

Nutritional advice

For the well ostomist

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Working with you to improve stoma care

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CliniMed Ltd, Great House, Marshes Brook Way, Dunstable High Wycombe, Bucks, HP10 3DT.
Tel: 01494 940100 Fax: 01494 527313 Email: enquiries@clinimed.co.uk www.clinimed.co.uk

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What is a healthy diet for an ostomist?

Rigid instructions are impossible to give, as everybody likes and reacts differently to different foods. So this booklet is only meant as a guide.

The most important advice is to enjoy your food. Managing your stoma is easier if you have regular bowel movements of a regular consistency.

To help achieve this:

- ➔ Don't under eat, have three regular meals a day. If you don't eat regularly, you may experience irregular motions with excessive wind.
- ➔ Try to eat a balanced diet: low fat, moderate fibre intake. Don't cut out high fibre foods entirely as these contain many vitamins and minerals necessary to our diet.
- ➔ Drink plenty of fluids – at least six cups a day.
- ➔ Take gentle exercise.

The digestive system

Watching what you eat

You may find certain foods cause stools to change in consistency and you may wish to avoid them. Experiment with each food several times before you exclude it from your diet. New stoma patients may find excessive wind and odour from certain foods, but in a few months time when things have settled down and the gut has adapted to the new situation, you may well find you can eat them with no problems.

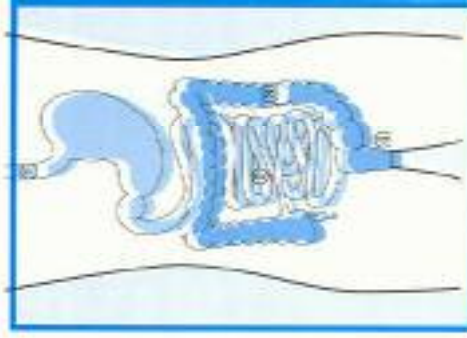
Foods that pass through the gut unaltered do not need to be avoided unless they cause discomfort or cause your pouch to fill suddenly. You should always chew your food well.

The digestive system

To help you understand why your stoma reacts the way it does, it is important you know about a normal gut and digestion.

The digestive system consists of a long continuous muscular tube, beginning at the mouth and running through the body ending at the anus. It is divided into the mouth, oesophagus, stomach, small and large intestine (see diagram). It changes shape and structure along the tract depending on its function. The job of the gut is to digest food into simple components so that the body is provided with a continual

Simplified diagram of the digestive system



- ① Oesophagus
- ② Small intestine
- ③ Large intestine
- ④ Anus

The digestive system

supply of nutrients, electrolytes and water. To do this it performs the function of digestion, absorption of food and fluids, and elimination of residue and waste products.

In the mouth, chewing food helps initially to break food up and to mix it with saliva, which helps moisten food and to break down starch. Once swallowed food stays in the stomach for anything between 1-5 hours. In the stomach the process of digestion is started by the food being broken down by a number of chemicals produced in the gastric juices and by the rhythmic movement of the stomach itself.

Most of our digestion and absorption of the nutrients in food occurs in the small intestine. Food moves slowly through the 18-20 foot of intestine, firstly being mixed with bile from the gall bladder and secretions from the pancreas. The contractions of the intestine then bring the food into contact with its surface so that as many of the nutrients as possible can be absorbed.

The large intestine has no role in digestion itself. It secretes mucus to lubricate the bowel, but its main job is to absorb water and salt from the faeces as it moves through the large intestine. About 500mls (approximately 1 pint) enters the bowel per day but 400mls of it is reabsorbed. It is this recycling system which stops us from becoming dehydrated. What is left behind is indigestible and unabsorbable food residue e.g. fibre, mucus and left over secretions such as bile.

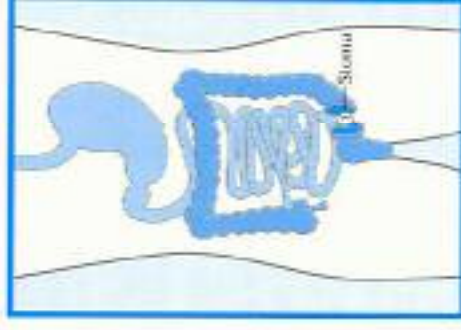
What is ...

What is a colostomy?

Sometimes a small part of the rectum and/or large intestine (colon) (1) has to be removed completely or temporarily bypassed. This means that faeces can no longer leave the body via the anus in the usual way.

The surgeon needs to create a new outlet for waste material to be passed and this is done by making an opening onto the abdomen at the front of the body. This is a stoma and because it is made in the colon it is called a colostomy

Simplified diagram showing a colostomy

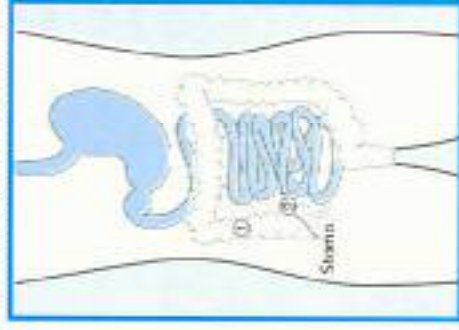


What is an ileostomy?

An ileostomy usually involves removing the large intestine (1) and sometimes the rectum. Obviously, motions cannot then be passed in the usual way.

To allow waste matter (faeces) to leave the body, the surgeon makes a small opening on the outside of the patient's abdomen and brings through and attaches to the surface the end of the remaining small intestine (ileum) (2). This stoma is made using the ileum and is therefore called an ileostomy.

Simplified diagram showing an ileostomy



What is a urostomy ?

The urinary system consists of:

1. Two kidneys – filter blood and remove waste products and excess water
2. Two ureters – the tubes which connect the kidney to the bladder
3. One bladder – reservoir for urine
4. One urethra – tube connected to bladder which expels urine.

Urine is produced in the kidneys (approximately 2 litres per day). It is then carried down long tubes called ureters to the bladder. Urine will constantly pass into the bladder from the ureters.

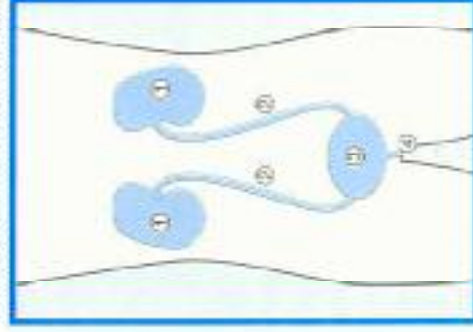
During the course of a normal day the bladder will gradually fill. Once it is approximately half full the first sensation of wanting to pass water occurs.

Depending on an individual's bladder capacity, when the appropriate level has been reached, the bladder will contract and squeeze out the urine via the urethra.

Sometimes it is necessary to carry out an operation to form a urostomy. This is the general name given to an operation that is carried out to divert the normal flow of urine from the kidneys through to the urethra.

Urine is diverted away from the bladder and into a specially created stoma. The individual will then continue to pass water through the stoma, completely bypassing the bladder.

Simplified diagram showing the urinary system



① Kidneys
② Ureters

③ Bladder
④ Urethra

Tips and hints for colostomists

The first thing to remember is that someone with a colostomy doesn't really have any dietary restrictions at all. You can eat the same things that you used to eat before the operation but it is important to realise that you can still become constipated, or experience diarrhoea from an 'upset tummy'.

The best thing to prevent constipation is:

- ➊ To eat regularly.
- ➋ Increase the amount of fruit and vegetables that you eat.
- ➌ Take gentle exercise.
- ➍ Natural bran is a useful way of ensuring that you don't become constipated. It helps you to bulk the stool, and helps the bowel function properly.
- ➎ Two teaspoons of bran, twice a day will help keep the stools soft.

Tips and hints for ileostomists

If you have an ileostomy you can eat a perfectly normal diet and get the same benefit from it as anyone else because you have a small intestine which adapts very well. There are a few points which you do need to be aware of however:

- ➊ You need to drink larger amounts of water and ensure that you have plenty of salt in your diet because you lose more salt than others through your ileostomy output.

- ➔ You should be aware of foods which are very high in fibre as they can stimulate the gut and may give you diarrhoea, such as:
 - Cabbage, pineapple, bean sprouts, tomato skins, nuts, coconuts, bamboo shoots, orange pith, lettuce, celery, popcorn.
- ➔ All high fibre foods should be chewed well to aid digestion and avoid colic.
- ➔ If you take part in vigorous physical exercise, such as competitive sport or if the weather is very hot, you will need to take extra care to drink enough fluid and to increase your salt intake.

Tips and hints for urologists

- Urologists don't have any special diets to follow, although there are a few simple guidelines.
- ➔ In hot weather drink plenty of fluids; this prevents urine becoming concentrated which can lead to urinary infections.
 - ➔ Eat foods high in Vitamin C, this keeps the urine slightly acid, helping to prevent urinary tract infections.
 - ➔ Fish and asparagus can make urine smelly.
 - ➔ A glass of cranberry juice a day may help reduce the amount of mucus produced by your stomach.

Odour

With a well fitting pouch, there should be no odour except when changing the pouch. However, there are many different deodorant powders, sprays and filters that can be used very effectively. Ask your local stoma nurse. Some people find that some foods increase odour whilst others find no problem at all. Foods that can cause problems are:

- ➔ Fish, eggs, onions, green vegetables, cheese, baked beans, cucumber.

Find out what suits you and then decide whether you want to avoid any particular food that always seems to produce an odour.

There are a couple of things which some people say help: peppermint oil capsules have been found to be useful in masking faecal odour as have natural yoghurt and buttermilk.

Wind

Call it what you will, wind consists of the gases that are produced during the digestive process. These are responsible for all those wind noises that everyone makes at some time or another. Some people, with or without a stoma, produce a lot of wind and others do not.



How and what you eat can make a difference:

- ➔ Try not to swallow a lot of air while you eat, by gulping your food instead of chewing it properly.
- ➔ Don't talk while eating.

- ➔ Fizzy drinks – try shaking cans before opening them (gently!) or pouring them into a glass to get rid of some of the bubbles or letting them stand for 10 minutes before drinking.
- ➔ Irregular meals.
- ➔ Certain foods: green vegetables, fruit, nuts, peas, beer, onions, sweet corn, eggs, beans, lemonade.

Diarrhoea

Diarrhoea can be caused by a number of things and not just what you have been eating. An over indulgence in alcohol can have an adverse effect, as can any kind of emotional upset, stress or strain.

Watery loose stools can be caused by certain foods:

Highly spiced foods, beans, peas, chocolate, prunes, spinach, raw fruit.

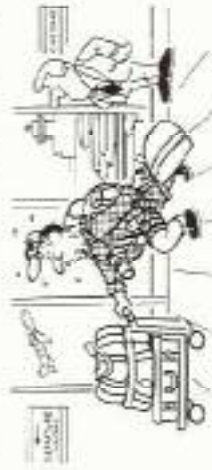
If the problem persists with no obvious cause, then see your doctor.

Alcohol

You can drink alcohol, but it is advised only in moderation. Gassy drinks such as beer can cause wind especially if drunk on an empty stomach. Over indulgence can give you problems emptying or changing the pouch, causing spillage problems. Excess alcohol will affect you the same as it affects people without a stoma!



Most ostomists find that a complete change of pouch just before leaving home for any longish journey gives them the maximum security from possible leakage. If you have a urostomy it may help to attach a leg bag for extra capacity. Your stoma care nurse can tell you which make would be compatible with your current urostomy pouch.



Flying

The only possible problem with flying is that you tend to produce more wind due to changes in cabin pressure, but by avoiding fizzy drinks whilst on the journey you can help reduce the problem. Booking an aisle seat is useful as it makes it easier to get to the toilet.

Holiday tummy and how to avoid it

A change in water, climate and food can upset anyone's bowels, whether they have a stoma or not. We've all heard of the Travellers Trots or Montezuma's Revenge! It's wise then to take a few precautions:

- ➔ Drink plenty of fluid in hot climates in view of the amount lost in sweating.
- ➔ Use only bottled water for drinking and cleaning your stoma.
- ➔ Avoid ice cubes and salad which may have been washed with tap water.
- ➔ Highly spiced and exotic foods should be approached with caution especially if you are not used to eating them at home.

Diarrhoea

Take an anti-diarrhoea drug, such as Immodium* with you just in case Holiday Tummy does strike. If you usually use a closed pouch, take some drainable pouches with you so that you don't have to keep changing your pouch when you feel under the weather. This also means you will not have the potential problem of running out of supplies in a foreign country. It's wise to take double your normal supply anyway when you go away anywhere just in case of emergencies.



Should diarrhoea strike, don't stop drinking. If anything, try to drink as much fluid as possible to replace what's being lost.

When you have diarrhoea you lose more sodium and potassium. If you have an ileostomy and develop diarrhoea then you could become dehydrated.

Try to drink plenty of boiled water to replace fluids, and also fruit juices to replace potassium, and soups and Bovril to replace sodium. Adding salt to whatever food you can manage will also help.

*Immodium can now be purchased over the counter at your chemist shop.

Dieting, stoma or not, comes down to one simple message backed by every slimming magazine and book on the market, and there are a lot of them:

REDUCE YOUR CALORIE INTAKE AND INCREASE YOUR AMOUNT OF EXERCISE

There are about as many different diets around as there are slimming magazines, but crash diets and very low fat diets are not a good idea for people with stomas. Few doctors recommend them, as they mostly do not give you the full range of nutrients that you need.

You also have to remember that your stoma will work whether you eat or not. Skipping meals or reducing fluid intake will lead to dehydration, wind and, for ileostomists, a highly liquid stool.



- ④ Try and stick to a modified calorie controlled diet. Calorie counting booklets are available in newsagents and bookshops.
- ④ Cut out foods high in fat – no butter in sandwiches or on potatoes, replace them with low fat alternatives; skimmed milk instead of whole milk.
- ④ Keep stocks of soft fruit, very low fat yoghurts, low calorie soups, so you can eat when you are hungry and keep a check on the calories.
- ④ Increase complex carbohydrates; plenty of fruit and vegetables.
- ④ Moderate protein; chicken and fish rather than red meat.
- ④ Cut down on sugar: sweets, biscuits and cakes.
- ④ Take extra exercise. Walk instead of taking the car; get off the bus a few stops earlier; walk during the lunch hour.

COMMON SENSE + HEALTHY DIET + MORE EXERCISE = GOOD DIET

Quick reference food and drink chart

Key: F = May cause flatus
 O = May cause odour
 L = May cause loose stool
 C = Requires chewing well
 D = May discolour urine

C = Colostomy
 I = Ileostomy
 U = Urostomy

All of the foods listed are permissible, (unless you have been otherwise advised by your doctor), but this is a quick reference for those which more commonly provoke wind etc.

Read the key to understand the symbols and remember that the same foods will not produce the same effect in all people - we are all different.

	C	I	U	C	I	U
A						
Apples		L		C		
Apricots		L		Chocolate	L	L
Artichokes	F			Coconut		CL
Asparagus	F		O	Coleslaw		C
				Cucumber	F	OF
B				Curry	LF	LF
Bananas	F	F				
Beans						
*(all types)	FO	FO				
Beef	F	C				
Beer	F	F		Eggs		OF
Beetroot			D			
Broccoli	O	FO				
Brussel Sprouts	F			Figs	L	L
Bean Sprouts		L		Fish		O
Bamboo Shoots		L		Fizzy drinks	F	F
C				G		
Cabbage				Gooseberries	L	
Cauliflower				Grapes	LC	
Cereals						

continued overleaf

Quick reference food and drink chart

	C	I	U	C	I	U
H						
I						
J						
K						
Kiwi Fruit		L				
L						
Lamb		C				
Lettuce		L				
M						
Mango		L				
Mushrooms		F				
N						
Nuts (all types)		C				
O						
Oil based salad dressing		L	L			
Oranges		L				
Onions		OF	OLF			
P						
Parsnips		O	D			
Peaches		L				
Pears		L				
Pears		L				
Pineapple		LC				
Plums		L				
P						
Popcorn						
Purridge						
Potatoes						
Prunes		L				
Q						
R						
Radishes						
Raspberries		F				
Rhubarb		LC				
		L				
S						
Seafood		O	O			
Spinach		LF	L			
Spring greens			O			
Strawberries			L			
Sweetcorn		L	FL			
T						
Tomatoes						
Turnip		O	O			
U						
V						
W						
X						
Y						
Z						

Useful addresses and websites

The British Colostomy Association

15 Station Road
Reading
Berks RG1 1LG
Freephone 0800 3284257

Macmillan Cancer Relief

89 Albert Embankment
London SE1 7UQ
Tel: 0207 840 7840

Urostomy Association

Buckland
Beaumont Park
Darbury
Essex CM3 4DE
Tel: 01245 224294

The National Advisory Service for Parents of Children with a Stoma (NASPCS)

51 Anderson Drive
Darvel
Ayrshire KA17 0DE
Tel: 01560 322024

The Ileostomy and Internal Pouch Support Group (ia)

Central Office
PO Box 132
Scunthorpe, DN15 9YW
Freephone 0800 0184724

Bacup

Cancer Information Service
3 Both Place
Rivington Street
London EC2 3JR
Freephone 0800 800 1234

National Association for Colitis and Crohn's Disease

4 Beaumont House
Sutton Road
St Albans
Herts AL1 5HH
Tel: 01727 830038

Royal Association for Disability and Rehabilitation (RADAR)

12 City Forum
250 City Road
London EC1V 8AF
Tel: 0207 250 3222

Websites

www.bcass.org.uk
www.cancerbacup.org.uk
www.clinimed.co.uk
www.ileostomypouch.demon.co.uk

www.macmillan.org.uk
www.nacc.org.uk

www.radar.org.uk
www.uagbi.org

- British Colostomy Association
- Bacup
- CliniMed Ltd
- The Ileostomy and Internal Pouch Support Group
- Macmillan Cancer Relief
- The National Association for Colitis and Crohn's Disease
- RADAR
- Urostomy Association