PATIENT EDUCATION

Low-fiber, low-residue diet for pelvic radiation

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

Why this eating plan?

The aim is to reduce stool bulk and gas in the bowel. Less size change in the bowel or rectum can reduce movement of nearby organs (including the prostate) and help daily radiation stay more consistent. Complete emptying and less gas help teams treat the pelvic area more exactly for cancers of the prostate, colon, rectum, bladder, and other pelvic structures. This is a short-term treatment diet, not a forever plan.

When to start

- Many clinics ask you to start these changes 1 week before the simulation (planning) appointment.
- After simulation, some teams let you eat more normally until 1 week before daily radiation starts, then resume the plan through the end of treatment. Follow the schedule your own team writes down.
- A low-fiber diet usually means less than 10 to 15 grams of fiber a day and skips foods that increase stool bulk. A low-residue plan adds extra limits. Ask a dietitian to tailor this.

Confirm with your care team. Do not start a strict new diet if you already have a feeding plan, bowel obstruction warnings, or another prescribed diet (diabetes, kidney disease). Confirm with your care team first.

What you can expect

- Stools may be smaller and less gassy if the plan fits you
- You may still need medicines for constipation or diarrhea. Those are separate sheets.
- After the course, your team will tell you how to add foods back

Foods that often cause gas. Limit unless your team says otherwise

- Beans and legumes (if beans are allowed, presoaking and discarding the soak water can reduce gas)
- Vegetables such as artichokes, asparagus, broccoli, cabbage, Brussels sprouts, cauliflower, cucumbers, green peppers, onions, radishes, celery, and carrots
- Fruits such as apples, peaches, raisins, bananas, apricots, prune juice, and pears. Ask which peeled or canned options are okay.
- Whole grains and bran
- Carbonated drinks (letting an open can sit can let some gas escape. Still ask your team.)
- Milk and milk products such as cheese and ice cream if you are lactose intolerant
- Foods with sorbitol, such as many dietetic or sugar-free candies and gums
- Wine and dark beer

Gas-reducing products and habits

- Beano may help gas from beans and similar foods. Ask your pharmacist.
- Simethicone products such as Gas-X, Di-Gel, or Mylanta may help upper-belly gas. Confirm the brand and dose with your team.
- Eat slowly. Avoid smoking. Avoid chewing gum if it makes you swallow air.

When to call the clinic

- Constipation lasting more than 2 to 3 days, or no gas and a hard swollen belly
- Diarrhea, blood in the stool, or severe cramping
- You cannot keep food or fluids down

Questions to ask

- Do you want this plan 1 week before simulation, before daily treatment, or both?
- Which fruits and vegetables are okay if I peel or cook them?
- Should I see a dietitian now?
- How do I add fiber back after the last session?

How to schedule or learn more

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