

Colon cancer and exercise

What is colon cancer?

Colon cancer or bowel cancer is the second most common cancer in Australia, with nearly 16,000 cases diagnosed each year (1). While survival rates following colon cancer vary, almost 90% of people diagnosed early will be disease-free five years after their diagnosis (2). Treatment usually involves a combination of surgery and chemotherapy and, less commonly, radiotherapy. Some survivors of colon cancer require a colostomy (an artificial opening in the abdominal wall to allow removal of waste), either for a few weeks after surgery, or permanently. Side effects of treatments may depend on the extent of surgery and the dose and type of adjunct therapy.

What exercise is best for survivors of colon cancer?

Aerobic and supervised resistance (weights) training are safe and beneficial: Participation in walking and gym-based exercise is encouraged unless clearly contraindicated (e.g. if you have an increased risk of fractures or infection). If a colostomy has been undertaken, avoiding increased pressure in the abdomen is recommended so that risk of herniation is reduced.

Low to moderate-intensity exercise is recommended. It is best to start an exercise program at low to moderate intensity and to progress gradually. If the exercise routine lapses, exercise intensity should be lowered again when restarting.

Accumulating at least 30 minutes of daily exercise on at least three days each week can lead to benefits. Build up to, and then maintain, at least 30 minutes of exercise per session, accumulating at least 150 minutes of exercise each week. Supervision is recommended during active treatment periods, when the frequency and type of side effects are likely to fluctuate.

A diary to record exercise sessions and the frequency and severity of treatment-related side effects is useful.

What are the solutions to common concerns about exercise?

Fear of worsening symptoms: Diarising exercise participation and side effects is an effective way to show that exercise, at the very least, does not worsen existing side effects. An appropriate exercise program is important to prevent or reduce muscle loss that would only increase the level of fatigue.

Trouble exercising during treatment periods with intense side effects: Some people find they cannot perform their usual exercise routine in the days immediately after a cycle of chemotherapy, or when symptoms are particularly intense. Instead of avoiding exercise altogether, preparing a separate exercise program for 'bad days' may be useful.

Pain and balance problems caused by peripheral neuropathy: The drugs used to treat colon cancer can sometimes lead to nerve damage, particularly in the hands and feet. This damage can make walking and wearing shoes difficult. The neuropathy can also impair balance and increase risk of falling. Aquatic (water) exercise or short bouts of walking or stationary cycling may be less painful.

Gastrointestinal complaints and colostomies: After bowel surgery, changes in gastrointestinal habits are common. Exercise can cause further complications so some people avoid leaving their homes due to embarrassment from related odours or fear of suddenly needing a bathroom. Home-based programs are often ideal, but for those willing to venture away from home, gymnasiums or parks with a toilet block may be appropriate. Exercise can be undertaken safely by people with colostomies. Specifically, these people must be vigilant about preventing infection after exercise sessions. Resistance (weights) training should begin at low intensity and progress more slowly than usual, being particularly careful to avoid herniation at the site of the stoma. Contact sports and swimming are not recommended.

Discouragement from not seeing improvements: Survivors of colon cancer need to have progress and success appropriately defined. Without a structured exercise program, most people experience a decline in physical function during periods of active treatment. At the very least, exercise can minimise or prevent typical treatment-related declines. Having realistic expectations helps people to stay active during and beyond the treatment period.

General barriers to exercise: Survivors of colon cancer still need to overcome all the usual exercise barriers experienced by people without colon cancer. As the average age at diagnosis of colon cancer is 69 years, age-related concurrent conditions and exercise barriers are common.

References and further information

Exercise is Medicine Australia www.exerciseismedicine.org.au

Find an Accredited Exercise Physiologist www.essa.org.au

Exercise Right www.exerciseright.com.au

1. Australian Institute of Health and Welfare (AIHW). (2012). Cancer in Australia 2012: An overview. Cancer series no. 74. Cat. no. CAN 70. Canberra: AIHW.
2. Australian Cancer Network Colorectal Cancer Guidelines Revision Committee. (2005). Guidelines for the prevention, early detection and management of colorectal cancer. Sydney: The Cancer Council Australia and Australian Cancer Network.
3. Australian Institute of Health and Welfare 2012. Cancer survival and prevalence in Australia: period estimates from 1982 to 2010. Cancer Series no. 69. Cat. no. CAN 65. Canberra: AIHW.
4. Bowel Cancer Australia www.bowelcanceraustralia.org.au
5. Exercise & Sports Science Australia www.essa.org.au

For more detailed information, please read the full version of this factsheet at www.exerciseismedicine.org.au

