ENGLISH

Living well

Living with and beyond bowel cancer

Bowel Cancer UK
Beating bowel cancer together

Contents

About this booklet

This booklet is for anyone who has had treatment for bowel cancer. It also provides support and information for your family and friends.

It describes your follow up care, possible side effects from treatment and some of the feelings you might have after you finish treatment. There are personal experiences of people who have had bowel cancer treatment and advice from our community.

In each section we tell you where you can find more information and support. At the end of the booklet you will find a list of useful organisations and their contact details. There is also a list of the medical words used in this booklet and what they mean on **page 33**.

Get in touch

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

Your feelings after treatment

When you finish treatment you may have lots of different emotions. There are many ways to get support and it's important to remember that however you're feeling is natural.

You may have been putting all your effort into coping with treatment and now you have the change 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 can be very strong 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 You may experience a whole range of unexpected emotions, such as feeling withdrawn, fearful, irritable or frustrated.

Talk to others

Our online forum allows you to chat to others at any time of the day or night. **bowelcanceruk.org.uk/online-communities**

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.

Some people might 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.

Support from your healthcare team

Holistic needs assessments

Some hospitals offer ‘holistic needs assessments’ (HNAs) to find out what practical or physical help you may need. This involves completing a questionnaire about your needs and then having a conversation with your healthcare team about your answers. This can help your healthcare team to support you with the right services or refer you to other local services.

Your specialist nurse can tell you if these assessments are available at your hospital.

Counselling

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.

Wellbeing events

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.

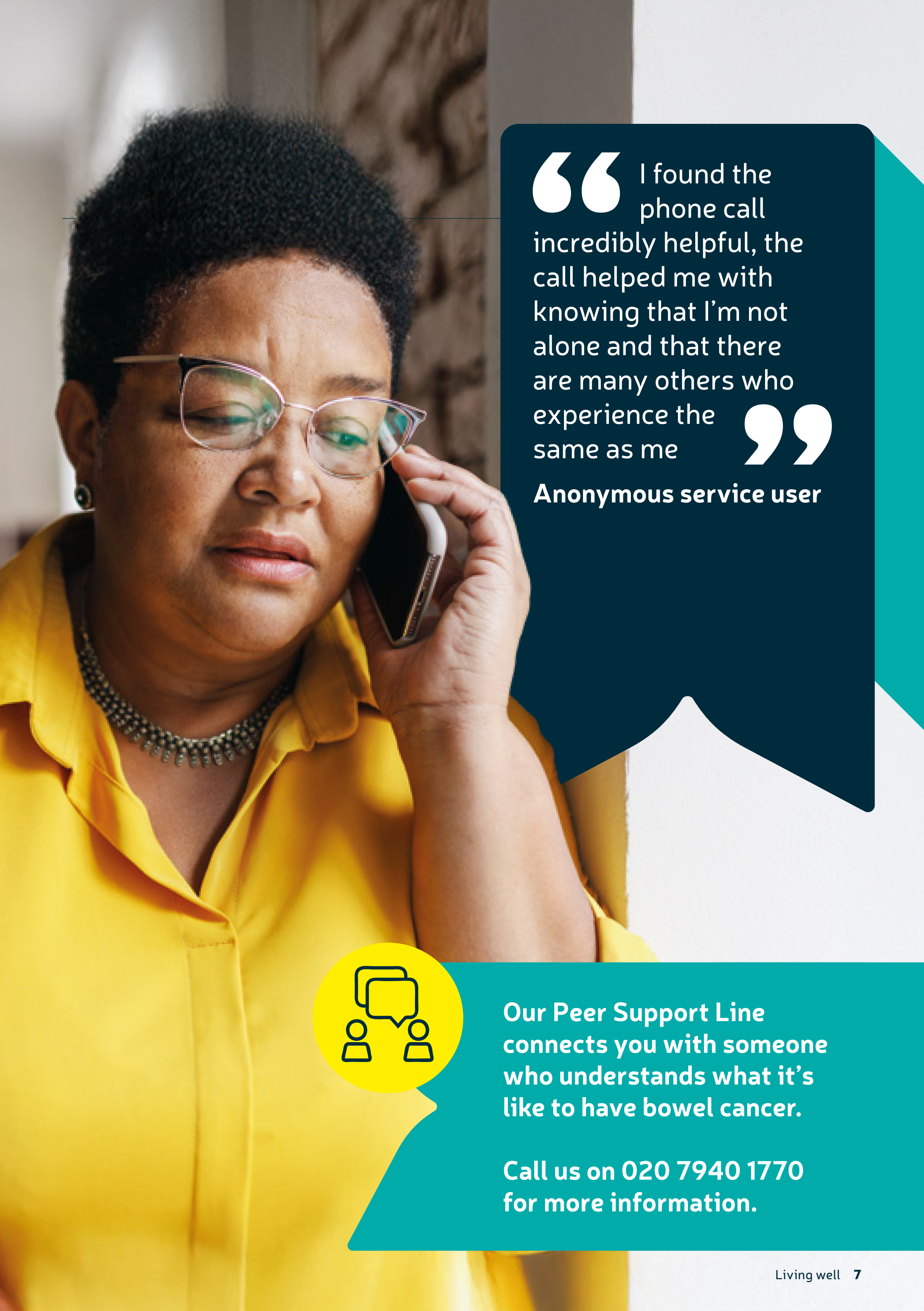
Recovering when you have other health problems

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. They may refer you to services to help with your other health problems too.

Worries about the future

You may worry about your cancer coming back or spreading and you may have lost confidence in your body. You may feel differently about yourself, in both positive and negative ways. If your cancer can't be cured, you may be finding it hard to cope with the uncertainty of the future. If you're feeling worried, speak to your healthcare team about what support is available to you.



> “I found the phone call incredibly helpful, the call helped me with knowing that I’m not alone and that there are many others who experience the same as me”

Anonymous service user

Our Peer Support Line connects you with someone who understands what it’s like to have bowel cancer.

Call us on 020 7940 1770 for more information.

Support for partners, family and friends

If you're 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 issues.

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 can offer you treatment or support.

Our online community at **bowelcanceruk.org.uk/community** has a specific section for family and friends. You may find it helpful to talk to other people with similar experiences.

More information

If you're caring for someone with cancer you can contact the Carer's Trust, whose details are at the back of this booklet, on **page 34.**

Sleep and fatigue

Feeling very tired or fatigued is a common side effect of cancer and cancer treatments. Tiredness is often caused by sleep problems. Fatigue is a type of extreme tiredness that can leave you feeling very low and affects your ability to do daily activities.

Sleep

If you're feeling stressed or worried, you may be finding it hard to sleep. Sleep problems can also be caused by side effects from cancer treatment, needing to go to the toilet in the night or staying overnight in hospital.

Here are some things that might help you if you struggle to sleep well:

- Try to get into a routine of going to bed and waking up at the same time 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, drinking alcohol and having caffeine for at least six hours before bed
- Make sure your bedroom is dark and quiet
- If you wake during the night, remember that relaxing can be as refreshing as sleeping
- 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. They may refer you to a counsellor or mental health professional.

Fatigue

Extreme tiredness (fatigue) is one of the most common side effects of cancer and cancer 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:

- Make a plan of what you want to do each day
- Do the most important things first
- Pace yourself by taking regular rest breaks, even when you're having a good day. This can help you feel better in the long-term
- Try to keep physically active, even if you don't feel like it
- Eat a healthy diet – you can read more about this you can read more about this in our booklet, *Eating well*: **bowelcanceruk.org.uk/our-publications**

> “Chemotherapy fatigue can be exhausting. The first few cycles are difficult, but my oncology team have given me great self-care tips, like not doing too much and resting when my body needs it. I also try to eat little and often. It’s best to be honest with friends and family about how you’re feeling, as it can be overwhelming. On tough days, I use the Bowel Cancer UK forum to connect with others going through the same thing. It helps to know you’re not alone.”

Michelle

Long-term and late side effects

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

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

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. This is called a 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 pain in the area.

To help stop getting 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.

Some people may have surgery to repair the hernia if it's causing severe problems.

Nerve damage

Some chemotherapy drugs can damage the nerve endings in the hands, feet and lower legs. This is called neuropathy.

You may get pins and needles or feel 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.

You may get neuropathy symptoms during your chemotherapy cycle and for up to two weeks afterwards. Some drugs like oxaliplatin are more likely to cause neuropathy than others.

Symptoms may improve once you finish treatment but sometimes neuropathy can last for months or years after treatment. Tell your healthcare team if you have any symptoms of neuropathy.

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.

If the symptoms are affecting your daily life, your doctor may suggest lowering the dose of drug or changing your treatment.

Advice from our community

We asked our community what they do to help manage neuropathy. Here are some of their top tips:

Food and drink

Take food out of the fridge an hour before you need to handle it

Keep gloves by the fridge and freezer to use when touching cold items

Avoid cold drinks and ice cream in the first week after treatment

Drink plenty of warm drinks out of an insulated mug

Hands, feet and face

Use moisturising lotion on your hands and feet multiple times a day

Practice balance exercises and use a stick or crutch if numbness in your feet makes you unsteady

Wear bed socks at night, wool ones are especially warm

Rub warming oil into your feet at night

Wear a big warm scarf or buff to protect your face from the cold

Carry rechargeable hand warmers with you

> “Not long after finishing chemo, I developed neuropathy in my feet. I was so grateful treatment had finished, it didn’t worry me much at first and I assumed it would pass. But as symptoms gradually worsened, I saw my GP and was prescribed medication, which eased things after a few days. I’ve found that good socks, a foot massager, and regularly walking around help me manage it.”
>
> **Tim**

Bowel and bladder problems

Some cancer treatments can affect the way your bowel and bladder work. Your healthcare team can help you get the right treatment and support to manage these side effects.

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 you need to poo more often. Your healthcare team can give you medicines to help. Symptoms usually calm down after a few weeks.

Bile acid malabsorption

If you have a tumour removed from the right side of the colon (right hemi-colectomy), you may have long-term diarrhoea. This is a condition called bile acid malabsorption. It can't be treated with usual anti-diarrhoea medicines. If you're diagnosed with bile acid malabsorption, your doctor will give you specific medicine to treat it.

Bowel problems after rectal surgery

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

Symptoms can include:

- leaking poo (incontinence)
- an urgent need to poo (urgency)
- needing to poo more often
- hard, dry poo which is difficult to pass (constipation)
- not being able to completely empty your bowels

These symptoms should improve over time but your pooing habits are unlikely to return to what they were 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.

Bowel problems after stoma reversal

Your stoma may be permanent 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 poo more often than usual
- an urgent need to poo (urgency)
- leaking poo or not making it to the toilet in time (faecal incontinence)
- loose and runny poo (diarrhoea)

Your healthcare team will be able to give you advice on how to cope with these symptoms.

Bowel problems after chemotherapy

Chemotherapy drugs can cause bowel problems, such as:

- loose and runny poo (diarrhoea)
- feeling and being sick
- pain in the stomach area (abdomen)
- dry, hard poo that is difficult to pass (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:

- blood or mucus coming from your bottom
- stomach cramps
- not being able to completely empty your bowels
- loose runny poo (diarrhoea)
- Hard, dry poo that is difficult to pass (constipation)
- needing to poo more often than usual
- an urgent need to poo (urgency)
- leaking poo or not making it to the toilet in time (faecal 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. You should ask your healthcare team before trying new therapies

You can find more information about bowel problems in our booklet *Regaining bowel control*: **bowelcanceruk.org.uk/our-publications**

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. This is a non-surgical doctor who specialises in disorders of the gastrointestinal system. You could also be referred to 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.

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 wee (urine). Radiotherapy can irritate your bladder so you may need to wee more often or very suddenly. Your healthcare team can give you information on how to manage bladder problems or they may refer you to a continence service or urologist.

Get support

Our specialist nurses can provide you with more information and support. Get in touch at **nurse@bowelcanceruk.org.uk**

Low anterior resection syndrome (LARS)

Low anterior resection syndrome (LARS) is also known as anterior resection syndrome. It's a collection of bowel symptoms that can happen after surgery to remove all or part of your rectum. These symptoms are long term and can impact your daily life.

You may be more likely to have LARS if you've had a low anterior resection, rather than a high anterior resection. Most people will have some of the symptoms of LARS after this type of surgery, but they're not always severe. Having radiotherapy or chemotherapy can also increase the chances of having these symptoms.

Symptoms of LARS may include:

- needing to poo more often
- passing small amounts of poo frequently (clustering or fragmentation)
- not being able to empty your bowels completely (incomplete evacuation)
- loose and runny poo (diarrhoea)
- a sudden urgent need to poo (urgency)
- leaking poo or not making it to the toilet in time (faecal incontinence)
- being unable to tell the difference between wind and poo
- increased wind
- a feeling of needing to go to the toilet but not passing anything (tenesmus)
- hard, dry poo which is difficult to pass (constipation)
- pain in your bottom when you poo

Treating LARS

Your GP or healthcare team should work with you to find ways to manage your symptoms and regain bowel control.

Finding what works for you often comes down to trying different options, as the causes and symptoms of LARS vary for different people.

> “After rectal cancer surgery, I developed LARS and needed the toilet up to 30 times a day. For days out, I got a RADAR key and used an app to find nearby toilets, but mostly avoided eating away from home. I tried loperamide, dietary changes, and pelvic floor therapy — they helped a little, but transanal irrigation truly transformed my life. LARS is tough, but with support and self-advocacy, there is hope and freedom.”
>
> **Debs**

Body image

Cancer and its treatment can affect your body image. You may feel sad, angry or worried about any changes to your body. You may have side effects of treatment that make you feel self-conscious or affect your confidence. It can be difficult to stop thinking and worrying about how you look or what other people think. People of any age or gender can feel differently about their body with or after cancer.

More information

If you're struggling with your body image, here are some things that can help:

- Talking about how you feel. You could talk to someone close to you or you could speak to your specialist nurse. You could also ask to be referred to therapy
- Spending time around people who make you feel good about yourself can boost your confidence
- You may find it useful to look in the mirror and focus on the parts of your body you do like
- You could also write down reasons you like your body or reasons you're grateful for it

You can find more information about managing your stoma, including advice about returning to work or travelling, in our *Practical tips: work, money and travel* booklet: **bowelcanceruk.org.uk/our-publications**

Living with a stoma

If you have a stoma, you may have strong feelings about how this changes your body.

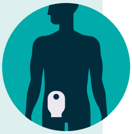
It can take time to get used to managing your stoma. Your stoma care nurse specialist can help you with any worries you may have.

Having a stoma should not stop you doing the things you enjoy. Lots of shops and companies sell underwear, swimwear and other products for people with stomas that can help you feel more comfortable.

It may help to attend a local stoma group. These groups provide an opportunity for people with a new stoma or expecting stoma surgery to speak to others who have experience of living with a stoma. You can find a list of support groups at **colostomyuk.org**.

Lots of people post on social media about living with a stoma. Some people find comfort and advice by following their journeys.

Get support



Our stoma support Facebook group is a supportive place for those who either have a stoma or are considering one as treatment for bowel cancer.

The group is a safe space to ask questions, share experiences and give and receive support: **bowelcanceruk.org.uk/online-communities**

Sex and relationships

Cancer treatment can affect your emotions and your relationships. This can lead to issues with intimacy and sex.

Sex therapy

If you want to be sexually active or want to start a new relationship, there are professionals who can help.

A psychosexual therapist can offer practical advice and help you to understand and come to terms with any sexual problems. You can visit a psychosexual therapist whether you have a sexual partner or not.

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

Erections and ejaculation

If you have a penis you may have problems getting an erection or problems with ejaculation after having surgery or radiotherapy.

During radiotherapy, you may find that ejaculating is painful. This is because radiotherapy can cause irritation and swelling (inflammation) of the urethra. The urethra is the tube that carries wee (urine) and semen out of the body.

If you are finding ejaculation painful you should avoid having sex. This side effect usually goes away a few weeks after you finish your radiotherapy treatment.

If you have had surgery or radiotherapy around your rectum you may have problems getting and keeping an erection. These problems may get worse a few months or years after radiotherapy finishes.

Your erections might not be as strong as before treatment, or you might get an erection but then lose it. This is because some cancer treatments cause scar tissue which can damage the nerves and blood vessels which help you to get an erection.

Possible treatments for erection problems 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, also called vacuum constriction devices (VCDs). A pump fits over the penis and pulls blood into the penis to make an erection
- penile implants that are put into the penis during an operation

These treatments might not be suitable for everyone, and some people choose not to have treatment. The success of the treatment will depend on how the nerves or blood supply to the penis have been affected by the cancer treatment.

Your healthcare team can discuss your options with you to choose the best treatment for you. This is called a penile rehabilitation programme.

Vaginal narrowing and dryness

Surgery and radiotherapy can change the tissue in the vagina. This can cause the vagina to become more narrow or shorter. The vagina might be drier than usual, or less stretchy. This can make sex difficult and painful.

You can try having sex in different positions to find what is most comfortable for you. Using lubricants can help with vaginal dryness. Having regular sex or using a tool like a dilator can help to reduce the risk of vaginal narrowing.

Hormones and menopause

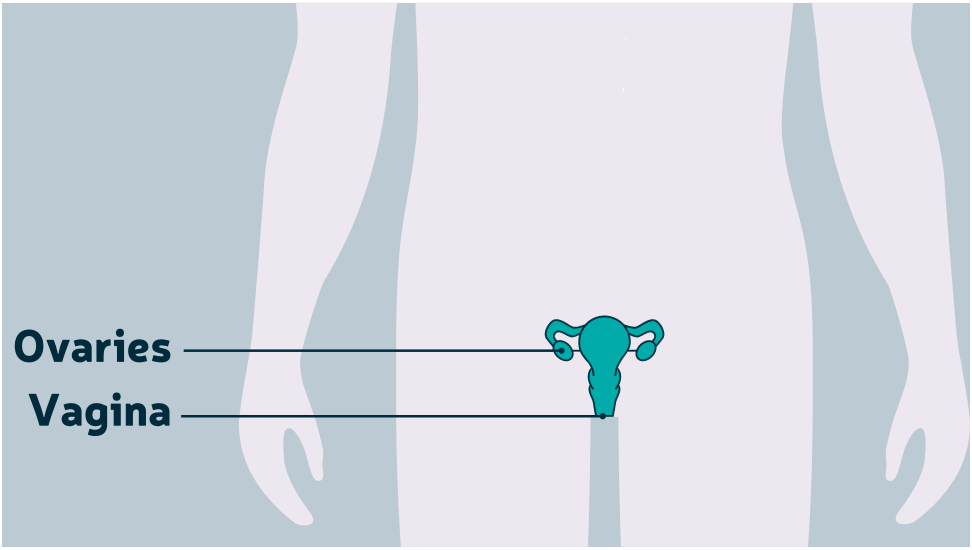
If you have ovaries, they may be affected by some chemotherapies and radiotherapies. These treatments can reduce the amount of hormones the ovaries produce and lead to early menopause.

Symptoms of the menopause can affect your sex life and how you feel about sex. Symptoms might include:

- loss of interest in sex (low libido)
- vaginal dryness
- hot flushes and sweats
- mood swings
- trouble sleeping

Menopause can be temporary or permanent. Your healthcare team will be able to give you advice if you think you're experiencing menopause.

For more information and support visit **menopauseandcancer.org**.



> The one thing I would say is always ask for any help you may be able to get and not to be embarrassed. I'm shortly starting sexual physical rehabilitation through the NHS, which may help me. Me and my partner are in a very loving relationship and still live a very normal life, with or without the sexual side. Intimacy can be as simple as having a cuddle in bed.
>
> **Anonymous patient**

Sex when you have a stoma

You may not feel ready to have sex after surgery or when living with a stoma. You may want to get used to having a stoma first. Give yourself time to recover and get used to the changes to your body.

If you have a partner, it can help to speak with them about how you're feeling. They may be feeling anxious too and you can be open about your feelings together.

You should never do anything sexual that directly involves your stoma. This is very dangerous and can lead to infection or permanent damage.

Stoma bags

You don’t need to wear a special stoma bag to have sex, but you can get smaller stoma bags if you choose to.

You may want to change your stoma bag before you have sex so that it’s empty. You can also use stoma support bands (cummerbunds) to support or hide your stoma bag.

You can buy underwear that is especially designed to be worn with a stoma bag. This may help you feel more confident.

Sexual aids

If you’re a sexually active person who uses aids such as harnesses or other items that attach to your body, you can speak to your healthcare team about how to safely use these without affecting your stoma.

If you’re waiting for a stoma operation you may be able to have the stoma positioned so it’s less likely to interfere with any aids you use.

If you identify as LGBTQI+ you can find more information and support at **OUTpatients.org.uk**

Physical activity

Exercising can help your recovery after surgery and other cancer treatments like radiotherapy and chemotherapy. It can also give you a sense of purpose and improve your fitness and mental wellbeing.

The side effects of your cancer or treatment may affect how much exercise you can do. If you were very active before you were diagnosed with cancer, you may have to build your fitness back up slowly.

You may feel very tired (fatigued) during or after having treatment. This is very common. If you're feeling very tired, don't push yourself to exercise. It's also important to rest and let your body recover.

Start off gently and, when you're ready, try to build up the amount of activity you do each day. You might begin 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 build up to 30 minutes or more of moderate exercise, such as fast walking, at least five days a week.

A fitness monitor or phone app that counts your steps can be helpful for setting daily step count targets, which you can gradually increase as your fitness improves.

Be careful not to lift anything heavy while you're recovering from surgery. Speak to a physiotherapist if your job involves manual work. They can also give you advice on when you can start exercising and what exercises would be best for you.

You might like to try gentle forms of pilates, yoga or tai chi, which can help build strength in your stomach area (abdomen).

A mix of exercise types is important. This can include:

- cardiovascular exercises which make your heart beat faster, such as jogging or cycling
- strength-building exercises which build muscle, such as lifting weights or using your own body weight to do squats or lunges
- activities to improve your flexibility and balance, such as yoga or stretching

Many physiotherapists and physical activity trainers specialise in working with people affected by cancer and can help you build a programme which works for you.

If you have advanced bowel cancer, you can still do light exercise such as a short walk if you feel able to. It's important to listen to your body.

You can speak to your healthcare team if you have any questions about staying active.

Eating well

A guide to diet and bowel cancer

Bowel Cancer UK

Physical exercise is one part of a healthy lifestyle. Eating a balanced diet can also help you feel better. You can find more information in our *Eating well* booklet: **bowelcanceruk.org.uk/our-publications**

> “I chose cycling to help me and went on to do some good long difficult rides but the most challenging and the ones I was most proud of were the first short rides to the end of the road and back. With out these small steps at the start I would not have gone on to the longer rides.”

Ian

Words used in this booklet

Abdomen	The part of the body underneath the ribs and above the hips.
Chemotherapy	Treatment that uses drugs to destroy cancer cells.
Counselling	A type of talking therapy that helps people explore their thoughts and feelings with a trained professional called a counsellor.
Dilator	A tool made of plastic or silicone that is used to gently stretch the vagina. This can help with pain during sex and general comfort.
Fatigue	Feeling extremely tired or having a lack of energy.
Hormones	Chemicals made by the body that affect how it works
Menopause	The time when women or people assigned female at birth stop having periods (menstruating), usually between the ages of 45 to 55.
Radiotherapy	Treatment that uses high energy waves called radiation to destroy cancer cells.
Physiotherapy	A type of physical therapy that uses movement and exercise to help people recover from illness or injury. A trained professional is called a physiotherapist.

Other useful organisations

ACAS

W 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
T 0800 678 1602

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

Bladder and Bowel Community

W bladderandbowel.org
T 0800 031 5412

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

Cancer, Fertility and Me

W cancerfertilityandme.org.uk

Provides information about sex and fertility for people with cancer.

Cancer Research UK

W cancerresearchuk.org
T 0808 800 4040

Information and advice for people affected by cancer.

Carer's Trust

W carers.org

Provides services and support to unpaid carers across the UK.

Chartered Society of Physiotherapy

W csp.org.uk

Provides information on information on physiotherapy and cancer.

Citizens Advice

W citizensadvice.org.uk

Provides 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
T 0800 328 4257

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

Cruse Bereavement Care

W cruse.org.uk

T 0808 808 1677

Provides support, advice and information when someone dies.

Cruse Bereavement Care Scotland

W crusescotland.org.uk

T 0845 600 2227

Provides support, advice and information for Scottish citizens when someone dies.

Fruitfly Collective

W fruitflycollective.com

Advice and resources to help parents with a cancer diagnosis support their children. Information on how to talk to children about cancer and manage family life.

Healthtalk.org

W 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

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

T 0808 808 0000

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

Maggie's

W maggiescentres.org

Provides 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.

Menopause and Cancer

W menopauseandcancer.org

Provides information and support for anyone experiencing menopause caused by cancer treatment or who was already in menopause when they had their cancer diagnosis.

Move Against Cancer

W moveagainstcancer.org

Provides resources to support people living with and beyond cancer to stay active and improve their physical and mental wellbeing.

NHS

W 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.

OUTpatients

W outpatients.org.uk

Provides support and information for queer people living with and beyond cancer and their family and friends. They run online and in-person support groups to help LGBTIQ+ people affected by cancer meet each other.

Pelvic Radiation Disease Association

W prda.org.uk

T 01372 744338

Provides 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.

Shine Cancer Support

W shinecancersupport.org

Provides support and information for people under 50 with cancer. Includes advice about work, dating and finances.

More support

Online Communities

Our online communities are welcoming places for everyone affected by bowel cancer to ask questions, read about people's experiences and support each other. Join us at **bowelcanceruk.org.uk/online-communities**

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**

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/our-publications**

Ask the Nurse

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

Notes

Bowel Cancer UK
Beating bowel cancer together

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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Trusted Information Creator
Patient Information Forum

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

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