

# How to help your gut help you

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**What constitutes a healthy gut? Do people with stomas and pouches have inherently unhealthy guts once they have had a portion of their bowel removed, or are they just as capable of enjoying good gut health as everybody else? And if they are, how can they achieve this within the constraints of being an ostomist?**

## The healthy gut

In medicine, the definition of health often amounts to little more than 'an absence of disease'. It is a definition that lacks substance, because although it tells us what it *isn't*, it doesn't tell us what it *is*.

So what exactly does constitute a healthy gut? Clearly, those of us who are missing large chunks of intestine due to disease or anatomical malformation might initially view ourselves as having unhealthy guts, although this is most likely to be because of the disease that led to surgery in the first place, rather than a legacy we are left with permanently. Anyone who suffered with ulcerative colitis (as I did) and then had surgery will be free of disease, as will many bowel cancer patients, although people with Crohn's disease might not be so lucky. Those with a family history of FAP (familial adenomatous polyposis) may not even have had a disease, just a risk that is worth avoiding.

I would argue that everyone should be able to achieve and enjoy good gut health, within the context of his or her own physical and medical situation. It's an inclusive, rather than an exclusive, definition.

## What's normal?

Let's start by looking at what a 'normal', healthy gut can do. It digests food and absorbs nutrients needed by the body to sustain life, working effec-



**Ostomists need to drink plenty of water to avoid becoming dehydrated**

tively and efficiently without inappropriate responses. Two obvious examples of this process going wrong are:

- Coeliac disease, in which an allergy to wheat protein damages the lining of the intestine, impeding absorption.
- Lactose intolerance, in which an inability to produce enough lactase causes undigested milk sugars to ferment in the gut.

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A normal gut can defend itself against germs and toxins such as salmonella and *E.coli*. Healthy bacteria, known as probiotics, live in the gut and fight many of these, while other probiotics produce lactic acid, increasing the acidity of the gut and making it harder for germs to live there.

The normal gut evacuates waste anywhere between two to three times

a day and two to three times a week. Normality means whatever is normal for the individual, so someone who goes three times a week every week is as normal as someone who goes three times a day every day. Irregularity can indicate that something is not right, but even this can happen for very simple reasons, such as an altered routine, a foreign holiday, a change in diet or the effects of certain drugs (iron tablets, antibiotics and painkillers can all affect the bowel). Even stress and worry can take their toll (ever felt butterflies when you were nervous?) But irregularity or changing bowel habits can also indicate more troublesome problems, such as irritable bowel syndrome (IBS), ulcerative colitis, Crohn's disease or even bowel cancer: a typical symptom of bowel cancer is alternating and unexplained constipation and diarrhoea.

## The effect of a stoma

For those of us who have had our gut surgically altered, is it reasonable to expect our intestines to absorb nutrients effectively, protect themselves against germs and operate in a regular pattern, just like a healthy gut?

The answer has to be 'yes', although with a few limitations.

The digestive process is normally unaffected by surgery to remove portions of the bowel, although some people may become unable to absorb vitamin B12 properly (most often when the last portion of the small intestine, the ileum, has been removed), and they may need regular injections of the vitamin.

Because the transit time of food through the gut is much faster without a colon, ileostomists sometimes find partly digested food emerging from their stoma. Some medicines (especially slow-release pills) may also emerge



from the stoma seemingly undigested, at which point you should ask your doctor for advice. Sometimes, taking Imodium® (Janssen-Cilag, UK) can help by slowing the movement of food through the gut. Codeine phosphate has a similar effect, but it can sometimes cause drowsiness.

Although food moves more quickly through ostomists, most still notice regular patterns. Some foods and drinks are notorious for speeding up bowel activity – red wine and beer being two of the better-known culprits. Certain situations (such as stress or travelling) can also affect bowel activity, and flying at altitude can increase the amount of wind, leading to ballooning of stoma appliances or even uncomfortable rumblings for those with an internal (ileo-anal) pouch.

### Avoiding problems

Stoma patients are prone to other complications, and addressing these is one way of making sure ostomists enjoy the best possible gut health. One common problem is blockages. Both ileostomists and internal pouch patients can have them, and identifying (then avoiding) culprit foods is the only real way to tackle them.

Typical problem items include mushrooms, peas, corn, highly fibrous food (including fruit skins) and anything that is unlikely to be broken down by stomach acids. It is also common for these problem foods to be our favourites, but you can always puree them or chop them finely. Chewing thoroughly is another way of achieving the same result, although far more likely to fail if you bolt your food, like so many of us do, especially when we're hungry.

Another problem for anyone missing all or most of their large intestine is dehydration. Since water is reabsorbed primarily in the colon, colostomists and especially ileostomists are far more easily dehydrated, which can be a problem in hot weather, when you are exercising, or if you have a bug that causes diarrhoea and vomiting. Consuming alcohol and caffeine can also cause dehydration. Always drink

at least two litres of water a day, and remember to increase your salt intake, especially in hot weather, or if you are sweating or unwell.

Normal medical advice is to stop drinking if you're vomiting, at least for an hour or two, but without a large bowel this can put you at risk of collapsing due to dehydration. Ileostomists particularly should keep drinking regular, small sips of water: even if you are sick, you may be able to absorb enough fluid to prevent serious dehydration. Otherwise, you may need an intravenous drip in hospital. If you are admitted, make sure the first thing you tell medical staff is that you are missing your large bowel and are dehydrated.

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*Cutting out foods that cause excessive wind can help ostomists live more comfortably, without noise or ballooning bags*

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Another problem is irritation of the stoma and surrounding skin, or of the anal region in internal pouch owners. It is caused primarily by two things – acidic faeces and increased frequency or quantity of output. Spicy and peppery foods can have this effect, as can foods and drinks that increase output (and wind), such as wine, champagne, beer, coffee,

chocolate and even some fruits (which have a laxative effect). Avoiding any known irritants helps to stop the difficulties that follow – sore skin, bleeding and problems with adhesion.

Wind isn't usually a sign of an unhealthy gut, but it can be a nuisance, and cutting out foods that cause excessive wind can help ostomists live more comfortably, without noise or ballooning bags. Beer, fizzy drinks, beans, peas, onions, leeks, grains, pulses and unripe bananas are all known to increase wind.

### Benefits of probiotics

Lastly, don't be fooled into thinking that probiotics are less useful if you have less bowel for them to live in. Many studies now show that they can be valuable in preventing the recurrence of pouchitis (an infection and inflammation that is commonly seen in internal ileo-anal pouches, and which can lead to pouch failure if untreated).

Probiotic supplements are also believed to boost the immune system, which is important for anyone missing any length of bowel. The bowel is an important contributor to the immune system, and without it (or a portion of it) your immunity may be compromised.

Good gut health can and should be yours – so make sure you enjoy it!

Stephane Zinner is the author of *The Good Gut Guide* (Thames, £16.99) and [www.goodgutguide.com](http://www.goodgutguide.com)

## Key points

- A healthy gut digests food and absorbs nutrients while defending the body against bugs contained in what you eat.
- People with stomas have usually suffered from poor gut health in the past, but that does not mean that ostomists can never again have good gut health.
- Ostomists can be affected by a few problems caused by food travelling through the intestines more quickly than it does in people who do not have a stoma.
- Being aware of what you eat and monitoring the effects of different foods is a good way of learning how to manage any problems you may have.