Step by step guide to see if bowel symptoms could be serious

Includes hints and tips on controlling constipation, diarrhoea and rectal bleeding

By Lynn Faulds Wood
Most people with bowel symptoms do NOT have cancer. This leaflet is designed to give early reassurance that most symptoms are not serious, most people do not need to rush to their doctors.

Thanks to our generous sponsors

The Hotel Booking Agents Association. Who have helped to fund our leaflets, website and Portsmouth database research scientist.

Racing pigeons won 32 medals saving lives in the last war. Now they are saving lives from bowel cancer.

The North London fundraising charity - thanks for fun filled evenings and sponsoring our leaflets & posters.

Lynn’s Bowel Cancer Campaign 5 St George’s Road Twickenham TW1 1QS Tel: 020 8891 5937 Charity reg no: 1099455

Backed by the Association of Coloproctology (bowel specialists doctors and nurses) of Great Britain & Ireland website:www.acpgbi.org.uk

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Lynn Faulds Wood with her family TV presenter husband John Stapleton and son Nick. In 1991 after nearly a year of medical delay, Lynn - then presenter of the BBC Watchdog programme, was diagnosed with advanced bowel cancer. Her son was just three.

"I feel lucky to have lived to see Nick grow up. Now all I want to do is help others to survive this dreadful cancer."
Bowel problems are common - we all get them at some time in our lives. So how can you tell whether you should treat your symptoms seriously and go to the doctor - or put up with them and get on with your life?

This leaflet, with its step by step approach, aims to help you to make an informed choice - safely. It should give early reassurance to most people that they do not have bowel cancer - and encourage those of us with higher risk symptoms to do something about them.

Questions to ask yourself:

How old are you?
The older you are, the more you need to take lasting symptoms seriously - most people who get bowel cancer are over 55 - under 35, it is rarer.

How long have you had your symptoms?
Most bowel problems come and go within 3-4 weeks - symptoms, especially new ones, which persist day after day for more than four weeks - see your GP.

How severe are your symptoms?
Are they affecting working, eating or sleeping? Please see your GP soon.
Less severe symptoms - it is usually safe to ‘watch-and-wait’ for up to 4 weeks from the start of symptoms to see if they go away.

What are your symptoms?
Everyone is different - millions of us suffer from all sorts of bowel problems every year. Try to pin yours down, to work out whether yours fit into higher or low risk categories - move on to STEP 2

Did you know...

Bowel cancer is the commonest cancer in Europe, and the second biggest cancer killer in the UK, affecting one in ten families.
Step Two: Are your symptoms higher or low risk?

You know your body. If you feel there might be something seriously wrong, do not ignore those feelings. If bowel cancer is caught in the earlier stages, most people survive:

Have your bowel habits changed?
Especially important if you are going to the toilet more frequently, several times a day or night more than normal for you?
Have your stools ('poo') become looser, softer?
Are these changes there day after day, for over 4 weeks?

Are you bleeding from the bottom?
Over 50? You should probably be referred for hospital investigation, if bleeding persists, even if you think it’s piles, to exclude cancer - but most people will not have cancer.
Under 50 - bleeding is very common, can come and go and usually natural. Bleeding for no reason (no straining, itching, pain, piles) is more important - see your doctor if it persists on or off for more than two months.

Bleeding and change of bowel habit as above?
If this lasts for more than 4 weeks, see your doctor.

People with bleeding and looser stools and/or going more frequently have important symptoms which should not be ignored at any age, though most don't have cancer.

Could you be anaemic?
Feeling tired, breathless, lacking energy are very common symptoms - usually not due to anaemia. If symptoms persist, you may need a blood test to see if you are anaemic.
Men with anaemia - you should usually be investigated for bowel cancer.
Women with anaemia - after the menopause, same advice.

Are you in severe pain or continuing discomfort?
Persisting pain/discomfort in your tummy which comes on almost always after eating, putting you off your food, losing weight should be investigated. Tummy pain without this pattern of symptoms is less serious - you can afford to wait 4 weeks or so before seeing the doctor.

Have you ulcerative colitis?
Extensive colitis for more than 10 years - you should be under special review at a hospital. Shorter length of time - no extra risk. MOVE TO STEP 3
Step Three: Testing your symptoms

It is safe to test most bowel symptoms for a couple of weeks to see if you can make them go away completely or improve a lot.

Here are ways to test them:

What you eat - try different things, like fibre: eating more (if you’re constipated) or less (for more diarrhoea like symptoms). High fibre foods include wholemeal bread and cereals, fruit and vegetables.

Change your lifestyle - if you’re a couch potato, try being more active, like brisk walking. Exercise gets the guts moving.

Befriend a pharmacist - find a pharmacist you like locally and ask about remedies you can buy or changing what you eat. Pharmacists can be a great source of help and advice, worth chatting to before seeing your GP.

Chat to your GP - about changing your lifestyle or medicines which might have an effect on your symptoms. Ask your GP if you should have a gentle, quick examination with a gloved finger to feel for any suspicious lumps which might be cancer.

Symptoms may go away while you are testing them - if they come back once you stop using products, see your GP.

PERSISTING SYMPTOMS? GO TO STEP 4

Did you know...

Hidden blood testing has benefits for people over 50. Screening is coming - ask your GP if it is available yet in your area.
Step Four: Seeing your doctor

If you think you might have serious symptoms, don’t wait more than 4 weeks from the start of your symptoms before seeing your GP.

**Before going:** try writing a bowel habit diary of your symptoms (particularly number of visits to the loo to have your bowels opened/whether stools are looser in consistency) or what you eat - it can be helpful.

The average patient gets eight minutes with their GP so get straight to the point. GPs are used to talking about intimate subjects and won’t be embarrassed.

Write a list of questions for your GP like

- **Are my symptoms common?**
- **Could they be cancer?**
- **What else could they be?**
- **What can I do to get rid of my symptoms?**

**Family history** - make sure your GP knows if any of your relatives have had bowel cancer/other cancers or bowel conditions like ulcerative colitis and Crohn’s disease.

**Any tests the GP could do?**

- **A ‘PR’** - feeling inside the back passage with a gloved finger?
- **Feeling your tummy for lumps.**
- **Rigid sigmoidoscope** - tube which can see slightly higher into rectum?
- **Blood test for anaemia?**

**If your GP wants to send you for hospital investigation, ask if it is:**

- An ‘urgent’ referral - urgent doesn’t mean you have cancer
- Non-urgent - how long is the waiting list?
- Are you being sent to a specialist?
- What type of test is being recommended?

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Did you know...

GPs should refer people with potentially suspicious symptoms to hospital within two weeks - though most people will not have cancer. Suspicious symptoms can include:

- * bleeding with change of bowel habit to more frequent/looser
- * some bleeding over 50-55
- * persisting change of bowel habit over 55
- * unexplained anaemia
- * lump in tummy or rectum felt by GP
Most people referred for investigation don't turn out to have cancer. How you are investigated tends to depend on what’s available at your local hospital:

**Rigid sigmoidoscope** - most people probably get a quick check inside with one of these - a thin short tube able to investigate the back passage up to 20cms - takes a few minutes.

**Flexible sigmoidoscope** - thin flexible tube with camera or light on end - can see inside first 60-70cms of your bowel. You may be given a treatment to use at home earlier that day or invited to hospital a little earlier, to help clear your insides. ‘Flexi sig’ is safe, takes only a few minutes and gets further round the bowel than a rigid - good for investigating most symptoms.

**Colonoscope** - a longer version of the ‘flexi sig’ - can look inside the whole colon. You take laxatives and stop eating some time the day before to clear out your insides. Advice varies between hospitals but you can usually drink liquids like tea/coffee and a form of sedative is given for the procedure. You shouldn't drive, drink or operate machinery afterwards for 24 hours because you may have sedation which takes time to wear off.

**Barium enema** - X-ray exam with laxatives taken the day before to clear out the bowel. On the day, the colon is filled with a white liquid (barium sulphate) and X-rays are taken from several angles. Problems with the bowel show up black against the white liquid.

**CT Colongraphy** - an exciting new technology which may eventually replace other tests for diagnosing symptoms though colonoscopy will still be necessary to remove polyps, small cancers and take biopsies.

***Did you know...***

If you are diagnosed with cancer, research shows that patients treated by the team approach do better - treated by a doctor or surgeon who is part of a multi-disciplinary team, where all the professionals involved in your care work together and hold meetings to discuss your care. Ask if your doctor is part of a team.
Constipation? Try these tips and hints

If you are going less often to the loo with harder stools, a higher fibre diet with more fruit and veg, more wholemeal bread and cereals - prunes and figs may help to soften the stool.

Don’t delay going to the loo when you have the urge.

Exercise can stimulate the muscles in the gut to work more effectively - joggers often find they go more frequently.

Remedies recommended by your pharmacist, like Lactulose (which makes the motions softer), Fybogel (which adds bulk to the motion), Sennakot (which stimulates the bowel to work).

Don’t use laxatives for more than a few weeks without consulting your doctor. If they work, stop taking them after a few weeks/couple of months and, if your bowel action doesn’t stay normal, see your GP.

It’s okay to strain a bit to stimulate the bowel to work but too much straining isn’t helpful - waiting till you get a stronger urge to go does no harm.

Some doctors recommend drinking lots of water - it will probably make you pass more urine but not have much effect on the gut.

Did you know...
Shape of poo. People get worried by the shape, especially if motions are thin, imagining this must be due to a narrowing of the bowel higher up, perhaps due to cancer. Don’t be alarmed. Shape is determined by the anal canal, the last bit of the bowel. If this doesn’t relax completely when you go to the loo for some reason, motions get thin.
Five million of us have this every year, especially 20s/30s - it’s almost normal. **So when should you take bleeding more seriously?**

**Over 50** - don’t assume piles. Most people will not have cancer but persistent bleeding on or off for weeks - check with your GP

**At any age** - no obvious reason for your bleeding? No itching, irritation, pain and the bleeding persists for more than a month or two - see your GP

**Sudden large amounts of bleeding** after going to the toilet - looks frightening and worries us yet it usually means we don’t have cancer. If it stops immediately, this is usually caused by things like piles, rarely by cancer. In patients who have cancers which bleed a lot, the bleeding usually persists - also not usually fresh blood (like a cut finger) but changed in colour, possibly darker.

**Increased frequency of going to the loo** and/or looser stools with bleeding? People with changes like these lasting 4 weeks should be referred for investigation at any age.

**Worried about bleeding** and can’t get it off your mind - see your GP. You may need hospital investigation, to reassure you, even though you have little risk of bowel cancer.

**What can be done to control bleeding?**
Change what you eat to more fibre so the motions are softer/easier to pass.

**Straining** - some to start the bowels working is normal but try to avoid excessive straining - can cause piles.

**Try buying** products at the chemists although, as bleeding tends to come and go, it can be hard to know if it has just stopped by itself

**If bleeding is a nuisance** and you are referred to hospital, injections or rubber banding can control it, short term. Many patients get bleeding on an off in early adult life, whatever treatment they receive. All hospital treatments involve some discomfort but this usually settles down quickly

**Larger piles** - banding with a rubber band to shrivel them. Quick but does not always work. Stapling may be a good way of getting rid of piles but still being studied - some patients have had unusual complications

**Really large piles** - usually surgery the only option but last resort. Recovery can be painful for a couple of weeks, especially when going to the toilet.

Laser, infra-red and cryotherapy treatments have been tried in the past but are not usual treatments at the moment.
What to do if it’s in your family

Family history:
Most people with other older family members affected are not at a seriously increased lifetime risk but if you have persisting symptoms and it is in your family, see your doctor.

Bowel cancer affects one in ten families. But that doesn't mean you're going to get it. The closer the relatives are to you (brother, sister, mother, father, child) and the younger when diagnosed, the more you need to do something about it.

One close relative under 45 affected (brother, sister, parent or child) talk to your GP about screening in your area. Usual yardstick - around 10 years before the age at which your youngest close relative developed the disease.

Two or more older close relatives from the same side of the family. The younger those relatives, the more need to discuss screening with your GP.

Less strong family history, say one grandparent who died in their 60s or 70s? You have very little lifetime increased risk and screening is no more appropriate for you than patients with no family history at all. Talk to your GP if worried.
Information and Video

Lynn’s Bowel Cancer Campaign has helped to produce new research-based advice on the symptoms’ of bowel cancer, helped set up diagnostic training centres for doctors/nurses and helped patients’ voices to be heard through initiatives like patient feedback parties.

The video ‘Having a colonoscopy’ costs £7 (including P&P) from the charity. Please send a cheque or postal order, made payable to ‘Lynn’s Bowel Cancer Campaign’

If you want to join the campaign, get free copies of our leaflets and posters or fundraise by selling our “Blue Ribbon” badges please contact

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email: info@bowelcancer.tv Visit our website: www.bowelcancer.tv
Reg Charity No 1099455

Fighting Bowel Cancer and winning!
Bowel Cancer symptoms?

Do you know the main symptoms?
Try the traffic light test to find out what to do:

**RED- Highest risk symptoms:**
- Rectal bleeding with change of bowel habit to looser stools/going more frequently.
- Lump in tummy or rectum felt by doctor.
- Unexplained anaemia.

**AMBER- Higher risk symptoms which might need investigating:**
- Recent persistent change of bowel habit with no bleeding.
- Bleeding without any reason.

**GREEN- A wide range of bowel symptoms which come and go without getting worse:**
- Bloating.
- Bleeding with a reason like straining.
- Change of habit to going less frequently.
- Harder stools or changed shape.
- Mild tummy pain which doesn’t affect your life.

**STOP** wondering what to do. If your symptoms persist for a few weeks see your GP - you’re likely to be referred to hospital for investigation at any age but 5 out of 6 people will NOT have cancer.

**WATCH & WAIT**- take up to four weeks to test your symptoms.
- try changing your diet and lifestyle, buy remedies from the chemist.
- if symptoms persist for four weeks whatever you try go to your GP.

**GO** on with your life reassured you do not have serious cancer symptoms but if they worry you or last for more than a few months, see your GP.

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