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Managing Diarrhea

Presented by

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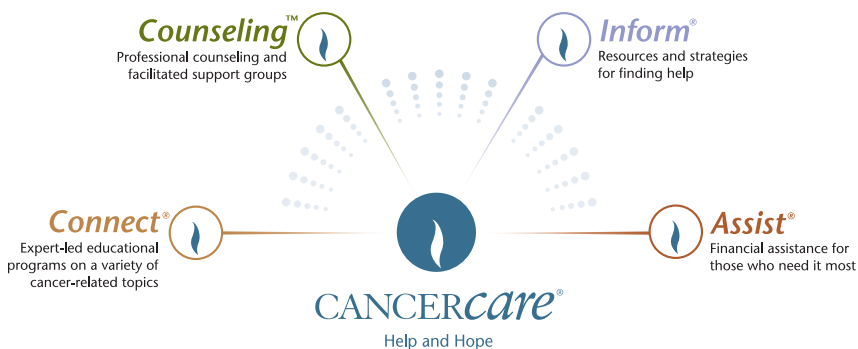
- What causes diarrhea
- Its symptoms
- Simple steps to control diarrhea
- Keeping your doctor informed



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Managing Diarrhea

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The information in this booklet is based on the CancerCare Connect® Telephone Education Workshop, “Let’s Talk About Diarrhea: How to Recognize Its Early Signs and Manage It,” which took place in November 2002.

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It's a common symptom among cancer patients. But diarrhea doesn't always get the attention other symptoms do.

Bowel movements are not a usual topic of conversation. It's a private matter and can be embarrassing to discuss, especially if there's something wrong. But it's important that you talk with your health care provider about diarrhea, and at the earliest possible time, when symptoms begin. Not only can diarrhea affect your quality of life, it can interfere with your treatment, especially if you feel discouraged because you constantly need to use the toilet.

Chemotherapy and radiation, especially to the pelvic area, can lead to diarrhea. Patients under treatment for cancers of the digestive tract may be among the most likely to experience this aggravating symptom. In this booklet we'll talk about how to track and report changes in bowel habits, and how to deal with the problem of diarrhea. We'll examine a number of techniques to combat diarrhea:

- Over-the-counter drugs, which you should use carefully and always under your doctor's supervision;
- Prescription drugs, which are effective in treating diarrhea caused by cancer treatment;
- Special diets and replacement of lost fluids;
- The best ways to communicate with your health care team.

An especially important note: If you have had a bone marrow transplant and are experiencing diarrhea, contact your doctor immediately. Diarrhea in transplant patients may be an early warning sign of a serious condition known as graft-versus-host

disease. In such a situation, **DO NOT** attempt to treat diarrhea on your own before calling your doctor.

Keeping a Log

Only you know the number of bowel movements you normally have in a day or week. For some people, it's normal to move their bowels once a day, for others, once every other day or once every three days. It's helpful to keep a log to track changes. This will help your medical team better understand and treat your symptoms.

In your log, make note of:

- How frequently you are having bowel movements.
- The particular time you use the toilet. Is it right after you eat? In the morning or afternoon?
- How much time you spend in the bathroom each time you go.
- Whether you're experiencing painful cramps.
- The number, consistency, and color of stools. Are they hard and well formed? Or softer and more liquid? Do they appear to contain mucus?
- Whether your bowel movements affect your daily activities. Do you feel you can't leave the house for fear of not finding a restroom in time?
- When you receive chemotherapy and whether you notice a change in your stools soon after.

Your log should also include information on your medical history:

- Before receiving chemotherapy or radiation treatments, did you have any problems that increased the frequency of your stools?
- Have you had ulcers or ulcerative colitis? Irritable bowel syndrome?

Fast Facts

When the **gastrointestinal system** is working normally, we eliminate about half a quart of fluid each day. The consistency of the stool—its hardness and size—is based on how much fluid you take in. In total, nearly 9 quarts of fluid pass through the gastrointestinal tract daily:

- Fluid we drink—2 quarts
- Saliva—1 quart
- Bile—1 quart
- Stomach secretions—2 quarts
- Pancreatic secretions—2 quarts
- Intestinal secretions—1 quart

Most of this fluid—about 95%—is absorbed back into the body from the large bowel, or intestine. When something like chemotherapy or radiation interferes with the absorption of water from the bowel, more water stays in the bowel and diarrhea results.

- How stressed are you?
- Have you ever used anti-diarrhea treatments?
- Do you take medication for constipation or any other condition?
- Are you using pain medication?

You should also note habits and lifestyle factors in your log:

- What you eat and drink.
- Whether you've experienced any weight loss.
- Whether you've traveled outside the country and eaten any suspect food, have been exposed to anything medically unusual, or have had severe bouts of diarrhea.

Exam Time

When you visit your doctor to talk about diarrhea, there are a number of things he or she will look for:

- Your vital signs—blood pressure, heart rate, breathing.
- Whether you've gained or lost weight.
- How your skin looks—dry skin could indicate dehydration.
- The feel and sounds of your abdomen.
- Whether hemorrhoids are present.
- If you have a **colostomy** and **stoma**, the health of the skin around the stoma.

Warning signs you should report immediately:

- Fever greater than 100.5°F (38.2°C)
- Excessive thirst
- Dizziness
- Heart **palpitations** (heart racing when you're at rest)
- Rectal spasms after bowel movements
- Watery stools
- Bloody stools (stools may appear red after eating certain foods such as beets)
- Stomach cramps
- Multiple bouts of diarrhea in a day

Help Yourself

REPLACE LOST FLUIDS AND SALTS

When you have diarrhea, your body can lose a lot of fluid. Extreme thirst and dehydration can run down your supply of **electrolytes**—the body's salts that must stay in balance in order for cells to work properly.

- Drink plenty of fluids. If you are getting behind in fluids, make sure that your doctor or nurse knows about the problem you are having with diarrhea.
- Increase your intake of drinks such as Gatorade or Pedialyte, an over-the-counter solution made for infants but that can be used by adults as well. These drinks provide electrolytes—the body’s salts that must stay in balance in order for cells to work properly. Occasionally, intravenous fluids are needed if the diarrhea is especially severe.

CHANGE YOUR DIET

Many foods can nourish you without contributing to diarrhea. Here are some suggestions:

CHOOSE	INSTEAD OF
High-protein foods such as eggs (well cooked); lean meat, fish, or poultry; smooth peanut butter*; beans*	Fried or fatty foods (such as sausage, bacon, chicken nuggets, or fried seafood), pizza
Skim or low-fat milk, yogurt, cottage cheese (use lactose-free dairy products if you are lactose intolerant)	Regular milk or cheese with more than 9 grams of fat per ounce
Cooked vegetables* such as carrots, green beans, mushrooms	Raw vegetables, especially those with thick skins, seeds, or stringy fibers
Fresh fruits without the skin, canned fruit (except prunes)	Dried fruits
Desserts low in fat and lactose such as sorbets, fruit ices, graham crackers	High-fat ice creams; any candies, gum, or breath mints containing sorbitol, mannitol, or xylitol

Note: Foods marked with an asterisk are high in soluble fiber, which solidifies stool but contributes to the amount of stool. Choose these when the volume of stool is manageable.

Skin Care

Diarrhea can cause pain and soreness to the skin around the anus. Here are some ways to protect your skin and relieve pain:

- Clean the area often with unscented baby oil or baby wipes. The aloe in baby wipes can be especially soothing.
- Use the wipes instead of toilet paper to gently wipe the anal area.
- Take warm baths several times a day. Small sitz tubs fit atop the toilet seat and may be easier to use than a full-sized bathtub. Sit in the warm water for 5 to 10 minutes.
- Gently pat the area dry after cleaning.
- Use Desitin or A+D Ointment on the skin after each bowel movement.
- Be sure to tell your doctor or nurse if your skin feels tender or sore.

TAKE MEDICINE, BUT ONLY IF YOU NEED IT

Since some drugs used to control cancer pain can also cause constipation, some cancer patients use over-the-counter laxatives and stool softeners. But these medications can cause diarrhea, so reduce or avoid their use if possible.

It's a bit of a balancing act, and if you're having a problem, talk to your doctor. You should also discuss with him or her any herbal treatments you are using. Some herbs, such as milk thistle, saw palmetto, or Siberian ginseng, can contribute to diarrhea.

Over-the-counter medicines You're probably familiar with over-the-counter brands of anti-diarrhea liquids and tablets, such as Kaopectate (kaolin and pectin), Pepto-Bismol (bismuth subsalicylate), and Imodium AD or Maalox Antidiarrheal Caplets (loperamide). These drugs should be used carefully, and always with your doctor's knowledge and supervision. Even though you can buy these drugs without a prescription, they

are potent medicines that, if used for long periods of time, can lead to other bowel problems.

Prescription drugs If over-the-counter medicines don't work for you, your doctor may prescribe something stronger, such as diphenoxylate and atropine (Lomotil). Like all drugs, diphenoxylate and atropine can interact with other drugs you may be taking, such as opiate pain relievers. If your doctor prescribes Lomotil, be sure to tell him or her about any existing conditions you may have, such as heart disease or breathing or thyroid problems; taking this drug can make these problems worse.

Injections of octreotide (Sandostatin) Octreotide is another option for patients with severe unrelenting diarrhea caused by certain kinds of tumors. Although this drug has not been approved specifically for diarrhea caused by chemotherapy or radiation treatment, your doctor may prescribe it "off label." It is available in both short- and long-acting versions. Your doctor may also suggest you enter a clinical trial for octreotide.

Frequently Asked Questions

Q I'm receiving radiation to the abdomen. Should I avoid bulky, high-fiber vegetables like cabbage and broccoli?

A These kinds of foods are hard to digest, especially when the lining of the intestinal tract is made more sensitive by radiation. One technique that has helped patients is to puree the vegetables in a blender or food processor and add rice. This works especially well with carrots and sweet potatoes, for example. A registered dietitian can offer other helpful suggestions and recipes.

Q I've had my colon removed and the intestines reattached to the rectum, so there's no ostomy. I'm able to eat vegetables. But is it normal to have a bowel movement, and then an hour or so later, to excrete more, as a kind of afterthought?

A It's not unusual for people who have had their colon removed to experience this. The colon, or large bowel, is where water is absorbed to concentrate the stool. You can think of it as a kind of temporary "holding area" where the stools form. Without the bowel, the stools that are eliminated go directly to the rectum, the area of the bowel just above the anus. Then, as you continue to drink fluids, other stools that reach the rectum must be excreted. That's the "afterthought" effect you describe. *A note of caution: if you have rectal spasms when you defecate, tell your doctor.*

Q I'm on chemotherapy and I have explosive diarrhea. Sometimes I eliminate just a small amount,

but these urges to go to the bathroom come on quickly and strongly.

A Occasional use of Lomotil (diphenoxylate and atropine) does help some patients. It contains a mild narcotic that slows the gastrointestinal tract. But if the explosive episodes persist, talk with your doctor about taking loperamide (Imodium AD, Kaopectate II, Maalox Antidiarrheal Caplets, etc) on a regular schedule, perhaps every four hours for a couple days. This over-the-counter medicine may reduce the severity and frequency of these episodes.

You can also ask your doctor whether you are a candidate for octreotide (Sandostatin) injections.

Q I've heard that the amino acid glutamine can help with diarrhea. Is there any research to support this?

A Glutamine is often used in patients who have numbness and tingling in their fingers and toes after chemotherapy. It could possibly work against diarrhea caused by spasms in the gastrointestinal tract. But there aren't any data to prove that.

Q Can Prozac (fluoxetine) cause diarrhea?

A Any medication can possibly lead to diarrhea if it alters the normal function of the intestines. Prozac is no exception. If you've noticed any changes in your bowel habits and you are taking a new drug, talk with your doctor about adjusting the dosage.

Q What can I do about diarrhea when nothing seems to help?

A If everything you and your doctor have tried has failed, it's important to rule out any infection that could be causing the diarrhea. You may need an antibiotic. In some instances, diarrhea clears up over time, without any treatment. But if you are in discomfort, don't wait for that to happen.

Glossary

colostomy A procedure in which surgeons create an artificial opening, or stoma, in the skin of the lower abdomen for excreting stools. Performed on patients who must have part of their colon removed.

electrolytes The body's salts, which must stay in balance in order for our cells to work properly.

gastrointestinal system The body's digestive system, which includes the stomach, intestines, pancreas, and liver.

ostomy A term used interchangeably with colostomy (see above).

palpitations A racing heart when the person is at rest.

stoma An artificial opening made in the skin of the lower abdomen for excreting stools.

Resources

CancerCare

1-800-813-HOPE (4673)

www.cancer.org

American Cancer Society

1-800-227-2345

www.cancer.org

American Society of Clinical Oncology

1-888-651-3038

www.plwc.org

National Cancer Institute

Cancer Information Service

1-800-422-6237

www.cancer.gov

National Digestive Diseases Information Clearinghouse

1-800-891-5389

<http://digestive.niddk.nih.gov>

National Library of Medicine (Medline Plus)

www.nlm.nih.gov/medlineplus/diarrhea.html

To find out about clinical trials:

Coalition of Cancer Cooperative Groups

www.CancerTrialsHelp.org

National Cancer Institute

www.cancer.gov/clinicaltrials



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The information presented in this patient booklet is provided for your general information only. It is not intended as medical advice and should not be relied upon as a substitute for consultations with qualified health professionals who are aware of your specific situation. We encourage you to take information and questions back to your individual health care provider as a way of creating a dialogue and partnership about your cancer and your treatment.

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