

Department of Nutrition and Dietetics

# Nutrition and ovarian cancer

## Information for patients, relatives and carers

### Introduction

This leaflet is for patients with ovarian cancer that has grown or returned after treatment. You may have had previous surgery, chemotherapy or other treatments for your cancer.

### Why do I need nutritional advice?

As part of your care at our hospital, you have been referred to a dietitian for support with your nutrition.

You may not need support with your diet or nutrition currently, but you may at some time in the future. We want to improve the nutritional care that patients with ovarian cancer receive by offering nutrition advice and support earlier and throughout treatment.

### Nutrition and cancer

Generally, if you are feeling well and eating and drinking well, there is no need to make any changes to your diet. It is not recommended that you make any sudden or drastic changes to your diet just because you have had a diagnosis of cancer.

Sometimes, when ovarian cancer returns, patients can be at risk of developing problems with how their bowel (the intestine) works. In some cases, your bowels can stop working completely, which is known as bowel obstruction. In this instance, you may be recommended to make some dietary changes.

### What is bowel obstruction?

A bowel obstruction means there is a narrowing or blockage in the bowel, which can have several causes. It is a serious complication and is more common with advanced cancer.

Having ovarian cancer does not mean you will definitely have a bowel obstruction, however it is important to know the signs and symptoms, so that we can support you as soon as possible if this does occur.

Your bowel might become partially or completely blocked and these blockages can come and go as the bowel moves around. When there is a blockage, food cannot pass through the bowel as it usually would, making it difficult to eat and drink and causing some of the symptoms described below.

Bowel obstruction can occur in people with ovarian cancer for several reasons, including: –

- Cancer that has grown in or spread to the abdomen can press on the bowel, causing a narrowing or blockage
- Scarring from previous surgery, called adhesions, can cause the bowel to become stuck together or blocked
- Cancer can spread to the nerves supplying the bowel, causing it to stop working properly
- Where there is a narrowing in the bowel, food material can collect and cause a physical blockage

Worrying symptoms that may indicate bowel obstruction include:

- Tummy pain that is sharp and colicky in nature, that may be worse during or after eating and drinking
- Feeling full or bloated even with small amounts of food or drink
- Feeling nauseous or vomiting
- Being unable to go to the toilet to pass stool or pass wind

Speak to your oncology team, dietitian for advice if you think you are having any of these symptoms or want more information about bowel obstruction.

## Nutrition and bowel obstruction

If you are experiencing symptoms of bowel obstruction, or your team feel that you are at risk of developing a bowel obstruction, some changes to your diet may be recommended by your dietitian.

These might include:

### A low fibre diet

A low fibre diet is made up of foods that are easily digested and absorbed, leaving minimal residue in the bowel. A low fibre diet is recommended when people need to avoid foods that may cause a blockage in narrowed parts of the bowel, and this should help to improve symptoms.

You can reduce the amount of fibre in some foods, for example by removing the skins and seeds of vegetables, and by choosing white varieties of bread, pasta and flour. There are some foods that are best to avoid on a low fibre diet. Your dietitian can give you advice and ideas of foods you could have instead.

### A liquid or soft diet

If there is a narrowing in the bowel, liquid or very smooth, soft foods may be easier to digest and better tolerated than more solid, hard foods, because they can pass through more easily.

If you need to follow a liquid or soft diet, your dietitian will be able to advise on changes that you could make and give you ideas of suitable foods that you could have.

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## Nutrition support

If you are experiencing unintentional weight loss, or losing weight without trying to, for example due to lack of appetite or difficulty eating, your dietitian might recommend some changes to your diet.

### Advice might include:

- **A high energy and/or high protein diet** – you may be advised to make swaps to foods that are energy-dense and high in protein to help prevent further weight loss.
- **Nutritional supplement drinks** – if you have already made changes to increase the energy and protein in your diet but are still losing weight, your dietitian and GP may prescribe nutritional supplement drinks. These are usually milkshake or juice-style drinks that have added vitamins and minerals and are high in energy and protein. You will always be advised to make changes to your diet in the first instance.

### Enteral nutrition (EN)

In some cases where people are not able to meet their nutritional needs by mouth, artificial nutrition may be considered.

This might include enteral feeding (EN), where a thin tube is placed in the nose and goes into the stomach (naso-gastric tube) or directly into the stomach (gastrostomy tube) or intestine (jejunostomy tube). Liquid nutrition can be given to support you to meet your needs, alongside eating and drinking. Your care team will always carefully consider whether this is necessary and whether there are other things that can be done to help make eating and drinking easier before recommending EN.

### Parenteral nutrition (PN)

In some circumstances, where the bowel is not working at all, we may consider parenteral nutrition (PN). This involves a bag of specialised liquid containing all the constituents of a normal diet (e.g. carbohydrate, fat, protein, and vitamins and minerals) being given directly into the vein over several hours.

Some people might require PN for a short period whilst in hospital having treatment for bowel obstruction. In some cases, after a hospital stay and if the bowel does not begin to work normally again, PN can be set-up at home and be given overnight with specialist nurses visiting to support.

PN is an invasive medical treatment and requires careful consideration to make sure it is appropriate, helpful, and is the right choice for each person.

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## Our nutrition pathway

All patients with ovarian cancer that has returned will be offered a referral to the dietitian. We want to offer support where needed throughout your care.

You might have already arranged to see or speak with your dietitian again. If you are managing well now and do not need another appointment, you can still contact the dietitian at any time if things change.

## Who to contact and when

You should contact your dietitian if:

- you have any of the symptoms described above that may suggest bowel problems
- you are losing weight or think you are losing weight without trying to
- you have any concerns about your diet and need further advice

Your dietitian may ask for a diet history. It might be helpful to note down what you have been eating and drinking for the past few days and any symptoms if you have them.

Your dietitian is:

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You can also call the Macmillan navigator for advice or to ask to speak with the dietitian, **020 3313 0303**

Or speak with your chemotherapy nurse or CNS

If you are unwell, you should not wait to speak to your dietitian but should call the Macmillan navigator. In an **emergency**, you should attend your **closest A&E or dial 999**.

## References

Cancer Research UK (2022) 'A blocked bowel (bowel obstruction). Available at: <https://www.cancerresearchuk.org/about-cancer/coping/physically/bowel-problems/types/blocked-bowel-obstruction> (accessed April 2023)

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## How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3312 7777** (10.00 – 16.00, Monday to Friday). You can also email PALS at **imperial.pals@nhs.net** The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Alternatively, you may wish to complain by contacting our complaints department:  
Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street  
London W2 1NY

Email: **ICHC-tr.Complaints@nhs.net**  
Telephone: **020 3312 1337 / 1349**

## Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team:  
**imperial.communications@nhs.net**

## Wi-fi

Wi-fi is available at our Trust. For more information visit our website: **www.imperial.nhs.uk**

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