Bowel problems

Lymphoma, and some of the treatments for lymphoma, can cause bowel problems such as diarrhoea, constipation and wind (flatulence). Although these are usually mild and temporary, any change in bowel habits can have a considerable impact on your day-to-day life. They can also be difficult to discuss. On this page you can find practical advice to help you cope with bowel problems.

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Bowel problems

If you have lymphoma, you could experience bowel problems, such as diarrhoea, constipation or wind (flatulence). These can happen for a number of reasons, including:

- the effects of the lymphoma itself
- side effects of drugs such as chemotherapy, targeted therapies, antiemetics (anti-sickness medicines) or painkillers
- side effects of radiotherapy to the abdominal (tummy) area
- stress and anxiety
- infection.

On this page, there is information and general guidance on coping with these effects. **Always tell your medical team if your bowel habits change.** They can give you advice specific to you, which might include adjusting or changing your medication. If you have another bowel condition (for example, Crohn’s disease, ulcerative colitis or irritable bowel syndrome), haemorrhoids (piles) or an anal fissure (a tear or open sore in your back passage), your medical team take this into account in the advice they give you.
Although you might feel embarrassed talking about bowel problems, health professionals are used to these conversations and will do their best to put you at ease. It is important that your doctor or nurse is able to assess the cause of your symptoms and check for any signs of infection that may need treatment. They can offer you advice on how to manage your symptoms and may prescribe medication if necessary. Getting help early can make it easier to treat bowel problems.

**Note:** You might have heard that probiotic (‘live’ or ‘bio’) yoghurts and drinks can improve your digestive health. At the moment, there is not enough evidence to support their use in bowel problems related to cancer treatment. You may be advised to avoid probiotic products if you have, or are at risk of, **neutropenia** because you have a higher than usual risk of infection.

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**Diarrhoea**

Diarrhoea means your poo is looser (runnier) than normal and you need to poo more often than usual – generally at least three times a day more than is normal for you. You might need to go to the toilet urgently or suddenly. You might also have abdominal (stomach) cramps, feel sick or bloated, or have a high temperature (over 37.5°C).

Diarrhoea can be caused by the lymphoma itself or by treatments that damage the gut lining. It can start within a few hours of treatment or a few days later.

Diarrhoea is usually mild and gets better when treatment finishes but while it lasts, it can have a considerable impact on your day-to-day life. Some people feel embarrassed about rushing to the loo or worry about leaving the house in case they need the toilet urgently. It can also make you feel tired and lethargic.

If you have diarrhoea, speak to your medical team. There are medicines they can prescribe to help. There are also steps you can take to help you cope with diarrhoea. Do not take any over-the-counter medication without discussing it with your medical team first.

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**Tell your doctor straightaway if:**

- you have blood in your poo
- your poo is very dark brown or black
- you are passing lots of painless watery diarrhoea
- you have diarrhoea that wakes you up at night-time
• you have persistent or severe stomach cramps
• you feel sick or have persistent vomiting (being sick) two or more times a day
• you are dehydrated (signs of dehydration include thirst, dark-coloured wee, a dry tongue, light-headedness and dry, pinched skin)
• you are losing weight without trying to
• you’re not able to eat
• you are getting more and more tired or weak
• you have recently been treated with antibiotics
• your diarrhoea goes on for longer than 2 to 3 days (if you are on treatment for lymphoma) or 2 to 3 weeks (if you are not on treatment for lymphoma)
• you have a fever (temperature above 38°C).

Treatment for diarrhoea

Medicines that reduce diarrhoea are called antidiarrhoeal medicines. Some antidiarrhoeal medicines are available to buy over-the-counter from pharmacies, chemists, supermarkets or online shops. However, antidiarrhoeal medicines are not the right treatment for all types of diarrhoea.

Always seek medical advice before taking medicine for diarrhoea.

The most common medicine used to treat diarrhoea related to cancer treatment is loperamide, which slows the movement of your gut. This reduces your number of bowel movements so you need the toilet less often. Loperamide is available as capsules, tablets, dispersible tablets (‘melts’) and liquid medicine. Its brand names include Imodium® and Dioraleze®. Although loperamide is available to buy over-the-counter, it can also be prescribed by your doctor. Talk to your medical team before taking loperamide.

When you take loperamide, it stays in your gut until you get rid of it in your poo. It is not absorbed into your body. Your medical team should tell you how much to take and how often you can take it. You might need to take more than one dose for it to work effectively, or your medical team might recommend a regular, low dose.

Contact your medical team if you have taken the maximum recommended dose of loperamide (usually eight 2mg tablets in 24 hours for adults) and you are still having diarrhoea.
Antidiarrhoeal medicines might be given alongside oral rehydration solutions, such as Dioralyte®. These help to replace the water and mineral salts you lose through diarrhoea. They come as sachets containing powder that dissolves in water. You can buy oral rehydration solutions without a prescription in pharmacies, chemists, supermarkets and online.

If you have severe diarrhoea and you are dehydrated, you might need to go to hospital to have fluid through a drip in your arm. Your doctor might also prescribe a drug called octreotide, which reduces fluid secretion in your gut to help stop your body losing water. Octreotide is given as an injection or through a drip.

**Coping with diarrhoea**

Having diarrhoea takes up a lot of energy. If possible, ask friends and family to help with chores around the house so you can rest.

There are also things you can do yourself to help ease your diarrhoea, improve your physical comfort and reduce any embarrassment you might feel. These include making temporary changes to what you eat and drink, looking after sore skin, being comfortable at home and planning ahead before you go out.

**Eating**

You might not feel like eating very much if you have diarrhoea. Generally, doctors say it’s OK not to eat for a little while if you don’t feel up to it. You should begin eating solid foods again as soon as you feel able to. Rather than having three main meals, you might find it more manageable to eat smaller snacks more frequently throughout the day.

Your diet can have an effect on how your bowel works. Making some temporary changes to what you eat could help to manage your diarrhoea. Always discuss with your medical team before making any changes. Below are some suggestions you may like to consider.

**Foods that might ease diarrhoea:**

- low fibre foods such as peeled cooked potatoes, white rice, white bread or toast, or dry crackers
- potassium-rich foods such as bananas, potatoes, fish, bread, chicken, beef or fish.
Foods to avoid:

- fatty, greasy foods
- spicy foods
- dairy products
- high-fibre foods such as raw fruit and vegetables, beans, nuts or wholegrain cereals.

Drinking

It is important to drink extra fluids to replace those lost through diarrhoea. Aim for at least 2 to 3 litres (3.5 to 5.5 pints) of liquid each day, sipping little and often. Drinks that stimulate the bowel can make diarrhoea worse. Instead, choose ones that help to replace lost fluids, sugars and minerals.

Drinks that might help:

- plain water or water mixed with weak squash
- herbal teas
- clear soups
- oral rehydration solutions.

Drinks to avoid:

- fruit juices
- caffeinated drinks
- very hot or very cold drinks
- fizzy drinks
- alcohol
- milk.

Soothing sore skin around your anus

Diarrhoea can make the skin around your anus (back passage) sore and tender. There are ways to help soothe the skin in this area.

- Wash your bottom with non-fragranced soap and water or wipe with baby oil instead of plain toilet paper if it is very sore.
- Use fragrance-free toilet wipes, which are softer than toilet paper, but be aware that most are not flushable.
- Have a warm bath to ease pain and tenderness.
- Pat the area dry with a soft towel after washing. This is gentler on your skin than rubbing.
Apply a soothing cream. Ask a member of your medical team to recommend one.

Wear breathable, cotton underwear and fairly loose clothing to help reduce irritation.

**Feeling comfortable at home**

If you have diarrhoea, you might feel more relaxed at home than when you are out and about. However, there might still be changes you could make to improve your comfort. Depending on your personal circumstances, you may find it helpful to take one or more of the following precautions:

- Wear bottoms that are easy to remove quickly – clothing that doesn't have fiddly zips, buttons or other fastenings can be helpful if you have to go to the toilet urgently.
- Use a mattress protector. If you are worried about having an accident in the night, a mattress protector or plastic sheet can prevent damage to your bed and make cleaning easier.
- Wear disposable pads – this could help you feel more relaxed, especially when you are trying to sleep.
- Speak to your medical team if you are worried about not making it to the toilet in time. They may be able to change or tweak your medication to help the situation. If your diarrhoea is very severe, you could talk to them about having a commode (a chair with a hidden toilet pan inside) by your bed.

**Coping when you are out**

Being out can be stressful if you have diarrhoea. You may choose to avoid long journeys. If this is not practical, planning ahead can help you to feel more confident and better prepared.

Depending on your personal circumstances, you may find it helpful to take one or more of the following precautions:

- Take a body spray and wipes with you to help you feel fresh.
- Locate toilets in advance: plan ahead before you travel so that you know where you'll find toilets.
- Carry spare clothes and a plastic bag in case of soiled clothes.
- Wear a disposable waterproof pad (sanitary towel or incontinence pad) to protect your underwear. You can buy these from pharmacies, chemists, supermarkets, or online. They are available for men and women. It may also be worth asking if your hospital have a supply.
• Carry a Just can’t wait card produced by the Bladder and Bowel Community. The card states that you have a medical condition and need to use the toilet urgently. It is also available as a Just can’t wait app to display on your phone.

**Constipation**

Constipation is a side effect of some chemotherapy drugs, antiemetics (anti-sickness medications) and painkillers (especially morphine-based ones, such as codeine). Ask your medical team whether constipation is a potential side effect of any of the medication you have been given.

Constipation means pooing less often than you usually do, straining to push your poo out, or a feeling that your bowels do not completely empty when you poo. Your poo might be dry, hard or lumpy. It might be bigger or smaller than normal.

As well as difficulty pooing, you might have other symptoms, such as:

- abdominal (stomach) cramps
- a hard, swollen stomach
- feeling bloated
- feeling sick
- headaches
- loss of appetite
- pain when going to the toilet to open your bowels
- bleeding from your rectum (back passage)
- liquid diarrhoea that you can’t control (‘overflow diarrhoea’).

Constipation can affect your quality of life and daily functioning.

**Contact your medical team if you have not opened your bowels for 2 to 3 days longer than is usual for you. Treatment is often more effective if you seek help early.**

**Treatment for constipation**

Speak to your medical team if you are constipated. Although you might feel awkward discussing it, they are used to these conversations and will be able to help.
Medicines that help you empty your bowels when you have constipation are called laxatives. Many laxatives are available to buy over-the-counter from pharmacies, chemists, supermarkets or online shops. However, laxatives are not the right treatment for all types of constipation, especially if you are taking other medicines. Taking them inappropriately could lead to sepsis.

**Always seek medical advice before taking medicine for constipation.**

For most people, constipation gets better with simple diet and lifestyle measures. Your doctor might also adjust any treatment you are taking that might be causing your constipation. Medicines to treat constipation are often not needed.

If you need treatment for constipation, you might be prescribed a laxative. There are several different types that work in different ways. You might need to take more than one type.

- **Bulk-forming laxatives** work by keeping fluid in the gut to soften the poo and increase its mass (size). This can help stimulate the bowel. It’s important to drink plenty of water if you are taking bulk-forming laxatives. Bulk-forming laxatives are available to buy over-the-counter. Examples include ispaghula husk (Fybogel®) and methylcellulose (Celevac®). They are not suitable for people who are being treated with painkillers called opioids. Ask your doctor if you’re not sure.
- **Osmotic laxatives** work by drawing water from your tissues into your gut. This softens your poo and can stimulate bowel activity. Osmotic laxatives are available to buy over-the-counter. Examples include macrogol (Movicol®) and lactulose.
- **Stimulant laxatives** activate nerves in the gut to stimulate movement of the bowel wall. Stimulant laxatives are available to buy over-the-counter. Examples include senna, bisacodyl and docusate.
- **Prokinetic laxatives** increase movement of your intestines. Prucalopride is an example. It is only available on prescription.
- **Secretory laxatives** increase fluid secretion into the gut and improve movement of poo through the bowel. Lubiprostone is an example. It is only available on prescription.

Laxatives are available in lots of different forms, including tablets, capsules, liquids, and powders that you dissolve in water. If you have severe constipation that doesn’t improve with oral laxatives, you might need a laxative suppository – a small pellet that you insert into your rectum (back passage).
Suppositories may not be suitable for everyone, especially if you have, or are at risk of, neutropenia.

Speak to your medical team before using a suppository.

If you have a very severe case of constipation, your doctor might prescribe an enema – a liquid that is inserted into the rectum (back passage) causing the bowel to empty.

You should not stop taking laxatives suddenly. If you are passing soft, formed poos at least three times a week, you can gradually reduce your dose. Ask your medical team for advice.

Coping with constipation

Simple dietary and lifestyle changes, such as taking light exercise, can help if you are constipated. We offer some general tips below. Speak to your medical team for the best advice for your individual situation.

Changes to your diet

Food and drinks can act as natural laxatives to help prevent or relieve constipation.

Your diet can affect how your bowel works. Making some temporary changes to what you eat and drink could help to manage constipation. Always discuss with your medical team before making any changes. Below are some suggestions you may like to consider.

- Eat a healthy, balanced diet.
- Eat regular meals at the same time each day to encourage regular bowel movements.
- Eat foods that are high in fibre to help to make your poo softer and easier to pass. Examples include wholegrain cereals, wholemeal bread, brown rice, wholemeal pasta, fruits, vegetables, beans, lentils and pulses.
- Eat foods that are high in sorbitol (a type of sugar), such as apples, apricots, grapes, peaches, pears, plums, prunes, raisins, raspberries, and strawberries.
- Drink plenty of fluids – aim for at least 2 litres (3.5 pints) a day.
Lifestyle

- When you need to go the toilet, go as soon as you can – waiting can make constipation worse.
- Try to open your bowels at a regular time every day – for example, in the morning or half an hour after meals.
- Make sure you give yourself enough time to go to the toilet in a private place. Hurrying, or feeling as though you do not have privacy, can worsen constipation.
- When you sit on the toilet, try to keep your knees above your hips. It might help to rest your feet on a low footstool.
- If you have limited mobility or you feel unsteady on the toilet, tell your medical team. They can help you access the support you need.
- Take regular, light exercise. Although living with lymphoma and the side effects of treatment can make it difficult to keep active, even taking a gentle walk can help keep your bowels moving.

Wind (flatulence)

When you eat or drink, you swallow small amounts of air, which builds up in your digestive system. Gas is also produced in your gut as you digest your food. Passing wind (flatulence, or farting) helps release these gases. It is perfectly normal to pass wind – most people do so at least 10 times each day.

Some treatments for lymphoma can cause too much gas to build up in your digestive system, leading to increased wind. This isn’t a serious medical problem but it can be embarrassing and uncomfortable. Below, we give some tips to help reduce flatulence. Speak to your medical team if flatulence is bothering you. There are some medicines that might help.

Treatment for wind

Most of the time, wind doesn’t need medical treatment. If your wind is very troublesome, the following medicines might help:

- Charcoal tablets soak up gas within the digestive system and can also help to absorb unpleasant smells from passing wind.
- Simeticone (Wind-Eze® or WindSetlers®) breaks down gas bubbles and can help relieve wind, pain and bloating.
These medicines are available over-the-counter but you should always seek advice from your doctor before taking them. This is particularly important if you are being treated for lymphoma because it is possible for medicines to interact with one another in unwanted ways.

Coping with wind

You might find the following tips helpful.

- Eat and drink slowly and chew your food well. This reduces the amount of air you swallow.
- Eat smaller meals more frequently during the day as this can help with digestion.
- Try eating ginger, drinking peppermint tea or taking peppermint oil capsules.
- Avoid foods that make your wind worse, such as cabbage, cauliflower, sprouts and beans.
- Avoid fizzy drinks.
- Avoid artificial sweeteners as these increase gas production in your gut.
- Do not chew gum because it can increase the amount of air you swallow.
- Do not smoke – this can make wind worse.
- Take gentle exercise to help improve your digestion.
- If you are worried about bad smells, you could try underwear containing activated charcoal pads, which help absorb odours. They are difficult to find in the UK and you might have to order them from abroad. Be careful of shipping fees and import taxes.

We have separate information about the topics in **bold font**. Please get in touch if you'd like to request copies or if you would like further information about any aspect of lymphoma. Phone 0808 808 5555 or email information@lymphoma-action.org.uk.

References

The full list of references is available on request. Please email publications@lymphoma-action.org.uk or call 01296 619409 if you would like a copy.
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