

Diet and Pelvic Radiation Disease

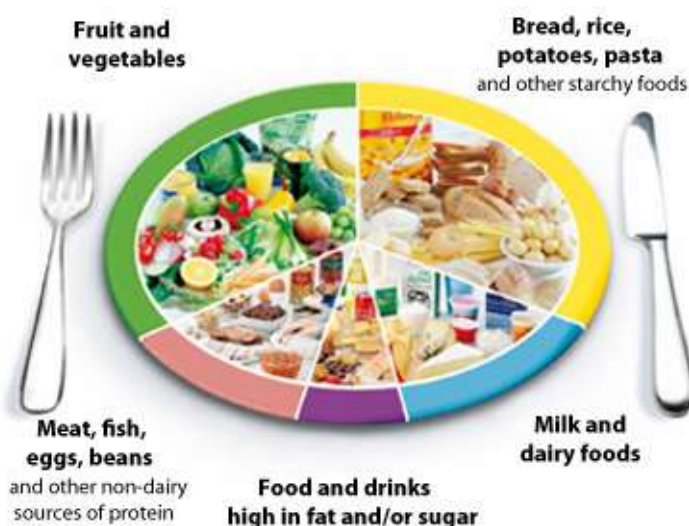
Introduction

If you are currently undergoing radiotherapy or have undergone radiotherapy and you are experiencing side effects, it is important that you speak with the team looking after your care regarding your medication and whether you should be referred to a Dietitian for dietary advice. The information presented here relates to diet and the late effects of pelvic radiation, which have occurred after cancer treatment.

If you have been experiencing bowel problems after your cancer treatment you may have thought about changing your diet or have already tried to change your diet. Research shows that many people in this situation try changing their diet as a way of coping with their bowel problems. People often cut certain foods out of their diet or may change their meal pattern, perhaps by avoiding meals or eating smaller meals. Whilst sometimes the changes people make on their own can help, it often leads to an unbalanced diet and people find that their bowel problems remain or even worsen.

Rather than avoiding certain foods it is important to try and consume a balanced diet; including the important food groups. Fig. 1 shows the kind of foods that can be included in a balanced diet.

Fig 1. Eatwell plate



<http://www.nhs.uk/Livewell/Goodfood/Pages/eatwell-plate.aspx>

Being diagnosed with cancer can cause people to reflect on their diet and lifestyle choices. For some people this can lead to them increasing their fruit and vegetable intake, following healthy eating advice to aim for 5 portions of fruit and vegetables a day. Unfortunately, for some people experiencing bowel problems after their cancer treatment, aiming for '5 a day' may not be appropriate and in fact it may make their bowel symptoms worse. Don't be concerned if you feel that you can't manage to tolerate an increased amount of fruit and vegetables in your diet. For people who find that their diet is limited by their bowel problems and/ or they have been experiencing diarrhoea regularly, supplementation with a one-a-day multivitamin supplement may be necessary. A suitable supplement would be one which meets your daily requirements for most vitamins and minerals but does not provide high doses of any particular vitamins. We would recommend the following brands that can be purchased: Boots® General Health A-Z, Centrum® Advance Complete A to Zinc, Sanatogen® A – Z Complete and Superdrug® A – Z multivitamins and minerals. If you are unsure then ask your Dietitian or Pharmacist for guidance.

Do I need to change my diet?

It is important that any changes to your diet are based on the results of the test that your doctor carries out. Depending on the results your doctor may refer you to a Dietitian. The Dietitian will assess your diet and work with you to change your diet, based on the results of your tests. It can be useful to keep a food diary, detailing the food and drink that you usually have, which you can then show the Doctor, Dietitian or Nurse that you see when you attend clinic.

There is little research to inform us which is the best diet to follow for these types of bowel problems. Depending on the results of the tests your Doctor and Dietitian may suggest a trial of a specific diet to see if these changes are beneficial for your symptoms. For example, if the tests show that you have bile acid malabsorption then you will be referred to a Dietitian to assess how much fat there is in your diet and the Dietitian may suggest that you reduce the amount of fat in your diet. You may wish to discuss with the Dietitian how much you need to reduce your fat intake, how this may impact on cooking, eating out and ideas for suitable recipes.

After seeing the gastroenterologist you may be told that you have bacterial overgrowth. The current treatment for this condition involves a course of antibiotics. There are no evidence based dietary changes which have been proved to be effective in treating bacterial overgrowth.

Many people may reduce their intake of dietary fibre, either by cutting out fruit and vegetables or using refined (white) cereal foods instead of wholemeal products. This approach has been used in people who have irritable bowel syndrome (IBS) although we are still unsure whether this approach is successful after cancer treatment. If this is something that your doctor has recommended and you find it helpful then you may wish to check whether the

overall balance of your diet is adequate. A Dietitian is able to assess whether you require any additional supplements. More information can be found on the British Dietetic Association website Foodfact page for IBS: <https://www.bda.uk.com/foodfacts/IBSfoodfacts.pdf>.

A new dietary approach has been used in IBS which involves limiting some types of fibre and parts of foods that are undigested. This approach is called a low FODMAPS diet (Fermentable Oligosaccharides Disaccharides Monosaccharides and Polyols). Again it has not been tested for people who have had radiotherapy treatment but may be suggested as an approach to try. The FODMAPS diet is complex and requires the help of a Dietitian to be able to follow it more easily.

Lactose is a type of sugar found in milk and milk products, which needs to be broken down by the body so its components can be absorbed in the intestine. If this process doesn't happen properly the lactose can cause water to be pulled in to the intestine causing discomfort and possibly watery diarrhoea. It is not clear how common this problem is after radiotherapy, but in general it is thought to occur in only a small number of people. Based on this there is no evidence to say that people with bowel problems after their radiotherapy should routinely cut lactose out of their diet. People who have taken some milk products out of their diet should always take care to ensure that they consume sufficient calcium and may require some additional advice.

With any of the dietary changes discussed here, if you find that they help your bowels you may need to continue with these in the future. If you have made changes to your diet and are concerned whether you are following a balanced diet then you may wish to ask to be referred to a Dietitian for an assessment.

When do I need to seek extra help?

If you have experienced a change in your bowel habits there are some circumstances where you **must** seek specialist advice from a gastroenterologist. These include if you have pale or greasy looking stools, if you are woken from sleep or have to get up in the night to open your bowels or if you have tried to make dietary changes but these have made no difference to your bowel habits. Ask your GP or oncologist to refer you to a gastroenterologist.

What about taking probiotics?

Probiotics contain live bacteria which may be beneficial to the health of the gastrointestinal tract and are sold as yoghurts, drinks, powders and capsules. Some studies have used probiotics during radiotherapy and have produced encouraging results. However, the probiotics used were generally mixtures of different types of probiotics and contained higher doses than in most products on the shelves in supermarkets. There are no research studies to inform us as

to whether probiotics may be helpful after radiotherapy. If you choose to try a probiotics select a reputable brand and take it for no longer than a month. As with other dietary changes, if there is no benefit to discontinue the probiotic if it doesn't help your symptoms.

Summary

When making any dietary changes it is important that these are for a limited period of time and discontinued if they do not seem to be helpful.

- If you make any changes to your diet then keep a diary to see if they are helpful. Do not continue with dietary changes that are not helpful.
- If your doctor has suggested any dietary changes then let them know whether they are working to help your symptoms.
- If you have lost weight or feel that you do not know what to eat then ask for a referral to a Dietitian.