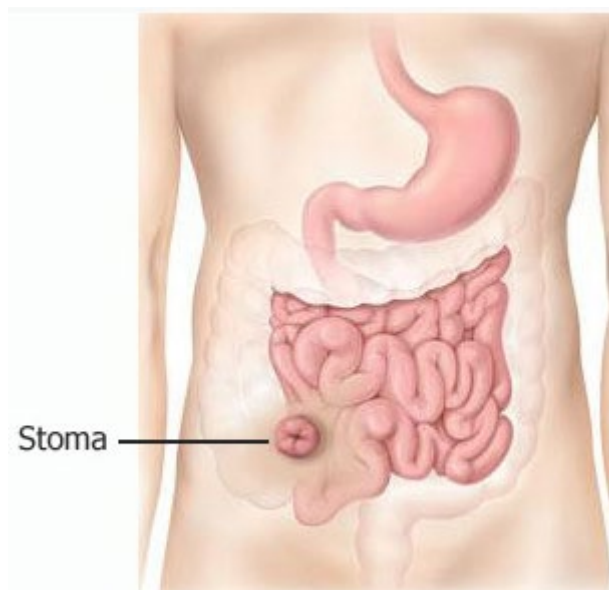


Healthy eating with an ileostomy and output management

This resource is for people who have had an ileostomy formed. It is not meant for patients who have had a different type of stoma – for example a colostomy or a jejunostomy.

What is an ileostomy?

An ileostomy is formed during surgery where an opening is made on the abdomen (belly). People have bowel surgery for many different reasons including cancer, inflammatory bowel disease, trauma, diverticular disease and bowel obstruction. The end part of the small bowel (ileum) is brought out through this opening to allow waste to exit the body. A stoma may be formed when part of the bowel must be removed or allowed to heal because of an injury, disease or surgery.



Source: Upstate Medical University. Image used with permission.

Do I have to go on a special diet?

People who have an ileostomy are encouraged to eat a healthy diet, the same as most people.

What is a healthy diet?

A healthy diet includes foods from five food groups: bread and cereals, vegetables, fruit, meat and dairy. Variety is the key! The diet should be planned to meet individual needs and tolerances.

Enjoy a wide variety of nutritious foods from each of the food groups:

- Bread, cereals, rice, pasta, noodles
- Fruit
- Vegetables
- Dairy products such as milk, yoghurt, cheese and dairy alternatives
- Meat, chicken, fish, eggs or legumes

Ileostomy output – what to expect

The function of the colon (large bowel) is to absorb water and salt. After an ileostomy formation, the colon is bypassed which results in the loss of fluid from the stoma. You may find that after your operation the output may be increased and it may be a fluid consistency. This will thicken to become a thick paste (toothpaste/ porridge consistency) in the following weeks as the rest of the bowel starts to take up more fluid than it used to. The normal amount of output from an ileostomy in a 24 hour period is between 500mls – 1 litre. Depending on your stoma bag size, this may be the same as emptying the bag when it is 1/3 – 1/2 full 4-6 times a day. Anything above 1 litre in 24 hours is considered a high output.

Fluid intake

- Have plenty of fluids or you can become dehydrated.
- Aim for at least 8 glasses (2 litres) of fluid each day - most of this fluid should be water.
- If you are losing more than 1 litre of output from your stoma (emptying more than about 6 times per day) please advise your dietitian, doctor or stomal therapy nurse.
- You will need extra fluid if you have high stoma losses, during exercise and in hot weather. Rehydration solutions such as Gastrolyte or Hydralyte are available from the supermarket or pharmacy and can be helpful in replacing large fluid losses. Avoid sports drinks which are low in salt and often high in sugar or artificial sweeteners as these can increase stoma output.
- Your urine should be pale and straw-coloured at all times.

What is dehydration?

- A condition where fluids lost are more than fluids taken into the body
- Some essential salts will also be lost in these fluids
- Can be mild, moderate or severe (life threatening)
- Risk increases when stoma output is more than 1 litre in 24 hours

What are the signs of dehydration?

Symptoms of dehydration vary but may include any of these:

- Feeling thirsty/dry mouth
- Feeling faint
- Feeling tired or lethargic
- Muscle weakness/cramps
- Headaches
- Dark urine (deep yellow or amber colour), with a strong smell.

What should I do if any of these symptoms occur?

- Increase fluid intake
- Reduce activity
- Seek medical help
- Seek early assistance from a health professional regarding the use of rehydration solutions

What can I do if my stoma output is too high or watery?

Monitor your ileostomy output regularly if you think it is high. If the output is too high (over 1L/day) or watery you can thicken and reduce it by:

- Mixing 1 teaspoon of psyllium husk or Metamucil in 1 cup (250mls) of water and drinking quickly before it forms a gel. You can buy psyllium husk or Metamucil in the supermarket or pharmacy.
- Metamucil should be started slowly and increased as required. The maximum dose is 2 teaspoons three times per day. Try to have it about 15 minutes before a meal unless this is causing you to feel too full.
- Loperamide (Gastro-Stop) capsules can be used to further slow ileostomy output. If you see unopened capsules in your stoma output, try opening the capsules and taking the granules with food or fluid.
- Choose thickening foods (see below)

This is a consensus document from Royal Brisbane and Women's Hospital Stomal Therapists and Dietitian/ Nutritionists from the Nutrition Education Materials Online, "NEMO", team.

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- Try to have your fluids at least 15-20 minutes before and after your meals to avoid 'flushing' food through.
- Caffeinated beverages, sugary drinks, artificial sweeteners, alcohol and spicy foods may increase output
- Try rehydration solutions such as Gastrolyte or Hydralyte. You can make a homemade rehydration solution called 'St. Mark's solution' using the following recipe: Mix 1 level teaspoon salt, 6 level teaspoons glucose powder (available in pharmacies) and ½ teaspoon sodium bicarbonate powder in 1L water and sip over the day. This tastes better cold and with a small amount of fresh lemon or lime juice.

What about salt?

Generally, most people have enough salt in their diet each day. If you are already following a low salt diet, you do strenuous work/exercise or have a high stoma output you may need to increase your intake, for example:

- Add salt to food and during cooking.
- Include salty foods such as cheese, vegemite, soup or soy sauce.

Foods that can cause a blockage:

If possible, it is advisable to avoid very fibrous, stringy foods for six to eight weeks after your surgery while the swelling of the bowel resolves. This is to reduce the risk of a blockage. You can then gradually reintroduce these foods back into your diet. When reintroducing it is advisable to eat these foods in moderation, chop and chew them well.

- | | | |
|------------|--------------|----------------|
| • Mango | • Celery | • Coleslaw |
| • Rhubarb | • Corn | • Bran |
| • Nuts | • Apple skin | • Pineapple |
| • Figs | • Peas | • Popcorn |
| • Mushroom | • Coconut | • Dried fruits |



Symptoms of a blockage include:

- No output for 6 hours combined with:
- Abdominal bloating
- Abdominal pain/cramping
- Nausea or vomiting

What to do if a blockage occurs?

- Stop solid foods but continue to drink fluids
- Rest with a heat pack/take pain relief – ensure the heat pack is wrapped in a cloth to avoid burning
- Massage the area around your stoma and abdomen
- **Never** take laxatives
- If pain continues, go to the emergency department

Should I avoid any other foods?

Certain foods have been linked with changes in output; try all foods and only avoid those which keep causing problems. The lists below give examples of foods that some people have reported causes changes in their stoma output. However, it is important to note that everyone is different; you may not have any problems or these foods may affect you differently.

Foods to help thicken output:

- Pasta
- Mashed potatoes
- Smooth peanut butter
- Pumpkin
- Banana
- White rice
- White bread
- Porridge/oats



Foods that may cause wind/gas:

The delay between eating a gas forming food and gas production is 2-4 hours.

- Brussels sprouts
- Green beans
- Onions
- Peas
- Eggs
- Broccoli

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- Green beans
- Mushroom
- Fizzy drinks/carbonated beverages including beer
- Lactose if intolerant
- Cabbage
- Baked beans
- Garlic
- Cauliflower



Tips to reduce wind/gas production:

- Avoid drinking through a straw, talking while eating, chewing gum, smoking or snoring as this can lead to swallowing air and gas production.
- Eat regular meals, as skipping meals is more likely to increase gas production

Foods that may produce odour:

- Cheese
- Green beans
- Onions
- Some vitamins and medications
- Lentils
- Cabbage
- Fish
- Asparagus
- Eggs
- Garlic

Tip: Yoghurt and parsley may help reduce odour.



Foods that may colour output: (this is normal)

- Beetroot
- Red cordial
- Some medications



Medications

- Contact your doctor or pharmacist if you see undigested pills/medication in your stoma output.
- Some medications or vitamin/mineral/herbal supplements may change the consistency, odour or colour of your ileostomy output. If you have any questions about medications, ask your doctor or pharmacist.

Timing of meals

Meal pattern is individual, and you may want to time your meals to allow for more suitable bag emptying (e.g. change your main meal from evening to lunch). If you find that smaller meals are better, you will need to eat more often to ensure you get enough nutrition.

Summary

- Chew food well and avoid stringy, fibrous foods for 6-8 weeks post-operatively.
- Ensure you drink enough fluid (at least 2 litres a day). Oral rehydration drinks can be useful.
- Have regular meals and eat a normal balanced diet.
- Separate your food and fluids at each main meal if you have a high or watery stoma output.
- Only add additional salt if advised or if you have high stoma output.
- Only avoid foods that cause unacceptable symptoms. Try to reintroduce these foods at a later stage.
- Ensure that your output is a thick fluid and around 1 Litre per 24 hours. If higher than this and you have tried the strategies above consult a health care professional.