PATIENT EDUCATION

Diarrhea and loose stools during radiation

A plain-language guide for patients and families. Bring this to your visit. It does not replace advice from your clinician.

What is happening?

Radiation that passes through the abdomen or pelvis can irritate the bowel lining. Stools may become loose, more frequent, or urgent. This is a local lining effect, not an infection in most cases — but infection still needs to be ruled out if you have fever or travel history.

What you may notice

- More trips to the bathroom, especially after meals
- Cramps, gas, or a feeling you did not quite finish
- Sore skin around the anus from frequent wiping
- Dehydration — dry mouth, dark urine, light-headedness

First-line care

Drink more fluids than usual unless you are on a limit. Choose a bland, lower-fiber plate for a few days (bananas, white rice, applesauce, toast, eggs). Avoid sugar-free sorbitol candies, very spicy food, and large amounts of caffeine or alcohol. Use barrier cream on the skin. Take anti-diarrheal medicine only as your team directs.

Where CureRays may fit. Call before you start extra over-the-counter medicines if you have fever, blood in the stool, or you already take heart or blood-thinning drugs. Your radiation + medicine team will match the plan to your other conditions.

What treatment usually involves

- We already aim the beam to spare as much bowel as the plan allows
- A full bladder or empty rectum may be part of daily setup for pelvic fields — follow the sheet you were given
- Weekly visits include a bowel check so we can step up care early

Nutrition tips for radiation diarrhea

- Drink 8 to 12 cups of liquid a day (water and decaf). Sip room-temperature fluids slowly.
- Eat four to six small meals. Bananas, rice, applesauce, white toast, and oatmeal can help.
- Avoid whole-grain breads and cereals, seeds, nuts, leafy greens, and broccoli.
- Avoid greasy or fried food, very hot or very cold drinks, spicy food, and sugar-free items with xylitol or sorbitol.
- Avoid milk if it worsens you (yogurt may still be fine). Try Lactaid or a non-dairy milk.
- Do not wipe with dry toilet paper. Wash with water, pat dry, and see the sitz-bath sheet.

Clinic medicine steps (confirm every dose with your team)

- **Step 1.** More than three bowel movements a day: loperamide (Imodium) 2 mg on waking, then one tablet four times a day with meals and at bedtime. Goal is one or two stools a day.
- **Step 2.** If needed, your team may alternate prescription Lomotil 1 tablet with Imodium 2 tablets every 3 hours (example: 7 a.m. 1 L, 10 a.m. 2 I, 1 p.m. 1 L, 4 p.m. 2 I, and so on if they wrote that clock).
- **Step 3.** If still loose after 24 hours they may raise both to 2 tablets on that alternating clock. Do not invent extra doses.
- When you have had no stool for 12 hours, they will usually have you reduce Imodium. Keep a low-fiber plate and at least eight 8-oz glasses of fluid (64 oz) in 24 hours.

When to call the clinic

- Six or more loose stools in a day, or you cannot keep up with fluids
- Blood, black stools, or severe cramping
- Fever, shaking chills, or dizziness when you stand
- No urine, confusion, or you feel too weak to stand

Questions to ask

- Is this expected for my pelvic or abdominal field this week?
- What may I take at home, and what should I not take?
- Do I need a stool test or a change in my daily bladder/rectum prep?
- When would you pause treatment or add IV fluids?

How to schedule or learn more

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