

Dietary Information for people with an Ileostomy



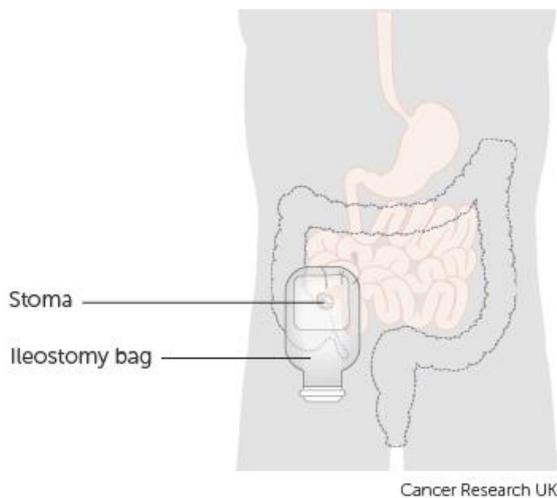
Practical tips and support for patients and carers

Issued by: _____

Contact Details: _____ Date: _____

Introduction

What is an Ileostomy?



An ileostomy is formed when a section of your small bowel (known as the ileum) is surgically brought out to the surface of your skin through the abdominal wall. This forms a new pathway for waste material to leave your body. Waste material will pass out into an external pouch known as an ileostomy bag. You will need to empty your bag regularly, on average 4-6 times a day.

First Few Days

Your new ileostomy will usually start working within 24 hours. There may be a couple of days during which you are advised to build-up from a liquid to a normal diet. The output within the first week can be expected to be watery and between 1200-2000ml per day. Therefore, it is advisable to increase your fluid intake to 1.5-2 litres and possibly add salt (up to 1 teaspoon over the day) to replace these losses (see the section on Hydration in this leaflet for more details).

Your surgeon will suggest you start with free fluids and move to a soft, moist, low fibre diet.

- Include protein foods such as meat, fish, eggs, cheese and milk to help with wound healing
- Eat starchy carbohydrates such as white bread, low fibre cereals (rice krispies, cornflakes), potato (no skin), white rice/pasta, for energy and to thicken your stoma output
- If your appetite is low, try taking smaller meals and snacks in between such as a small bowl of cereal, sandwich, cheese and crackers, yogurts or milky drinks.
- Eat slowly and chew your food well to help with digestion.

If you are struggling to eat you can ask for the 'Easy to Chew' Menu on the ward or choose items on the regular menu coded as EC in Stoke Mandeville Hospital and coded with a black star at Wycombe Hospital (see the logos below).

**EASY TO CHEW**

Soft or moist foods that are easier to chew.



Easy to chew.

Initially you may find fibrous foods are difficult to digest and may cause a blockage if they are eaten in large quantities or not properly chewed. Therefore, it is advised to avoid these at this time. Foods that are high in insoluble fibre and you may wish to avoid at first include:

Celery	Mushrooms
Coconut	Nuts
Fruit – especially dried fruit, pith and skin	Pineapple
Lettuce	Pips
Mango	Seeds
	Sweetcorn
	Vegetables – skin on

For more detail on fibre please read the section in this booklet on 'Foods with Low and High Fibre'. For a full list of foods that are low and high in fibre please follow the link from the resources section to the leaflet on 'Low Irritant/ High Fibre' or ask your healthcare professional to provide you with a copy.

The small bowel will slowly adapt, and the output should decrease. The introduction of solid, low fibre food helps the small bowel to begin to work as normal and allows the stool to thicken and become less watery. The stool you pass into your bag will thicken to a 'porridge-like' consistency and the bag will need to be emptied less. Your output should settle around 6-8 weeks.

2 months after Surgery

Within 6-8 weeks post-surgery, the remaining small bowel usually adapts, and the stoma output usually decreases to around 800ml per day. The aim is for a 'porridge-like' consistency. At this point you can start to gradually include foods higher in fibre again and reduce salt intake.

Once the stoma output has decreased you can return to a normal diet and focus on healthy eating rather than eating for your ileostomy bag.

Healthy Eating with an Established Ileostomy

There is no long-term specific diet for a person with an ileostomy. Healthy eating is important for your general well-being. Try not to restrict your diet unnecessarily. However, if you are experiencing specific problems try the trouble shooting advice the following pages in this leaflet or contact your health professionals or stoma nurse.

Remember to chew your food well and eat more slowly. **Do not** restrict your fluid intake in the hope it will reduce your ileostomy output.

Low Appetite

It may take time for your appetite to return to normal after surgery. Until you are able to manage normal quantities of food again eat 'little and often'. Aim to eat small meals and snacks every 2-3 hours. These could consist of smaller meals with snacks, such as cereal, sandwiches, yoghurts, cheese and crackers and nutritious drinks like milk, shop bought or homemade milkshakes. Aim for small portions of high energy foods.

Eating regularly during the daytime also helps your ileostomy output, whereas late evening meals may increase ileostomy output during the night. You could try increasing your intake in the day and having only a small meal in the evening.

If your appetite continues to be poor and/or you are losing weight please ask your healthcare professional or stoma nurse for the information leaflet 'Food First: Advice for eating well if you have lost weight or are underweight'.

Nutritional Supplements and Medication

Iron tablets and beetroot/beetroot juice will alter the colour of the stools in your ileostomy bag. Some medications, especially if encased in sugar coating, may not be absorbed and pass undigested into the stoma bag. Please make your GP aware so an alternative can be prescribed.

Vitamin B12 deficiency can make you feel tired and low in mood. The last part of your small bowel (terminal ileum) absorbs vitamin B12. If this has been removed, you will require 3 monthly injections and regular blood testing checked by your GP.

Healthy Eating Advice

During the healing process or if you are trouble shooting it may not be suitable to follow healthy eating advice. This is because it may include more fibre than you can currently tolerate or because you have been advised to follow a different diet such as a high calorie diet to gain or maintain weight.

However, once your ileostomy has settled and you are ready to resume your previous diet, aim to include healthy foods as outlined below.

Everyone will tolerate food differently. If you have problems with certain foods or drinks re-try them a few months later when your small bowel may have adapted and settled down. Make sure you experiment several times with a troublesome food before excluding it completely, to avoid over-restricting your diet. Perhaps try a new food, once a day, for 2-3 days before moving on to the next troublesome food.

Follow the guidance from the British Dietetic Association (BDA) on 'Healthy Eating', available online (see resources at the end of the leaflet) or ask your healthcare professional for a copy.

Foods with Low and High fibre

What is fibre and why is it important?

Fibre is found in plant-based foods and it increases the natural action of the gut bacteria, helping to form stools and regulate bowel opening.

There are two main kinds of fibre; **soluble** and **insoluble**.

Aim to include both types of fibre in your diet and drink plenty of fluids alongside fibrous foods to avoid constipation.

Soluble - as the name suggests dissolves in water and can help your stool soften. This can help with constipation and also help thicken your stool if your output is loose. Soluble fibre helps to lower cholesterol and regulates sugar in the blood. Soluble fibre is found in food such as the fleshy part of **fruits and vegetables, oats, beans, peas, lentils and pulses**.

Insoluble - adds bulk, but doesn't dissolve in water, so will not break down as it passes through your digestive system. This type of fibre acts like a sponge in the digestive system and soaks up the moisture to form soft stools which are easily passed. However, if taken in amounts that are too high it might not be well tolerated, leading to bloating, wind and discomfort. Try small amounts at first, increasing depending on the effect on your output. Insoluble fibre is found in **wholegrain and wholemeal flour, breads, pasta, rice, cereals, fruit and vegetable skins**.

For a detailed list of foods that contain high amounts of insoluble fibre and soluble fibre please see the leaflet 'Low irritant, high fibre'.

Troubleshooting

Blockages

After bowel surgery your bowel may become swollen, narrowing the pathway. To avoid blockages, also known as 'obstruction', follow the advice above on fibre in your food.

The link below to the leaflet 'Low irritant, High fibre' is a good place to start if you would like to include more fibre in your diet.

If you notice your ileostomy is not working, stop eating but continue to drink. Try drinking 3 glasses of water, rest and massage your abdomen. If this does not work within an hour, repeat the process. If you have passed nothing for 6 hours, contact your GP as soon as possible.

SEEK MEDICAL ADVICE IF YOU ARE CONCERNED - see contact details in the further information section at the end of this leaflet.

Dehydration

After having an ileostomy, it can be difficult for your bowel to take up as much fluid and minerals as before. This can lead to you becoming dehydrated. The best indicator of your hydration status is the colour of your urine. A light straw colour probably means you are drinking enough. Darker urine will indicate that you need to drink more fluids.

Other signs of dehydration include:

- Headache or feeling light-headed from sitting to standing
- Feeling thirsty and having a dry mouth
- Cramps

If you are dehydrated, you will need to increase your fluid intake. Aim for 8-10 glasses of fluids a day. This includes tea, coffee, milk, squash, juice and water. You may need to increase this in warm weather or when exercising. It is vital to replace fluids lost to avoid dehydration and prevent kidney stone formation.

High Ileostomy Output

The usual number of times to empty your ileostomy bag in 24 hours is 4-6. If your output is more than 2 litres (4 pints) or your bag needs to be emptied more than 8 times in 24 hours, this would be classed as high output.

If this occurs please urgently contact your GP, stoma nurse, pharmacist or consultant. Some medications are available which can reduce your output.

It is NOT recommended to drink more as this can cause further dehydration. However, it may be helpful to take a rehydration solution available from the pharmacy to help replace minerals and fluids lost.

You can also try to temporarily avoid high fibre foods and increase your intake of salty and starchy foods. Once your output has settled you should reduce your salt intake again.

Salt

You may need additional salt in your diet if your ileostomy output is high. Salt is important for nerve and muscle function. Too little can cause cramps, tiredness and headaches. Add extra salt to your meals. **Half to one teaspoon of salt spread evenly throughout the day should be enough.** Alternatively, eat salted crisps or salty food like Marmite, savoury biscuits or crackers.

Alcohol

Excessive amounts of alcohol may contribute to loose stools.

Moderate alcohol intake of up to 14 units/week or less is recommended for both men and women with at least two alcohol free days per week. One unit is equivalent to ½ pint of beer, 25ml of spirits or a small glass of sherry or wine.

Wind

Wind or gas from the bowel is normal and part of the digestive process but you may find it more noticeable with an ileostomy. Some people naturally produce more wind than others.

These changes may help:

- Avoid fizzy drinks or allow them to go flat before drinking
- Try peppermint tea

- Reduce foods containing onions, garlic cabbage, cauliflower, broccoli, Brussel sprouts, onions, spicy foods, fizzy drinks, beer.
- Avoid talking while eating
- Avoid chewing gum
- Eat meals slowly, chew your food well and try not to swallow too much air
- Try to drink fluids before and after your meals

Unpleasant Smells

These can be caused by an ill-fitting ileostomy bag, or certain foods such as eggs, fish, beans, peas, lentils, cabbage, onions, broccoli, Brussels sprouts, garlic, cauliflower and spicy foods.

Ensure that the ileostomy bag is stuck on correctly and always maintain good hygiene practice when changing the bag.

Speak to your stoma nurse about sprays and drops to mask unpleasant smells.

If you feel that your ileostomy is well established but that symptoms persist, please contact your GP or stoma nurse.

References

Source: <https://commons.wikimedia.org>, Author Cancer Research UK

Further Information

Stoke Mandeville Hospital Stoma Nurses - 01296 315121

Wycombe Hospital Stoma Nurses - 01494 426235

Securicare Community Nurses - 07970 090222

Community Dietitians - 01494 734825

www.buckshealthcare.nhs.uk

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Online resources	
NHS Choices	Ileostomy https://www.nhs.uk/conditions/ileostomy/ Healthy Eating https://www.nhs.uk/live-well/eat-well/ Fibre https://www.nhs.uk/live-well/eat-well/how-to-get-more-fibre-into-your-diet/?tabname=food-and-diet
British Dietetic Association	Fibre https://www.bda.uk.com/resource/fibre.html Hydration https://www.bda.uk.com/resource/fluid-water-drinks.html Healthy Eating https://www.bda.uk.com/resource/healthy-eating.html
Ileostomy Association	Hydration https://iasupport.org/wp-content/uploads/2020/11/StayingHydrated.pdf Eating habits https://iasupport.org/wp-content/uploads/2020/11/EatingHabits.pdf
Low Irritant/High Fibre	https://www.royalsurrey.nhs.uk/download.cfm?doc=docm93ijjm4n2923.pdf&ver=5704

Please remember that this leaflet is intended as general information only. We aim to make the information as up to date and accurate as possible, but please note that it is subject to change. Please therefore always check specific advice on any concerns you may have with your doctor.

How can you help reduce healthcare associated infections?

Infection prevention & control is important to the well-being of our patients and for that reason we have infection prevention & control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. Please follow our infection prevention and control guidelines when visiting our healthcare sites. Further information is available on our website.

Patient Advice Sheet

If you would like a copy of this information on audiotape, in large print or translated, please call the Patient Advice Liaison Service on 01296 831120 or email bht.pals@nhs.net