

Who will be taking care of me?

Your treatment will involve lots of different doctors, nurses and other health professionals. People who've had a bowel obstruction told us that it's a good idea to keep a note of who you see and what they say.

I saw:

They said:

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Questions you might want to ask:

What are the benefits of this treatment?

What are the risks?

Are there any alternatives?

What if I do nothing?

This leaflet was produced by Hull York Medical School, designed and illustrated by Amy Kendall, and funded by Yorkshire Cancer Research.



Bowel obstruction by a tumour

This information leaflet has been created by talking to people who have experienced this condition

You might feel

Worried
Confused
Uncertain
Overwhelmed

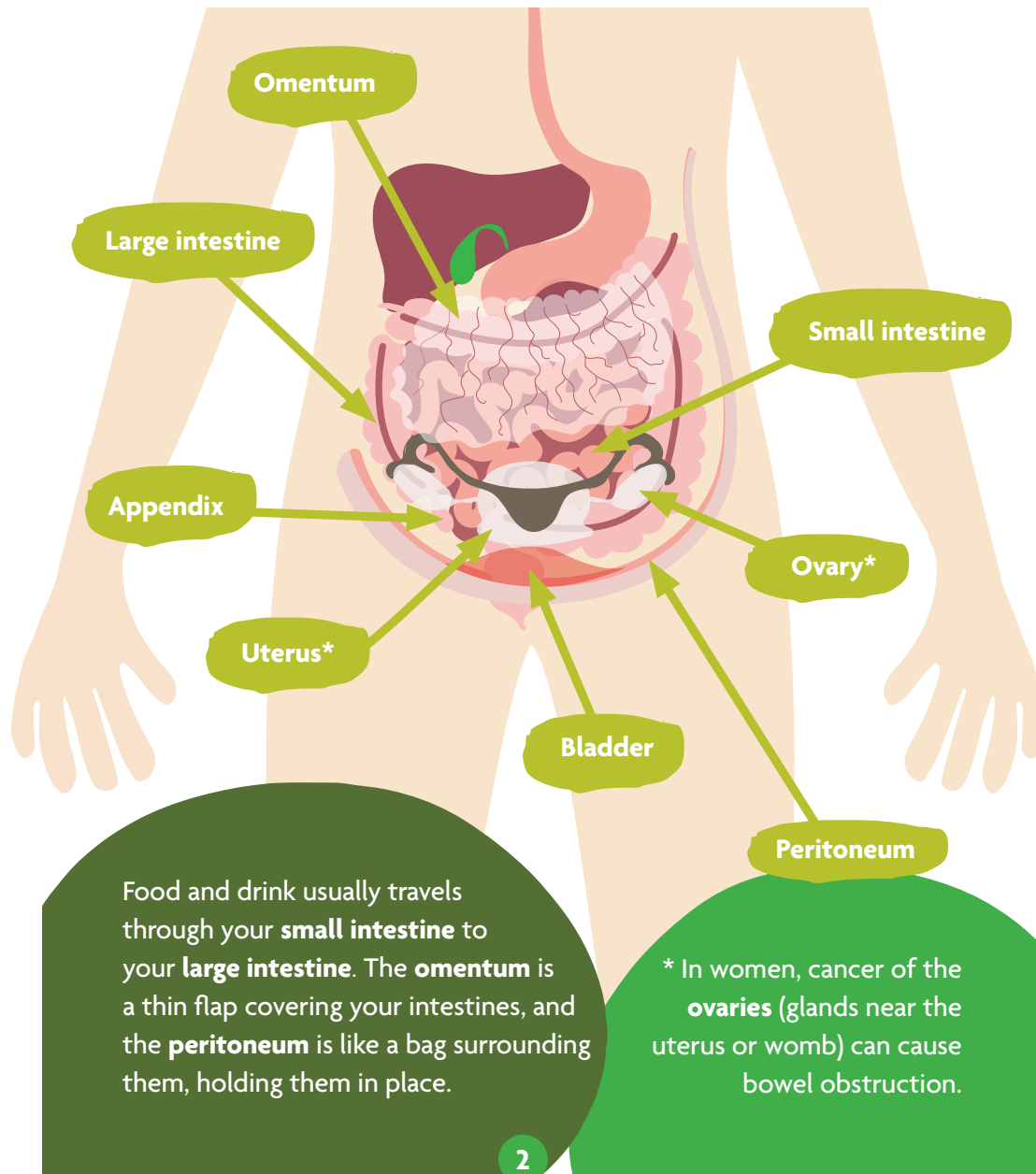
You might wonder

What happens next?
How do I find my way through this?



Inside your body: words doctors might use

This diagram shows your bowel (intestines) and other areas near to it that your doctor might talk about.



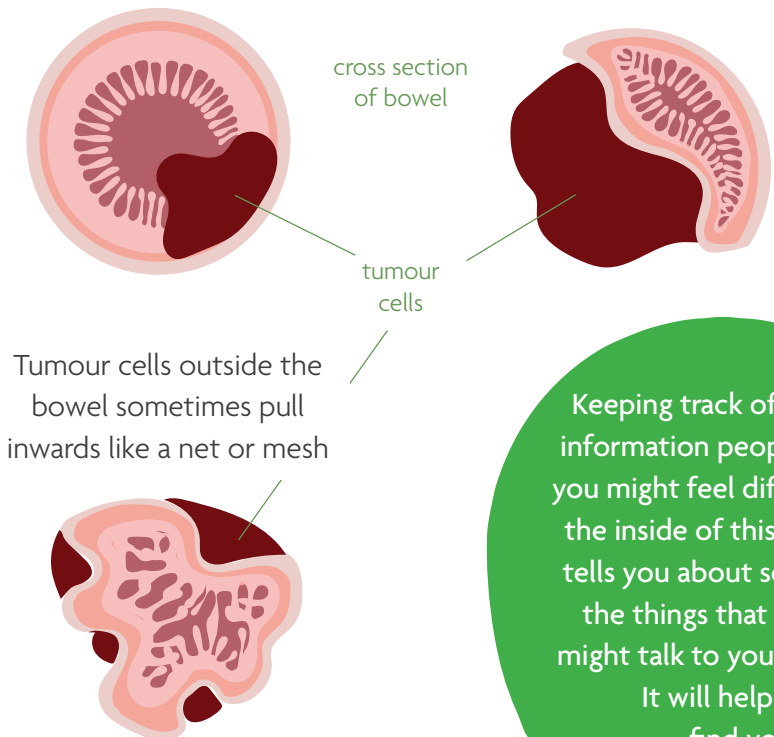
Why have I felt so unwell?

The bowel is a long tube that can become narrowed or completely blocked by a tumour. When food and liquids can't pass through the bowel properly, your body tries to force them through, which may cause pain, or get rid of them by vomiting. These symptoms can be very severe, and sometimes overwhelming. If someone else has been looking after you when you've had these symptoms, they might feel worried and overwhelmed too.

The bowel can become blocked in lots of different ways

A tumour can grow inside the bowel

A tumour can press on the bowel from the outside



Keeping track of all the information people give you might feel difficult – the inside of this leaflet tells you about some of the things that people might talk to you about. It will help you to find your way.

Finding your way

People who have been treated for a bowel blockage have described it as a confusing experience.

They felt very uncertain about what would happen to them, and found it easy to lose track of the number of different people involved in their care.

It's like being in the middle of a forest, difficult to see where you are going.

Making you feel more comfortable

It is important to get your symptoms under control. The doctors who know most about severe pain and sickness work in **supportive care** (sometimes called 'palliative care'). These doctors have special training in treating difficult symptoms, which is why they are often asked to see people with a blocked bowel.

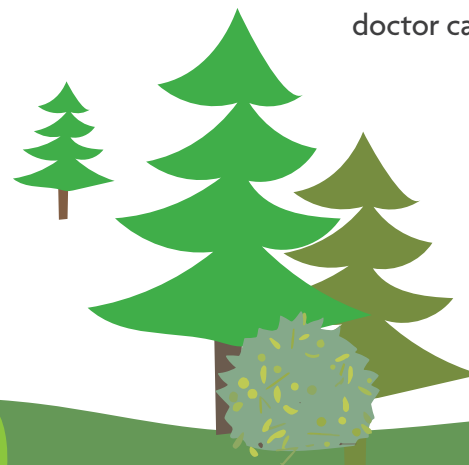


What happens next?

Because the bowel can become blocked in different ways, it's not always easy to decide how to treat it. Sometimes you might need to try a treatment, see if it helps, then decide what to do next.

Sometimes a blockage can be removed by a **surgeon**, but this will depend on what else is happening inside your body. Sometimes an opening can be made on the outside of your body to empty the bowel (a 'stoma' or an 'ostomy'). You might visit **radiology** for X-rays and/or scans to see where the blockage is and whether it can be pushed open from the inside using a tube called a 'stent'.

Surgery or a stent might cause your body some difficulties. Your doctor can talk with you about the possible problems and benefits.



Who will help me to understand and cope?

In hospital you will meet **specialist nurses**. Some nurses are specialists in a type of cancer. Some specialise in looking after people after surgery (e.g. **stoma nurses**). Some are experts in symptom relief, or nutrition. You may see more than one type of nurse depending on what help you need, and sometimes this can be confusing. If you are unsure who to contact, ask a doctor or one of the nurses – they will point you in the right direction. Nurses will talk to you about your circumstances and how things feel for you, and explain anything that you don't understand.

Can I carry on with my cancer treatment?

If you've been having chemotherapy, you might be able to continue treatment, but you will need to talk to your **oncologist** (cancer doctor). They can explain whether it is likely to make you feel better or worse, and help you decide what is best for you.

Having family and friends to help

Not everyone has family to help them. If you don't have anyone to help, let a nurse or doctor know. If you do have someone who can help, coping will be difficult for them too. Ask people to write things down for you. If you move from one doctor to another, you may need to tell people the same thing again.

You are at the centre of your health care, and will probably speak to more people about your care than anyone else.

What happens if I can't eat or drink properly?

Difficulty with eating and drinking might worry you and the people who care about you. Some blockages come and go, or are only partial, and a **dietitian** (nutrition expert) or **specialist nutrition nurse** might suggest changing your diet (for example, sticking to liquid foods). Some patients are offered 'parenteral nutrition', a liquid that goes through a needle into a vein. A dietitian or **gastroenterologist** (digestive system doctor) can explain how this works. The liquid has to be made differently for every person, and it can take several weeks to get this right. Parenteral nutrition can cause the body new problems, and might not be the right option for you. The benefits and risks need to be carefully weighed up, and your doctor will talk you through the decision.