

Staff guide: Physical Activity

Colorectal Cancer



Improves
cancer-related
fatigue



Helps
depression



Helps
anxiety



Improves sleep
quality



Improves
quality of life



Improves
cardiorespiratory
fitness



Improves
cognitive
function



Improves
muscle strength



Reduces
hormone/metabolic
dysfunction



Helps joint
pain



Helps body
composition



Reduces post
treatment
complications



Helps
lymphoedema



Helps
sexual function

Minimum Guidelines For Adults



5 days a week for 30 minutes which increases heart rate and breathing so you can talk but not sing



Strength activities 2-3 x a week for large muscle groups at a level where you need a short rest before repeating the activity



If over 65 years old, do activities that challenge balance 2 x a week

- 1. Choose an activity and do it several times a week**
- 2. Increase the amount of time per session**
- 3. Make it more challenging i.e. adding speed, walking up hills, adding a weight.**

Staff guide: Physical Activity

Colorectal Cancer

Evidence for benefits in colorectal cancer

Being physically active is associated with a 42% reduced risk of all cause of mortality, 38% reduced risk of colorectal cancer mortality & 40% risk reduction of disease recurrence.

People who are already active

Encourage people who have been recently regularly physically active to continue with their physical activity. They may need to adapt to do a little less during 'not so good' phases of treatment.

Refer to physiotherapist for more advice.

Surgery

Exercise before and after surgery will help recovery. The amount and type of exercise will depend on the symptoms. Seek advice from a physiotherapist for help if needed.

Practical advice:

- **Before surgery:** walking, running, cycling and strengthening exercises are great ways to build fitness before surgery.
- **Recommendations:** Refer to prehabilitation.
- **After surgery:** Take pain control & start marching on spot then build up to regular walking on the ward. Continue to build up walking daily at home.
- **Movement:** Post surgery exercises are important to support recovery of the abdominal core muscles.
- **Strength training:** after 6 weeks, low level strength training can begin. Encourage to start at a lower level and build up slowly.
- **Contact sport:** seek advice from surgical team regarding returning to contact sports or heavy lifting following surgery.

Staff guide: Physical Activity

Colorectal Cancer

Radiotherapy

Regular physical activity can help manage and reduce radiotherapy side effects.

- **Muscle strength:** Exercise is important as radiotherapy can cause loss of muscle strength.

Practical advice

- **Side effects peak:** Plan lower levels of physical activity for when the side effects peak.
- **Swimming:** is safe during radiotherapy. Do shower & moisturise. If skin is irritated, stop swimming.
- **Clothing:** Wear loose and comfortable clothing to avoid irritation and rubbing.
- **Hydration:** Drink more water than usual - radiotherapy can cause dehydration.
- **Protection:** Wear sun protection as required.

Lymphoedema

Weight management can reduce the risk of developing lymphoedema.

Being physically active is good for reducing the risk of developing & managing symptoms of lymphoedema.

It is safe to exercise and do strength training when lymph nodes have been removed. Start low and progress gradually: low repetitions and low weights. Slowly increase repetitions first and then the weight.

It is safe to exercise when you have lymphoedema. Wear the compression garment if provided as directed by lymphoedema team.

Wearing full coverage and supportive underwear will help with swelling around midline and genitals.

Staff guide: Physical Activity

Colorectal Cancer

Chemotherapy

Physical activity can help with chemotherapy tolerance and reduce side effects.

- **Bone health:** Weight-bearing plus impact exercises (stairs, walking, jumping, running) are important for bone health as chemotherapy can cause bone loss.
- **Joint & muscle pain?** Physical activity can help. Warm up and cool down helps the body to prepare and recover from activity.
- **Muscle strength:** Exercises are important as chemotherapy can cause muscle loss.

Look out for:

- **Cardiotoxicity:** Consider referral to cancer physiotherapist for physical activity support.
- **Chemotherapy-Induced Peripheral Neuropathy (CIPN):** Refer to cancer physiotherapist if CIPN impacts walking, balance, activities of daily living (ADLs) or falls.
 - A stationary bike, arm bike or seated exercises may be safer option.
 - If CIPN is painful, swimming or cycling may be more comfortable.
- **Platelets low:** Physical activity is good, but avoid activities which cause external impact i.e. risk of falls or bruising.
- **Low haemoglobin:** Do multiple short periods of daily physical activities rather than longer and fewer spells. Aim to work to a level where you are able to talk but not sing rather than use a heart rate monitor or smart watches.
- **Neutropenic:** Avoid busy or poorly ventilated gyms or pools during time of neutropenia. Try outdoors or home exercise instead. Avoid high intensity exercise until counts improve.
- **PICC line:**
 - Avoid swimming with PICC line in situ.
 - For strength training refer to physiotherapist for supervised training while PICC line is in situ.

Staff guide: Physical Activity

Colorectal Cancer

Stoma

- Even if fit before surgery, it is important to start exercising slowly at first and build up gradually after surgery.
- Core exercises provided by the physiotherapy team are very important to help regain fitness and be more active.
- The stoma nurse can provide guidance on stoma supplies for activities such as swimming.
- www.colostomyuk.org have helpful advice in returning to sports.

Hernia Risk

- **Risk of hernia:** Core exercises help to rebuild core strength & reduce the risk of hernias after surgery.
- **Weight management:** Physical activity will help to reduce the risk of developing hernias by supporting a healthy weight.

Practical advice

- **Intra-abdominal pressure:** Patients should be aware of activities that cause a sense of increased pressure or bowing of their muscles around their abdomen (pushing heavy doors, lifting luggage/groceries). If this happens, they should adapt their position i.e. stand closer to the door or bring the luggage closer to them or ask someone else to help.
- If you suspect a hernia, consider a referral to the cancer physiotherapist for support in core exercises after surgical review.

Staff guide: Physical Activity

Colorectal Cancer

Bone Mets/Lesions

Exercise can be safe and is beneficial for improving function, quality of life and reducing risk of falls & fractures.

Practical advice:

- **Fracture risk:** If at risk of fracture or are concerned, please refer to cancer physiotherapist for guidance.
- **Prevent falls:** Encourage to exercise in a safe environment to prevent falls and support with another person.
- **Stop and seek advice:** If they feel anything uncomfortable or out of the ordinary and speak to their cancer nurse specialist (CNS), cancer doctor or physiotherapist.

Fatigue

Regular physical activity and exercise is the best treatment for fatigue.

- As little as 30 minutes a day 3 days a week of moderate physical activity can show benefits.

Practical advice

- **Short sessions:** Start off with short sessions of physical activity and build up.
- **Avoid 'boom or bust':** On good days do 80% of physical activity, and on 'not so good' days do 40%.
- **Bedrest:** Avoid total sedentary rest.
- **Record:** Keep a diary on how the fatigue responds to different activities.

Staff guide: Physical Activity

Colorectal Cancer

Urinary Incontinence

Pelvic floor exercises can help before, during & after with urinary symptoms, sexual function & core strength.

- Pilates and yoga are good forms of exercise to strengthen and challenge the pelvic floor muscles.

Practical advice:

- Start pelvic floor exercises before treatment and continue until symptoms have resolved.
- Do pelvic floor exercises in all positions to retrain for activities like golf, tennis, lunges or star jumps.
- Tighten pelvic floor muscles in preparation for cough, laugh or sneeze.
- If symptoms persist 3 months later refer to physiotherapist.