Recovering from Colorectal Cancer Surgery: Information for patients

This leaflet provides some information to support you with your recovery after your cancer surgery. If you have any further questions, please speak to a doctor or nurse caring for you.

Getting back to daily life after cancer surgery can be quite a worrying time. Please read the following information carefully as it explains the safest and easiest ways to do things.

Contents

Your surgery: _____

Your surgeon: _____

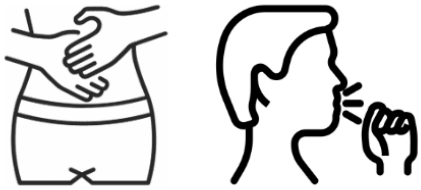
Your nurse specialist: _____

1. Breathing and Coughing

After your surgery, it is important to keep your chest clear to avoid developing a chest infection. Breathing exercises can help you loosen your chest and make it easier to cough.
Practice this technique every hour after your surgery. Once you are walking around as you did before your surgery you can stop these exercises.

Sitting upright in bed, or sitting in the chair, take a slow deep breath.

Breathe in through your nose and out through your mouth. Imagine you are trying to fill the whole of your lungs. Repeat this 5 times.
You will feel your tummy rise and fall as you breathe in and out. Being upright helps you to get more air into your lungs.



Coughing may be uncomfortable because of your surgical wound.

Coughing will not damage your stitches, it is important you are able to cough to clear your chest.

You will find it helpful to support your wound (gently but firmly) with your hands, or a pillow or towel while you cough. This will help to support the area, making it less painful.

2. Moving around

It is important to get up and about as quickly as possible after your surgery. This will help to prevent a chest infection developing and will improve your circulation, which helps healing. Moving around also reduces your risk of other complications associated with bed rest such as Deep Vein Thrombosis (DVTs).

In the first few days after your surgery, it is helpful to do some gentle movements to help your circulation.

1. **Ankle pumps**

Pump your feet up and down for 30 seconds

2. Knee bends

Sitting upright in your chair, slowly straighten one leg at a time, lifting your foot off the floor so that your leg is held out straight in front of you.
Slowly lower it and repeat with the other leg.
Repeat 10 times on each leg.

3. Getting in and out of bed

To avoid straining your tummy muscles and prevent pressure on your stitches, the safest and most comfortable way to get out of bed is to follow this technique:

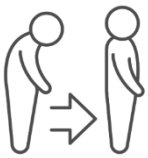
- Roll onto your side
- Slide your legs out of the bed towards the floor
- Use your arms to push yourself into a sitting position

You might find it more comfortable to support your wound with one of your hands as you move into sitting. Follow this process in reverse to get back into bed.

The QR code or following this link Getting In and Out of Bed will open a video developed by the association of stoma care nurses (ASCN UK) that demonstrates this technique.

*Please see information at the end of the booklet to explain how to access QR Codes

4. Posture



To encourage wound healing and prevent developing a ‘hunched’ posture, stand tall with your shoulders relaxed. You don’t need to bend forwards to protect your tummy. Good posture will prevent tension on your healing wound and prevent developing pain or stiffness in your back or neck.

Being upright improves the alignment of the spine and pelvis and helps to support bowel movements.

5. Wound care

Before you are discharged from hospital, the nursing team will discuss your wound and dressings with you. Surgical wounds are generally closed by stitches or glue, which are dissolvable and covered with a dressing. Don’t worry about getting your scars wet when showering – just ensure that you pat them dry with clean disposable tissues or let them dry in the air. Keeping scars clean and dry helps healing.

Wounds will go through several stages of healing. People commonly experience the following
• Sensations such as tingling, numbness or itching
• A slightly hard lumpy feeling as the new tissue forms
• Slight pulling feeling around the stitches as the wound heals

Please contact your GP or 111 out of hours if you are worried about your wound, have a temperature or experience the following at the wound site
• Redness
• Swelling
• Increased pain
• Pus
• Heat

6. Abdominal exercises

The following exercises will help to increase your circulation and healing. They can also reduce any discomfort from wind, lower back pain and general stiffness, all of which are common after surgery. Begin doing them the day after your operation.

1. **Abdominal contraction**

Lie on your back with your knees bent

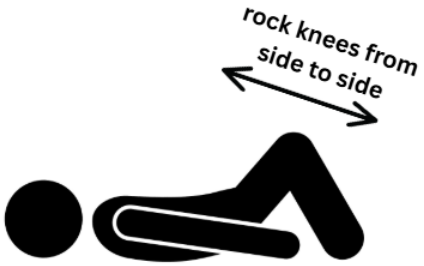
Place your hands gently on your lower abdomen (tummy)

As you breathe out, try and tighten your abdominal muscles so that you are drawing your belly button towards your back. You should feel your muscles tighten under your hands.

Try and hold this feeling for 3 seconds and gently relax

Build up to being able to hold it for 10 seconds

2. **Knee Rolling**



Lie on your back and bend your knees up

Keep your feet on the bed and slowly rock your knees from side to side

Repeat 5 to 10 times

3. **Pelvic Tilting**

Lie on your back with your knees bent and your feet flat on the bed

Tilt your pelvis back to flatten your lower back against the bed

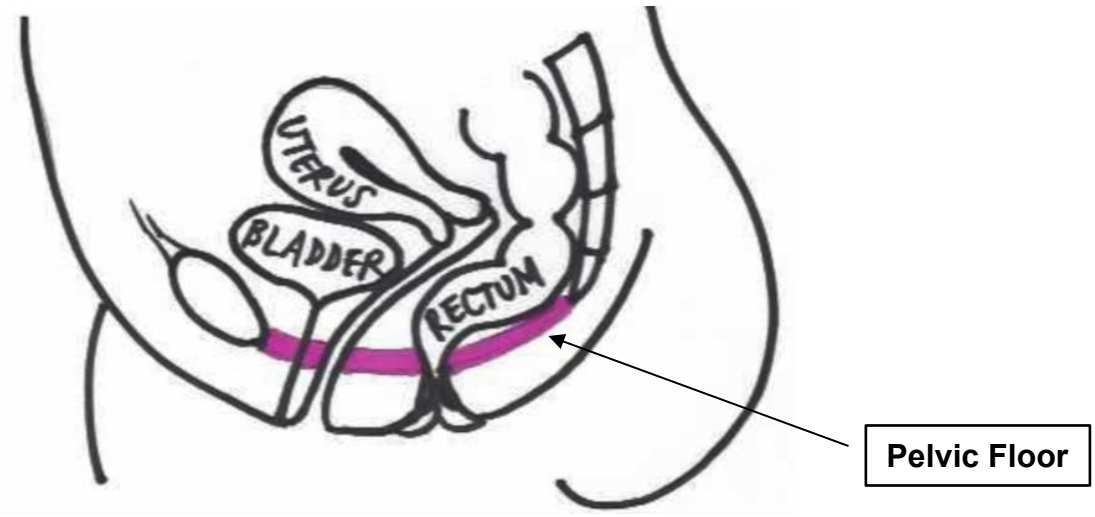
Hold for a few seconds while breathing normally and then relax, letting your back return to its natural position
Repeat 5 to 10 times

7. Your Pelvic Floor

What is your pelvic floor?
Your pelvic floor is a group of muscles that can be found at the base of your pelvis. They attach from your tailbone to your pubic bone across both of your sitting bones. They form a hammock that supports your pelvic organs.

What do the pelvic floor muscles do?

- They support the contents of your pelvis (bladder and bowels)
- They help prevent leaking of urine and faeces
- They help control wind
- They have a role in sexual function
- They will help to support the surgery
- They provide strength and support to your pelvis and lower back, helping to prevent pain.



8. Pelvic Floor Exercises

You might hear these exercises referred to as Kegels. Pelvic floor exercises can improve your recovery from surgery. They can support your muscles to coordinate better and can reduce the need to strain when you are opening your bowels. After surgery, these exercises can help to reduce swelling and improve your circulation to promote healing.

There are two main forms of pelvic floor exercises; long holds and fast squeezes. Both these types of exercises are equally important.

While sitting or lying, slowly tighten the muscles around the vagina and anus and lift up and in, as if trying to stop yourself from passing urine and wind.

Try to squeeze inside only, make sure you don't squeeze your legs, tighten your buttocks or hold your breath.

Try to practice the following two exercises **3 to 4 times daily**. They can be done lying, sitting or standing. The **quality** of these exercises is more important than the **quantity.**

The link or QR code will direct you to a video describing these exercises.
Pelvic floor muscle exercises

Exercise 1: Long holds

- Squeeze the muscles as explained above
- Hold this contraction for up to 10 seconds and then relax fully
- Rest for a few seconds
- Repeat this as many times as you can until your muscles become tired
- As you progress, aim to hold the contraction for 10 seconds and repeat 10 times

Exercise 2: Fast squeezes

Your pelvic floor muscles need to be able to work quickly so that they can react to stresses such as coughing, sneezing and running. You can train them to do this by exercising your pelvic floor in the following way:

Draw up and tighten your pelvic floor muscles as quickly as you can and then relax fully.
Repeat up to 20 times

Try to remember to tighten your pelvic floor muscles when you laugh, sneeze or lift something.

9. Bladder and Bowel Health

After abdominal or bowel surgery, bowel habits often change temporarily. This is **normal and expected** because anaesthesia, reduced mobility, eating and drinking less, and opioid analgesics all affect bowel function.

We advise

- Being active. Early and gradual mobilisation through gentle walking as tolerated, can help to stimulate bowel activity.
- Maintaining hydration. Drinking the recommended volume of fluids is key to preventing constipation.
- Optimise fibre gradually. Avoid high-roughage foods.
- Monitor bowel activity including passing wind, which is a good sign of your bowel function returning.

One of the biggest challenges people can face after surgery can be regaining control of your bowel.
The way your bowel works will be affected after surgery, even if the surgery is successful, as it has to adapt to having a part of your bowel missing.

Bowel Cancer UK has a helpful guide explaining how cancer treatments can affect the bowel and what you can try to manage these symptoms. Please see their website www.bowelcanceruk.org.uk or scan the QR code.

Your stool (poo) might be a bit looser and more frequent after surgery. It is common for this to continue for a few weeks, then these symptoms should settle down, or be controlled with medication.

Constipation can also be common after surgery. It is important to avoid straining to pass a stool as this can strain internal wounds, weaken your pelvic floor muscles and will be painful. Here are some tips to help if you feel you are getting constipated.

10. Tips for Healthy Bowels

Try to eat 5 pieces of fruit or vegetables a day as this will help to keep your bowel motions regular and your stools soft

Drink plenty of fluids, preferably water. You may wish to try drinking a cup of warm water first thing in the morning – this can help to stimulate your bowels to work.

Exercise and walk regularly

Make time to go to the toilet and do not ignore the urge to go.
Set aside time after breakfast or dinner for undisturbed visits to the toilet

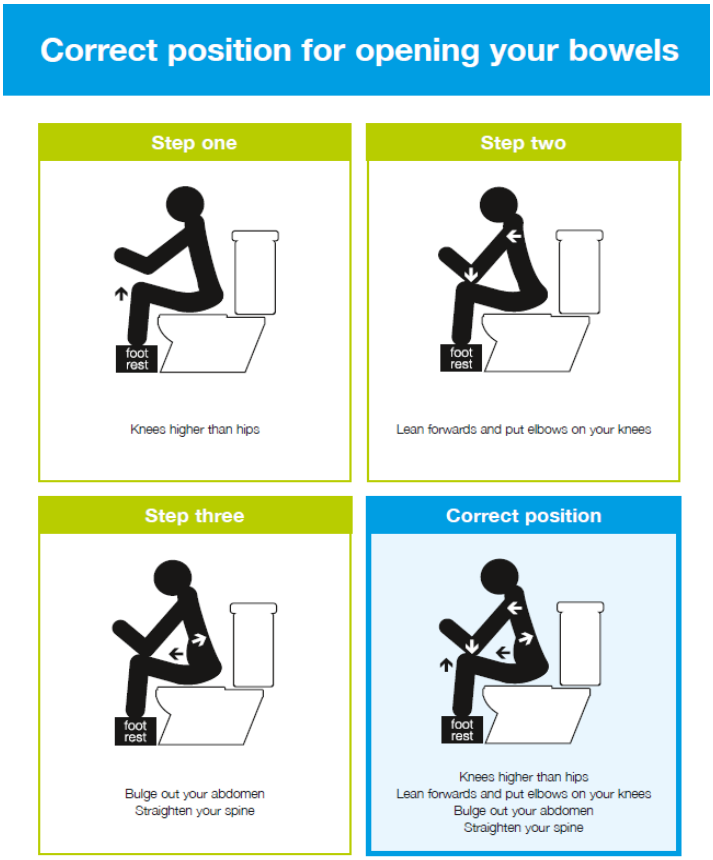
When you go to the toilet, sit down properly rather than hovering over the seat. This helps you to relax properly to be able to fully empty your bladder and bowel.
Relax and let go of your pelvic floor when you need to open your bowels.

The way you sit on the toilet can help you to reduce the strain on your wound when opening your bowels (see diagram on next page).

Sit with your knees higher than your hips by putting your feet on a footstool or a few books

Lean forwards and rest your elbows on your knees

Avoid holding your breath and try and keep your tummy relaxed



11. Looking after your skin

If you are going to the toilet very frequently, having diarrhoea or having accidental leakage, you may develop sore skin on your bottom.

- After opening your bowels always wipe gently with soft toilet paper or cotton wool. Avoid

fragranced moist toilet wipes, unfragranced options are fine to use. Be aware that not all wipes are safe to flush down the toilet.

- Discard each piece of toilet paper after wiping, avoid contaminating the area you have just wiped.
- If this discomfort continues, ask one of your team to look at your skin. They can recommend a barrier cream that will help. Please note, not all products are appropriate to use if you are undergoing radiotherapy.

12. Urgency or leaking

Immediately after your surgery, it will take a little while for your bowels to settle down into a routine again. If you have been struggling with bowel urgency or incontinence for more than 4 weeks following your surgery, your team may advise you to try **delay or deferring techniques.**

Delay/deferring techniques can help you to regain control of your bowel.

1. Sit on the toilet and hold on for 1 minute before opening your bowels. Once you can do this, gradually increase this to 5 minutes. Don't worry if you're not able to do this at the first few attempts – just keep practising.

2. When you can manage 5 minutes, try and progress to holding on for 10 minutes before opening your bowels. It may be helpful to take something to read with you. This stage is harder but remember you're on the toilet and therefore "safe".

3. When you can delay opening your bowels for 10 minutes whilst sitting on the toilet, the next step is to try moving away from the toilet. When you want to open your bowels, sit near the toilet perhaps on the edge of the bath or on a chair inside or just outside the toilet area.
   Now hold on for 5 minutes. Once you can do this, repeat this process, increasing the length of time that you are holding the urge to open your bowels to 10 minutes.

4. When you can delay opening your bowels for 10 minutes whilst off the toilet, then try to gradually move further away from the toilet. Your muscles are now becoming stronger and you should be able to hold on for 10 minutes. As you feel more confident, increase the distance you are from the toilet.

13. Continuing To Be Active After Leaving Hospital

When you return home start by gently moving around your home and build up your activity slowly. It is important to keep moving little and often and to avoid bed rest.

- You can keep active by going out for a walk each day. Start with a short 10 minute walk and build up as you feel able.
- From six to eight weeks onwards you can begin doing low impact exercise such as swimming and cycling. If you have any concerns please contact your doctor or physiotherapist
- Avoid sit-ups and other advanced abdominal exercises for the first 6-8 weeks.

- Avoid high impact exercise such as running, jumping and high impact aerobics for the first 12 weeks. After 12 weeks you can gradually return to more physically active exercise.

The Macmillan website can support you with more information about how to be physically active if you have cancer. This image outlines their guidance.

[Physical activity and cancer | Macmillan Cancer Support]

There are lots of local physical activity programmes that you might find helpful to support your recovery. The Macmillan Information and Support Centre can provide you with information about local services.
Cancer Care Map is an online resource that can help you to find cancer support service in your local area. You can use this to find local and online physical activity services.

www.cancercaremap.org

The **Move More** service provided by enable supports people specifically with a cancer diagnosis. Through enable, there is a range of activities you might enjoy.

https://enablelc.org/activelifestyles/

07928668215

activelifestyles@enablelc.org

Wellbeing walks
The Ramblers offer a series of free wellbeing walks that take place across England. The walks are led by experienced Ramblers Wellbeing Walks Leaders. They are all accessible on foot or by public transport.
The website or QR code will help you to locate a walk near you.

https://www.ramblers.org.uk/go-walking/wellbeing-walks-groups

14. When Can I Get Back to Normal Activities?

After your surgery it is common to feel tired and perhaps a little low. This is normal and it may take a while for you to begin to feel like yourself again. You may find you need to adapt your lifestyle a little until you are back to feeling like yourself again.

When standing and walking, try to stand upright.
Make sure that you pace yourself and rest regularly.

You should be able to go up and down stairs.

Initially, ask family and friends to help you with everyday activities like shopping, cooking and vacuuming

Make sure you do not lift anything heavier than a full kettle of water for the first six weeks (this includes young children).
After this we would still advise that you avoid lifting anything that makes you strain. When you start lifting again, make sure you bend your knees and keep your back straight. Hold the object you are lifting close to your body, tighten your pelvic floor muscles and breathe out as you lift.

After 6 weeks, try low impact exercises. It is advised that you wait until after 12 weeks before starting more physically active exercise programmes or impact sports.

You can return to driving when you feel safe to do an emergency stop, can wear a seatbelt and can turn to look over your shoulder without pain.
We recommend waiting 4 to 6 weeks after your operation, please check with your team for advice specific to your condition.
Always check with your insurance company before driving again.

You can return to sexual intercourse after 6 weeks, however, wait until you feel ready to be intimate. If anal penetration has been an important part of your sex life, stoma surgery or closure of your anus may create an additional challenge for you. Penetration of the stoma is not advised. If the rectum is still intact, we would advise care with anal penetration due to the increased risk of bleeding.

Please discuss with your surgeon when it is safe to return to work. You may need to adjust or modify some of your tasks at work to ensure you are not lifting more than you should be. This should be discussed with your manager or occupational health department. You might find it helpful to relocate your area of work to be near to a toilet if possible.

If you are self-employed, you may need to find different ways to manage your workload. Citizens Advice can be helpful to guide you with these processes.

The nursing staff can supply a sickness certificate for the time you are in hospital. After this you will need a certificate from your GP

15. Emotional Wellbeing

After receiving a cancer diagnosis, people can feel a range of emotions including fear, shock and sadness. People may also feel many emotions as they come to term with their diagnosis and cope with things such as surgery or other treatments. These emotions are a normal response to this experience. Some of the specific difficulties which impact emotional wellbeing from colorectal cancer include:

- Stomas – People may find it hard to adjust to having a stoma and may feel isolated if they do not know any other people who have a stoma
- Incontinence – Incontinence can significantly impact emotional wellbeing. For example, people may feel depressed that they no longer feel in control of their bladder or bowels. They may also feel anxious about leaving the house and not being close to a toilet
- Body Image Concerns – Treatment can change what a person's body looks like. This could impact how they think and feel about their bodies and how they feel others may view them. This can affect a person's self-worth and cause difficulties such as depression and anxiety if they find it hard to adjust to these changes
- Sex and Intimacy – Emotional difficulties can make someone not want to have sex or be intimate, as can body changes. Difficulties with sex and intimacy can also cause emotional difficulties such as depression and anxiety
- People may also experience more general difficulties such as worrying a lot about the future, worrying about their cancer treatment or anger about having cancer
- If someone is already experiencing difficulties with their emotional wellbeing, receiving a diagnosis of cancer or undergoing cancer treatment could also make these worse

If you are experiencing emotional distress, this is normal and understandable. Scan the QR code or follow this link Understanding the emotional and psychological impact of cancer to hear more about psychological wellbeing, or consider accessing psychological support.

Macmillan Cancer Psychological Support (CaPS) team

The Macmillan Cancer Psychological Support (CaPS) Team is here to help you cope with, and adjust to, the emotional and psychological difficulties associated with cancer. We offer free, confidential appointments for people living with and beyond cancer (up to 2 years following treatment) who are receiving care at St George's Hospital to help with cancer-related psychological difficulties. Appointments are also available to carers and can include working with

couples and families as appropriate. Your medical team can make a referral on your behalf, or you can contact them directly with any questions.

Macmillan Cancer Psychological Support (CaPS) Team - St George's University Hospitals NHS Foundation Trust (stgeorges.nhs.uk)

020 8725 0461

Cancer.psychologicalsupport@stgeorges.nhs.uk

Full circle wellbeing hub

Access to the Full Circle Wellbeing Hub for resources to help your wellbeing. Resources include mindfulness, breathing techniques, stretching techniques, guided relaxation and creative visualisation, reflexology self-help videos and the green and blue sound lounge (which is a range of different recordings from nature).

@FullCircle_Fund

www.fullcirclefund.org.uk

16. Useful Sources of Information

The 'roadmap' you received to guide you through your treatment will be a helpful reference for you if you need additional information or contact details of the different services who are here to support you.

Living with and beyond cancer webpages

Within the St George's Trust website, we have dedicated pages with information to support people following a cancer diagnosis. Please see the 'Living with and beyond cancer' pages for further information.
https://www.stgeorges.nhs.uk/service/living-with-and-beyond-cancer/

Further information and support

Your colorectal cancer nurse specialist

020 8725 4259

Community Stoma Nurses

www.hollister.co.uk

07548 835 65

Julie.Gordon@hollister.com

The colorectal surgery wards

Vernon and Gray Wards

The Macmillan Information and Support Centre

020 8725 2677

Cancer.information@stgeorges.nhs.uk

17. Support Groups

People have told us that they have found it very helpful to be able to speak to other people undergoing cancer treatment.
The following support groups might be of interest to you:

Bowel Cancer UK
www.bowelcanceruk.org.uk
020 7940 1760
email: admin@bowelcanceruk.org.uk

Papillon Patient Support
www.papillonpatientsupport.com

Colostomy UK
www.colostomyuk.org/support/
24 hour free helpline 0800 3284257
general enquiries 0118 939 1537

South East Cancer Help Centre
Bowel cancer support group 020 8668 0974
email: john.amos@sechc.org.uk

Bowel Cancer Support Group UK
www.bowelcancersupportgroupuk.org
(Online support group with over 5000 members via Facebook)

Bladder & Bowel Community
www.bladderandbowel.org
0800 031 5406
email: help@bladderandbowel.org
To join the support group: https://www.facebook.com/groups/BandBCommunity/

Anal cancer Foundation
www.analcancerfoundation.org
0203 488 6567
email: info@analcancerfoundation.org

Anal Cancer support forum - Macmillan
https://community.macmillan.org.uk/cancer_types/anal-cancer-forum

IA Support Group
For people with and ileostomy or internal pouch
www.iasupport.org
0800 018 4724

Pelvic Radiation Disease Association
www.prda. org.uk
01372 744 338
Support following the effects of radiotherapy

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received.
Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.
Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.
Tel: 111

AccessAble

You can download accessibility guides for all of our services by searching ‘St George’s Hospital’ on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.

* Using QR codes on a mobile phone

To use a QR code on your phone to access the resources in this leaflet please follow these steps:

1. **Open your camera app**: Most smartphones can scan QR codes directly with the camera. Open the camera like you normally would for taking a photo.
2. **Point the camera at the QR code**: Hold your phone steady and aim the camera at the QR code. Make sure the code is in the centre of the screen.
3. **Wait for a link or notification**: The phone will automatically recognise the QR code and show a notification or a link.
4. **Tap the notification**: Once you see the link, tap on it to open the website or content associated with the QR code.

The images used within this document are created on www.canva.com or are photographs taken by the St George’s clinical teams.

Reference: HONC_CCSF_01 **Published:** August 2026 **Review date:** August 2028