Healthy eating with an ileostomy

Do I have to go on a special diet?
People have bowel surgery for many different reasons including cancer, inflammatory bowel disease, trauma, diverticular disease and bowel obstruction. After surgery people often wonder if they need to eat differently or go on a special diet. People who have an ileostomy are encouraged to eat a healthy diet, the same as most people.

What about fluids?
The function of the colon is to absorb water and salt. After an ileostomy, absorption can be reduced which results in loss of fluid from the stoma. People therefore need to drink more fluids. Initially fluid losses may be large but the remaining bowel adapts over a period of approximately six weeks and stoma output usually decreases.

What is a healthy diet?
A healthy diet includes foods from the five different 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 and vegetables
- Dairy products such as milk, yoghurt, cheese and dairy alternatives
- Meat, chicken, fish, eggs or legumes
- Drink plenty of water!

Fluid intake
- Have plenty of fluids or you can become dehydrated.
- Aim for at least 2 litres of fluid each day. If you are losing more than 1 litre of output from your stoma please advise your dietitian, doctor or stomal therapy nurse.
- You will need extra fluid if you have higher stoma losses, during exercise and in hot weather. Rehydration solutions such as Gastrolyte, Repalyte or Hydralyte can be helpful in replacing large fluid losses.
- Your urine should be pale straw-coloured at all times.
Common signs of dehydration are:
- Feeling thirsty with a dry mouth
- Feeling faint or light headed
- Feeling tired or lethargic
- Muscle weakness/cramps
- Headaches
- Dark urine (deep yellow or amber colour), with strong smell.

Salt intake
Generally, most people have enough salt in their diet each day. Your dietitian will advise if you will need to increase your salt intake.

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.
- Oral rehydration solutions may be useful if output is very high e.g. Gastrolyte, Repalyte or Hydralyte.

Should I avoid any foods?
No. Some foods are incompletely digested and there is nothing wrong with them coming out through the stoma. Some foods may cause blockage of the stoma e.g. sweet corn, celery, peas, popcorn, mangoes, coconut, nuts and coleslaw. Have these foods in moderation, chop and chew them well.

- High fibre foods such as fibrous fruit and vegetables, large salads, wheat bran and dried fruits (including prunes) should be avoided for six to eight weeks after your surgery. Gradually reintroduce these to reduce the risk of blockage around the newly formed stoma site.

Will I experience any problems?
Certain foods have been associated with changes in output. Try all foods and only avoid those which repeatedly cause problems.
- Rice, pasta, potatoes, white bread, smooth peanut butter, banana, cheese and oats may decrease and thicken output.
- Caffeinated beverages, sugary drinks, artificial sweeteners, alcohol and spicy foods may increase output.
- Cabbage, onions, legumes, broccoli, cauliflower, asparagus, peas and carbonated drinks may increase gas. The delay between eating a gas-forming food and gas production is 2-4 hours. Drinking through a straw, chewing gum and smoking can lead to swallowing air and gas production.
- Highly coloured foods (e.g. beetroot and red cordial) may colour your bowel motion. This is quite normal.
Medications
If you see undigested pills/medication in your stoma, ensure you contact your doctor or pharmacist to discuss this. Your doctor may prescribe drugs to assist in decreasing output. Psyllium products such as Metamucil or soluble fibre products like Benefiber or ProNourish may also help by thickening output.

Timing of meals
Meal pattern is individual and you may want to time your meals to allow for more acceptable bag changes (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.

What happens if I'm experiencing an ongoing watery stoma output?
- Try to have your fluids at least 15-20 minutes before and after your meals.
- Ensure you are having solid foods at each meal. Rice, pasta, potatoes, white bread, smooth peanut butter, banana, cheese and oats may decrease and thicken output.
- If your doctor or dietitian has recommended you have Metamucil, Benefiber or ProNourish try to have it about 15 minutes before a meal unless this is causing you to feel too full.

If you continue to have a high stoma output (more than 1 litre per day) and you have tried the above strategies please contact your doctor, stomal therapy nurse or dietitian.

Summary
- Chew food well.
- 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.
- Ensure you drink enough fluid (at least 2 litres a day). If losses are greater than normal (above 1 litre a day), oral rehydration drinks may be necessary.
- Only add additional salt if your dietitian has advised you should or you have high stoma output.
- Only avoid foods that cause unacceptable symptoms. Try to reintroduce these foods at a later stage when your bowel has adapted.
- Don’t be afraid to try new foods.

For further information contact your dietitian or nutritionist: ________