Online community

Join our online community for everyone affected by bowel cancer at [bowelcanceruk.org.uk/community](https://www.bowelcanceruk.org.uk/community)

Ask the Nurse

Contact our nurses if you have any questions or concerns at [bowelcanceruk.org.uk/nurse](https://www.bowelcanceruk.org.uk/nurse)

Publications

Order or download our free publications at [bowelcanceruk.org.uk/ourpublications](https://www.bowelcanceruk.org.uk/ourpublications)

Website

Find out more about bowel cancer at [bowelcanceruk.org.uk](https://www.bowelcanceruk.org.uk)

Your feelings after treatment

When you finish treatment it can feel like coming off a rollercoaster. You may have been putting all your effort into coping with treatment and now you have the chance to look back at what you've been through. At the same time, your hospital appointments may become less frequent, which might mean you feel less supported.

Emotional recovery from treatment often takes longer than people expect. Some days you may feel that you're recovering well, but other days may be a struggle, leaving you feeling low or lacking in confidence.

The emotions and feelings you have after treatment may be very powerful or unpleasant and may be new to you, but they are natural. Worry and fatigue can leave you feeling much more emotional or sensitive than you were before. You may experience a whole range of unexpected emotions, such as feeling withdrawn, fearful, irritable or frustrated.

Not everyone reacts in the same way after treatment and some people may not experience these types of emotions. There's no right or wrong way to feel.

Some people find that having a positive attitude helps them cope, but you may also feel under pressure to avoid appearing low or negative. Try not to put too much pressure on yourself.

People can feel they don't have enough support from family, friends or their healthcare team after treatment ends. If you feel this way, you could try telling people how you feel and how they can help.

Some hospitals offer health and wellbeing events where you can get information on coping with daily life after treatment. It's also a chance to meet other people in a similar position to you. Ask your healthcare team if there are any events in your area.

You could also ask your specialist nurse whether your hospital offers holistic needs assessments to find out what practical or physical help you may need. Your healthcare team can refer you to other local services if you need them.



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When my friends asked me how I was, I always said, 'I'm fine', then wondered why I didn't get the support I wanted. Now, I try to be more honest and I get far better results.

Mike

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More support

Other people with cancer can also be a great support. You could join our online community at [bowelcanceruk.org.uk/community](https://www.bowelcanceruk.org.uk/community)

You might also find it useful to join a local support group. Macmillan Cancer Support have support groups across the country and Maggie's provide support for people with cancer and their families. We've provided their contact details at the end of this booklet on [page 32](#).

If you have other health problems, you may be finding it harder to recover from bowel cancer treatment. Speak to your healthcare team about what support you can get to help with daily life.

Many people feel stronger over time and can get back to enjoying normal life again but some people will feel like they need some extra support. Your GP or specialist nurse may refer you to a counsellor or clinical psychologist. Some of these services are free on the NHS but you may need to pay for long-term counselling.

Worries about the future

Many people worry about the cancer coming back or spreading. Going to hospital appointments and waiting for test results can be stressful for some people.

Your healthcare team will help you understand your individual risk of the cancer coming back, based on the size and position (stage) of your cancer when you were diagnosed. You can read more about bowel cancer staging on our website at [bowelcanceruk.org.uk](https://www.bowelcanceruk.org.uk)

Tell your healthcare team if you develop any new symptoms such as pain or changes in your bowel habit.

If your cancer can't be cured, you may be finding it hard to cope with the uncertainty of the future. Sharing your worries with family and friends can help. Your healthcare team are there to answer any questions you have and to tell you about local support services.

Body image

Cancer and its treatment can change how you think and feel about your body. You may feel upset or worried about any changes to your body. You may have scarring, physical discomfort, numbness, experience weight loss or other side effects of treatment that can make you feel self-conscious or affect your confidence. Talking about how you feel can help you cope. You could talk to someone close to you or you could ask your specialist nurse for help.

Stomas

If you have a stoma, you may have strong feelings about the sudden and significant change to your body. A stoma is where a section of bowel is brought out through an opening on your stomach area (abdomen). Your poo (output) is collected in a pouch or bag attached to the skin around your stoma. Over time, and with support from your stoma care nurse specialist, you will learn to adapt to your new body.

Getting through the first few weeks can be challenging, but remember family, friends and your healthcare team are there to help you. Talking about how you feel can help you cope.

Until you get used to looking after your stoma, you might worry about smells, noises or leaks. Wind passing out of the stoma may be smelly or noisy. You can help reduce wind by cutting down on foods such as broccoli and beans. Avoid fizzy drinks, chewing gum and sucking sweets. You can read more about how diet may affect your stoma at bowelcanceruk.org.uk

Your stoma bag can leak if it doesn't fit your body well. Ask your stoma care nurse specialist how to prevent leaks. They can help you find the right bag and products.



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When I got my stoma I never thought I'd be able to go on holiday again, for a while I thought 'that's it!' The first time we did go away, I thought that I couldn't go on the beach but after a few days I just adjusted my swim shorts, bared my tummy scars, and went on the beach – no one batted an eyelid and we've been lucky enough to have had some lovely holidays since then.

John

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You may worry about people seeing the pouch through your clothes or how they will respond to your new stoma. Your stoma care nurse specialist can help you with any worries you may have. It often takes a while and some trial and error to find the best appliance for you and your stoma.

Having a stoma should not stop you doing the things you enjoy. There are companies that sell underwear, swimwear and other products that can help you feel more comfortable. Ask your stoma care nurse specialist for more information.

Support for partners, family and friends

If you are the partner, relative or friend of someone with bowel cancer, you may feel you need support yourself. Caring for someone with bowel cancer can cause stress, sleep problems and other health problems. You may also be worried about money.

Some people find it helpful to go into hospital appointments with their loved one. This gives you the chance to ask the healthcare team any questions you may have. You can also help your relative or friend remember what the doctor or nurse has said.

It's natural to want to do everything you can to support your loved one. But it's also important to take care of yourself and not try to do too much. You could ask for help from family and friends, or you could ask the GP or healthcare team about local support services.

If you're finding it hard to cope or feeling very low, speak to your GP. They may offer you treatment or support.

Our online community at bowelcanceruk.org.uk/community has a specific section for relatives and friends and is a good way of

sharing experiences with others. You can also contact the Carer's Trust, whose details are at the back of this booklet, on [page 32](#).



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When supporting a loved one through cancer it's hard to express your feelings. Writing my feelings down and sharing with others really helped me to cope, especially as so many people shy away from sharing such a thing.

Charlotte

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Diet and physical activity

Eating well

After your cancer treatment you may find you can't eat the same foods as you did before. For example, you may need to follow a low-fibre diet. You can include vegetables and fruit in your diet by removing the skin, pith and seeds and eating well-cooked vegetables that are lower in fibre, such as courgettes and carrots.

You shouldn't need to take any supplements unless there are some foods you can't eat, if you follow a vegan or other restricted diet, or if you have a poor appetite. Some supplements can interfere with your treatment, so speak to your healthcare team before taking any. Your team may advise you to see a dietitian who can make sure you're getting all the vitamins and minerals you need. Don't take high doses of supplements as they can be harmful.

You can read more about diet and bowel cancer at bowelcanceruk.org.uk

Keeping physically active

You may not feel like being active when you're recovering from treatment, but regular physical activity can help you keep fit and improve your mood and wellbeing. There's some evidence to suggest that physical activity could improve survival in people who have had treatment that aims to cure bowel cancer.

Other benefits of keeping active include:

- reducing anxiety and depression
- strengthening your muscles, joints and bones
- reducing the risk of other health problems, such as heart problems and type 2 diabetes



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One of the first things I did after having my operation was try to reclaim my fitness and some of the independence I'd lost whilst being so ill, so I started walking. At first it was only a little and I had to go with someone to make sure I was ok, but soon enough I could do it alone. Every day I try and go a little bit further.

Tania

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Walking is a good way of keeping active while you're recovering from treatment. You could start with a walk around the house and then move on to a short walk outside. As you get your strength and energy back, you'll be able to do more.

Try to reduce the amount of time you spend sitting down. You could stand up to make phone calls, move around the house during TV adverts or use the stairs instead of the lift. If you do need to sit for long periods, get up and move around every hour.

Be careful not to lift anything heavy while you're recovering from treatment, to help prevent you getting a hernia. You can read more about hernias on [page 26](#). Speak to your healthcare team or a physiotherapist if your job involves manual work.

Try to build up to at least 150 minutes a week of moderate activity, such as fast (brisk) walking. This is about the same as 75 minutes of vigorous activity, like running, cycling or swimming.

You can make this easier by breaking it down into shorter sessions lasting at least ten minutes each. Include activities that strengthen your muscles, like yoga, dancing or cycling, at least twice a week if you can.

Always check with your healthcare team or physiotherapist before starting any type of vigorous physical activity.

Keep motivated by inviting a friend to join you or by using a fitness tracker or mobile app. But don't worry if you can't manage this amount of exercise. You may not have the energy to do as much as you could before your diagnosis, but being as active as possible will still be good for your body.

Your GP and healthcare team can tell you about local exercise referral schemes. Some sports centres offer free or reduced price exercise sessions for people recovering from cancer.

Follow up

Your healthcare team may offer you regular follow up appointments after you finish treatment. This is to find out how you are coping physically and emotionally. If you had treatment to cure the cancer, your team will check the cancer hasn't come back or spread. If there is a risk of the cancer coming back, regular checks will increase the chance of it being picked up early.

Your follow up appointments may be with a doctor or specialist nurse at the hospital. At your appointment, your doctor or nurse should ask you about your bowel function, weight, appetite and your stoma, if you have one. If they don't ask, remember to tell them about any problems you're having.

Tell the doctor or nurse if you're having trouble coping or if you need extra support.

Some hospitals offer follow up appointments that are tailored to you and your needs. This is sometimes called supported self-management. This means you may be able to have telephone appointments instead of going to the hospital if you're feeling well and there's a low risk of your cancer coming back.

When you have your appointment, you might want to take:

- a list of questions you'd like answers to – we've suggested some on [page 16](#)
- your latest medicines prescription
- spare stoma appliances, in case your doctor needs to examine your stoma
- a friend or family member for support

You will have follow up appointments for as long as you and your doctor feel they're useful.

Your follow up

If you have been diagnosed with advanced cancer, are having on-going treatment or lots of problems with side-effects, you will find that you have more follow up appointments with doctors, nurses and other health professionals.

Follow up tests

You may have a blood test to check the levels of a protein called CEA (carcinoembryonic antigen). It's not a perfect test and other things, like smoking and non-cancerous bowel conditions, can increase your CEA level. However, for some bowel cancers, it can give a good idea of whether your treatment is working.

You may have two or more computed tomography (CT) scans in the three years after you finish treatment. Current guidelines recommend that you should have a colonoscopy a year after treatment ends and then every few years to check for growths (polyps) and any new cancer developing in the bowel. Ask your doctor when you will have these checks and how often.

Getting test results

A doctor or nurse will give you your test results at your follow up appointments. You may find this a stressful time, but your healthcare team will answer any questions you have and can offer you support. They will explain how your results affect your future care and the risk of the cancer coming back. If they don't give you this information, you can ask for it.

Dealing with side effects

The side effects of treatment usually get better over time. However, some people may have side effects that carry on for more than six months (long-term effects) or that start months or years after they've finished treatment (late effects).

People cope with side effects in different ways. Some people with cancer say things like changing their work-life balance, focusing on the positive things in their lives, improving diet and keeping physically active are helpful.

Don't forget

Speak to your healthcare team if any side effects aren't getting better or if you're having any new problems. The team can offer treatment and support.

Sleep problems

If you're feeling stressed or worried, you may be finding it hard to sleep. Treatment side effects, needing to go to the toilet during the night and staying overnight in hospital can also cause sleep problems. Here are some things that might help:

- Try to get into a routine of going to bed and waking up at the same times each day
- Keep physically active during the day but avoid exercise during the last four hours before you go to bed
- Relax for at least an hour before bed, for example by reading a book or having a bath

- Avoid watching TV or using electronic devices just before you go to sleep
- Avoid smoking, or drinking alcohol or caffeine for at least six hours before bed

If you wake during the night, remember that relaxing can be as refreshing as sleep. Stay in bed and try not to look at the clock. Relaxation music or podcasts can help to take your mind off the fact you're not sleeping and you may find you drift off.

If you need more help to sleep, speak to your GP. If the tips listed above aren't working, they may refer you to a counsellor or mental health professional.

Fatigue

Extreme tiredness (fatigue) is one of the most common effects of cancer and its treatment. It can feel completely draining and can affect all areas of your life. Resting and sleeping often don't help.

Fatigue can get worse if you're feeling low or stressed. It's important to tell your healthcare team early on if you have fatigue, so you can get support and treatment quickly.

Treating other health problems such as anaemia, pain, emotional stress, sleep problems or dehydration, can help improve your fatigue.

Keeping a record of your fatigue between appointments can help you explain your symptoms to your healthcare team.

The following things might help you cope with fatigue:

- Making a plan of what you want to do each day
- Doing the most important things first

- Pacing yourself by taking regular rest breaks, even when you're having a good day. This can help you feel better in the long-term
- Trying to keep physically active, even if you don't feel like it – see [page 11](#) for advice
- Eating a healthy diet – you can read more about this on our website

Some people find that things such as relaxation therapy, massage, music, yoga, and acupuncture can help. These are referred to as 'complementary therapies'. Keep in mind that there's not much evidence to show that complementary therapy can improve symptoms or quality of life in people with bowel cancer, but some people find they help manage their symptoms. Speak to your healthcare team about how these sorts of therapies may affect your treatment or recovery.

Some hospitals and charities, like Penny Brohn UK and Maggie's, offer things like massage or reflexology for people with cancer. You can find their contact information at the back of this booklet on [page 32](#).



Fatigue can be one of the hardest side effects of treatment to deal with. I listened to my body and rested when I needed to, but I also tried to get out for a walk – fresh air always made me feel better. Eating well also gave me an energy boost.

Kate



Bowel problems after colon surgery

If you have had surgery to remove part of your colon, you may find that your poo is looser and more frequent. Your healthcare team can give you medicines to help. Symptoms usually calm down after a few weeks.

Some people develop a condition called bile acid malabsorption after surgery to remove a tumour in the right side of the colon (right hemi-colectomy). This can cause long-term diarrhoea that doesn't respond to usual anti-diarrhoea medicines. If you're diagnosed with this condition, your doctor will give you specific medicine to treat it.

Find out more

Some people may have more serious bowel problems after colon surgery that last longer than a few weeks. For more information visit our website bowelcanceruk.org.uk/aboutbowelcancer

Bowel problems after rectal surgery

Most people have bowel problems for several weeks after surgery to remove cancer in the rectum. Symptoms may include:

- leaking poo (incontinence)
- an urgent need to empty your bowels
- needing to empty your bowels more often than usual
- constipation
- not being able to completely empty your bowels

These symptoms should improve over time but your bowel habit is unlikely to return to what it was before your diagnosis. For some people, bowel problems can carry on long-term. Your healthcare team will help work out the best way to manage your symptoms if they continue.

If you've had surgery for bowel cancer that avoids a permanent stoma, you may have several of these bowel symptoms described on [page 21](#). This is due to a longer term condition called low anterior resection syndrome (LARS) that can impact your daily life. Having radiotherapy increases your risk of getting this syndrome.

Your healthcare team will work with you to find the best way of managing your symptoms.



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Recognising foods that made my symptoms worse helped with my change in bowel habit after surgery. Using diarrhoea medicine helped – but I learnt to use it sparingly. Water wipes are especially useful at the beginning to stop getting a sore bottom and knowing where the nearest toilet is when going out is reassuring, plus a Radar key is useful too.

Anisha

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Bowel problems after stoma reversal

Your stoma may either be permanent (if there is no longer enough bowel left to make a continuous pathway from the healthy bowel to the anus) or temporary. If you have a temporary stoma, you will usually have another operation to reverse it. Your healthcare team will tell you when this is likely to happen. Some people have their stomas reversed after a few months, while others have their stomas for several years before they have a reversal.

It can take a while for your bowel function to return to normal after your stoma is reversed. You may have bowel problems, such as:

- needing to empty your bowels more often than usual
- an urgent need to empty your bowels
- incontinence
- loose and runny poo (diarrhoea)

Bowel problems after chemotherapy

Chemotherapy drugs can cause bowel problems, such as:

- diarrhoea
- feeling and being sick
- pain in the abdomen
- constipation
- wind

Tell your healthcare team if you have these, or any other symptoms. They can give you medicines to help.

Bowel problems after radiotherapy

Radiotherapy can cause bowel problems, such as:

- passing blood or mucus from your back passage
- stomach cramps
- not being able to completely empty your bowels
- diarrhoea or constipation
- needing to empty your bowels more often than usual
- an urgent need to empty your bowels
- incontinence
- passing more wind than usual

Bowel problems often get better a few weeks after treatment ends, but some people find their symptoms last a lot longer. Some symptoms can start months or years later. If this happens, speak with your healthcare team and they can help you manage these symptoms.

Complementary therapies like relaxation therapy, meditation, yoga, aromatherapy or acupuncture may be helpful.

Getting help for bowel problems

It's important to tell your doctor or nurse specialist about any bowel problems you're having. Describe your symptoms, diet and any medicines you're taking. They can give you advice on your diet and offer you medicines or practical advice to help you manage your symptoms. They might need to refer you to another specialist such as a gastroenterologist (a non-surgical doctor who specialises in disorders of the gastrointestinal system), a dietician, specialist continence service or physiotherapist. If you're suffering from emotional problems your doctor might also refer you for counselling or psychological therapy.

More information

Our website has further information about managing bowel problems at [bowelcanceruk.org.uk/aboutbowelcancer](https://www.bowelcanceruk.org.uk/aboutbowelcancer)

Bladder problems

Surgery for bowel cancer can affect the nerves to the bladder. You may not be able to fully empty your bladder and you might leak urine. Radiotherapy can irritate your bladder so you may need to pass urine more often or with little warning. Your healthcare team can give you information on how to manage bladder problems or they may refer you to a continence service or urologist.

Hernia

After surgery to your stomach area (abdomen), your muscles will not be as strong as before and you may be at risk of getting a hernia. This is caused by part of your insides pushing through a weak part of the muscle or tissue wall. After surgery for colon or rectal cancer, part of your bowel can push through the wound. Some people develop a hernia around their stoma (parastomal hernia). Others may get a hernia after having their stoma reversed. You may not have any symptoms but you might notice a slight lump or bulge, especially when you cough or strain the muscle. Some people have some pain in the area.

To help prevent a hernia, avoid lifting anything heavy for up to three months after surgery. Once you have recovered from surgery, your stoma nurse specialist can give you information about stomach exercises to build up your core (abdominal) muscles. They can also tell you about support belts or underwear, which may help prevent a hernia.

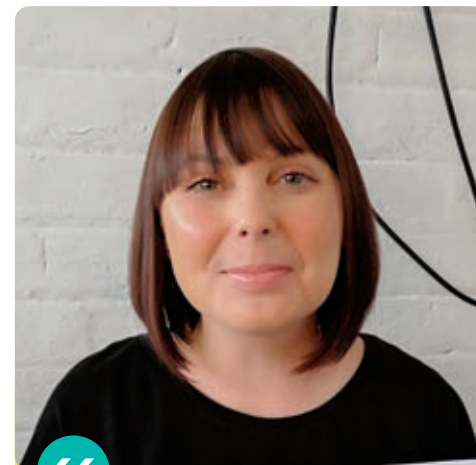
If you have a hernia, you may not need any treatment if it isn't causing any problems. If you have any symptoms, a support belt or underwear may help. Some people may have surgery to repair the hernia if it's causing severe problems.

Nerve damage

The chemotherapy drug oxaliplatin can damage the nerve endings in the hands, feet and lower legs. This is called neuropathy. You may get pins and needles, weakness or numbness. This can make it hard to do everyday things like writing, picking up small items and walking. These symptoms can be triggered or made worse by the cold. Your healthcare team may advise you to wear gloves when you use the fridge or freezer and avoid chilled food or drinks for a few days after each treatment.

You may get neuropathy symptoms during your chemotherapy cycle and for up to two weeks afterwards. Symptoms may improve once you finish treatment but in some people, neuropathy can last for months or years after treatment.

Tell your healthcare team if you have any symptoms of neuropathy. If the symptoms are affecting your daily life, your doctor may suggest lowering the dose of oxaliplatin or changing your treatment.



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I carried a pair of gloves with me at all times when I was on oxaliplatin and wore extra thick slipper socks to keep the tingling/burning sensation at bay during cold weather.

Gemma

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Sex and relationships

Cancer treatment and changes to your body can lead to sexual problems if you feel self-conscious, find sex uncomfortable or are worried about new relationships.

If you have a partner, working together and being open about the effect of treatment on your sex life can help you both. Being physically and emotionally close with your partner may help you feel better able to cope with cancer. This doesn't need to lead to sex, but if you want to be sexually active or want to start a new relationship, there are professionals who can help. Whether or not you have a partner, a psychosexual therapist can also help you to understand and come to terms with any sexual problems.

Surgery and radiotherapy can cause long-term problems getting an erection and problems with ejaculation in some men. These problems may get worse a few years after radiotherapy finishes.

Possible treatments include tablets that increase blood supply to the penis, injections to help you get an erection, pellets that you insert into the end of the penis, vacuum pumps and penile implants. The success of the treatment will depend on whether the nerves or blood supply to the penis have been affected by the cancer treatment.

In women, surgery and radiotherapy can cause tightening and shortening of the vagina. This can make sex difficult and painful. Radiotherapy can also cause dryness of the vagina but lubricants can help with this. Regular intercourse or using a dilator after you've completed radiotherapy may help reduce the risk of vaginal shortening.

If you feel you need help with any sexual problems, ask your GP or healthcare team to refer you to a sexual health specialist or psychosexual therapist.

Get support

Many people find it embarrassing to talk about their sex lives but your healthcare team are used to answering questions and talking openly about this and will want to help.

Going back to work

Some people feel ready to go back to work sooner than others. It will depend on many things, such as how you feel, your treatment side effects and your financial situation. Speaking to family, friends and your employer can help you decide on the best time for you to go back.

If your organisation has an occupational health or human resources department, make an appointment with them to discuss your needs or you could speak to your line manager. They should support you with your return to work. Here are some ideas for what you may want to talk to them about:

- Starting back at work with just a few hours, gradually building up your hours when you feel able to
- Taking on light duties to start with
- Changing your working hours or flexible working
- Access to toilet facilities

- Allowing extra breaks if you have fatigue
- Using your sick leave for hospital appointments
- What will happen if you're no longer able to do your previous role

As soon as you're diagnosed with cancer, you are protected as a disabled person by the Equality Act 2010. In Northern Ireland, you're protected by the Disability Discrimination Act 1995. This means your employer must make any reasonable adjustments needed to allow you to continue working.

The Access to Work scheme offers grants to help with the costs of extra support or equipment. If you're in England, Scotland or Wales, visit [gov.uk/access-to-work](https://www.gov.uk/access-to-work) for more information. If you're in Northern Ireland, you can get information about support at work from [nidirect.gov.uk](https://www.nidirect.gov.uk)

If you think you've been treated unfairly at work, you should speak to your employer first. If there's still a problem, you can contact ACAS (the Advisory, Conciliation and Arbitration Service), Citizens Advice or your union, if you have one.



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Following my surgery, I had six months off work. I felt apprehensive about going back, I'd lost confidence and didn't know what I could manage alongside the fatigue I was experiencing. Working with my line manger, we were able to put together a flexible plan with an extended phased return period. Keeping lines of communication open and ongoing support from my employer allowed me to return to my full time role.

Cara

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Other useful organisations

ACAS

W [acas.org.uk](https://www.acas.org.uk)
T 0300 123 1100

Provides free information and advice on problems in the workplace and employment law.

Age UK

W [ageuk.org.uk](https://www.ageuk.org.uk)
T 0800 678 1602

Gives health support, care and help specifically for older people.

Bladder and Bowel Community

W [bladderandbowel.org](https://www.bladderandbowel.org)
T 01926 357220

An organisation providing support and products for people with bladder and bowel control problems.

Cancer Research UK

W [cancerresearchuk.org](https://www.cancerresearchuk.org)
T 0808 800 4040

Information and advice for people affected by cancer.

Cancer Support UK

W [cancersupportuk.org](https://www.cancersupportuk.org)
T 020 7470 8755

Provides practical and emotional support to people living with cancer, both during and after treatment.

Carer's Trust

W [carers.org](https://www.carers.org)

Provides services and support to unpaid carers across the UK.

Chartered Society of Physiotherapy

W [csp.org.uk](https://www.csp.org.uk)

Website includes information on physiotherapy and cancer.

Citizens Advice

W [citizensadvice.org.uk](https://www.citizensadvice.org.uk)

Offers free, confidential advice on money, work and housing. You can find details of your local Citizens Advice on their website or in your phone directory.

Colostomy UK

W [colostomyuk.org](https://www.colostomyuk.org)
T 0800 328 4257

Provides support, reassurance and practical information to anyone who has or is about to have a stoma.

Healthtalk.org

W [healthtalk.org](https://www.healthtalk.org)

Watch videos of people sharing their stories about health issues including colorectal cancer. Topics include diagnosis, treatment, talking to children and daily living.

IA (Ileostomy and Internal Pouch Support Group)

W [iasupport.org](https://www.iasupport.org)
T 0800 018 4724

A support group run by and for people with an ileostomy or ileo-anal (internal) pouch.

Macmillan Cancer Support

W [macmillan.org.uk](https://www.macmillan.org.uk)
T 0808 808 0000

Provides support and information on cancer, money, benefits and work.

Maggie's

W [maggiescentres.org](https://www.maggiescentres.org)
T 0300 123 1801

Shares free practical, emotional and social support to people with cancer and their family and friends. Maggie's has centres at some NHS hospitals as well as an online centre.

NHS

W [nhs.uk](https://www.nhs.uk)

Provides health and lifestyle information, including general information about diet, physical activity, sleep problems, fatigue and emotional support.

nidirect

W nidirect.gov.uk

Government website for Northern Ireland citizens. Includes information on help with health costs.

Pelvic Radiation Disease Association

W prda.org.uk

T 01372 744338

Gives support and information for people who have had pelvic radiotherapy.

Penny Brohn UK

W pennybrohn.org.uk

T 0303 3000 118

Helps people live well with cancer by offering a range of services, including wellbeing courses and complementary therapies.

Sexual Advice Association

W sexualadviceassociation.co.uk

Offers information on sex and intimacy, including information for people with cancer.

Shine Cancer Support

W shinecancersupport.org

T 07804 479413

A charity that exclusively supports adults in their 20s, 30s and 40s who have had a cancer diagnosis.

More support



Online community

Our online community is a welcoming place for everyone affected by bowel cancer to ask questions, read about people's experiences and support each other. Join us at bowelcanceruk.org.uk/community



Ask the Nurse

If you have any questions about bowel cancer, contact our nurses at bowelcanceruk.org.uk/nurse



Publications

We produce a range of expert information to support anyone affected by bowel cancer. Order or download our free publications at bowelcanceruk.org.uk/ourpublications



Website

Visit our website for a range of information about bowel cancer including symptoms, risk factors, screening, diagnosis, treatment and living with and beyond the disease. Visit bowelcanceruk.org.uk

Bowel Cancer UK is the UK's leading bowel cancer charity. We're determined to save lives and improve the quality of life of everyone affected by the disease.

We support and fund targeted research, provide expert information and support to patients and their families, educate the public and professionals about bowel cancer and campaign for early diagnosis and access to best treatment and care.

To donate or find out more visit
bowelcanceruk.org.uk

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Please contact us if you have any comments about the information in this booklet: feedback@bowelcanceruk.org.uk