



Eating & Drinking

After Stoma Surgery



me+

TM



AN EASY WAY TO REMEMBER THE INGREDIENTS FOR A
HEALTHY DIET IS TO THINK OF A **TRAFFIC LIGHT SYSTEM**



Go for it!

These are healthy
foods to include in your
diet, according to your
individual bowel habit



Caution

Not too many
foods from these
groups only



Stop!

Avoid a lot of foods
from this group:
eat only in moderation

Following your surgery, you should be able to enjoy a healthy diet.

There is a lot of information available about what to eat, do's and don't's for people who have had surgery and the formation of a bowel stoma.

The important thing to remember is that everyone is different and what suits one person won't suit another. For this reason we haven't included any lists of foods that you should avoid in this booklet. As you adjust to life with a stoma try to introduce foods gradually and discover what works for you. The advice that follows is designed to help you understand how your system works and how to make your own decisions about what to eat and drink after stoma surgery.

A healthy, balanced and nutritional diet should include the following:



Fresh fruit and vegetables



Protein (meat, fish, cheese, eggs and pulses)



Carbohydrates



A reduced alcohol intake



Reduced saturated (animal) fats



Low salt and sugar

The function of the bowel

By understanding where the functions occur in the bowel, you can understand why your stoma works the way it does and why you may need to make modifications to your diet.

Immediately following your surgery you will start by taking in fluids and then build up to take a light diet. This helps your body start to digest food again without the bowel having to work too hard. You will gradually build up your diet and by the time you leave hospital you should be eating 'normal' foods.

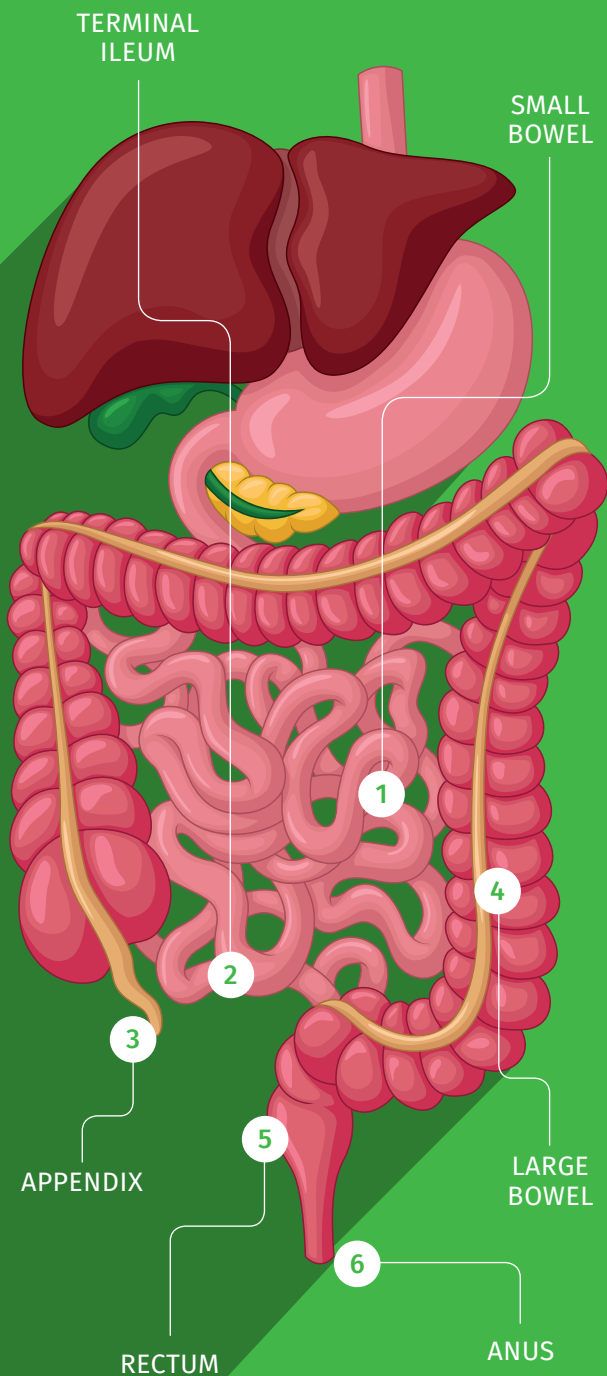
Remember that during the first 2 months following the surgery, your body is working hard to heal itself and this will require you to take in sufficient proteins to help with tissue repair, and calories to help with increased metabolism during the healing process.

The bowel does not like to be handled during surgery and the natural movement of the bowel (peristalsis) can stop for a day or two after your operation. As you

recover from your operation your bowel will start to work again. The nurses and doctors in the hospital will listen to your abdomen for 'bowel sounds' as this indicates that the bowel has started to move again after the operation. Wind in the stoma pouch is also an indication that things are getting back to normal (this does not apply to people with a urostomy).

The type of foods you can eat, the type of output from the stoma and the rate of stoma function will depend on several things:

- How much of the bowel you have had removed
- Whereabouts in the digestive system your stoma is situated
- Any additional medications or treatments you are receiving



1

SMALL BOWEL/ SMALL INTESTINE

Absorbs the majority of the nutrients from the food that you eat and transport it through the cell walls in to the bloodstream.

This comprises of 3 main parts:

- Duodenum
- Jejunum hence 'jejun-ostomy'
- Ileum hence 'ile-ostomy'

2

TERMINAL ILEUM

This area of the bowel absorbs vitamin B12

3

APPENDIX

4

LARGE BOWEL

It's function is to re-absorb any fluids from the waste. Also called the colon, hence 'colo-stomy'

5

RECTUM

Where the waste is stored, until it is convenient to empty the bowel

6

ANUS

The muscle at the bottom of the rectum which controls the bowel opening

Healthy Diet

Soluble / Insoluble Fibre

Fibre is found in plant based foods and it can be helpful to understand the different types of fibre and the role they play in digestion.

The two primary kinds of fibre are **soluble** and **insoluble**.

Soluble fibre dissolves in water, as the name suggests, and can help make your stool soft and gel-like. This can help with constipation by adding soft bulk, and it can also help if your output is runny by thickening it up.

Insoluble fibre also adds bulk, but doesn't dissolve in water, so won't break down as it passes through your digestive system. Insoluble fibre also helps with constipation and can help reduce pancaking.

You could think of soluble fibre like a sponge and insoluble like a brush. Both are key for maintaining good bowel transit but you may wish to include more of one type than the other, depending on how your bowel output is from one day to the next.

Soluble fibre can be found in the flesh of fruit and vegetable, and insoluble fibre can be found in the skins of fruit and vegetable, and in seeds and grains. Overall, fibre can reduce your risk of heart disease, diabetes and some cancers, and help weight and cholesterol control. If you are re-introducing fibre of either kind after surgery it is sensible to do this gradually, and remember to drink plenty of fluid to aid transit.

Salt

Salt is important for nerve and muscle function and getting the right amount in your diet is key. Too little can cause cramps, headaches and tiredness, but too much can increase your risk of heart disease or stroke. When people have high losses of fluid from their bowel stomas this can affect salt levels and

cause dehydration. The best way to manage this is by using rehydration solutions (available from pharmacies) and caution should be exercised when adding salt to your diet routinely as evidence shows that most people have adequate salt in their diet to make up for average losses from a stoma.





STAY HYDRATED

INCLUDE A WIDE RANGE
OF FLUIDS INCLUDING

**SQUASH, JUICE,
WATER AND ORAL
REHYDRATION
SOLUTIONS**

Hydration

Being well hydrated is important for every single biological function of your body; it helps you stay alert, improves concentration and is vital for all aspects of your health and wellbeing. After bowel surgery, especially removal of large bowel, the body's ability to absorb water may be compromised, therefore it's important to pay attention to your needs.

How much should I drink?

There are no hard and fast rules about how much you should drink. Everyone will have different needs from one day to the next. NHS guidelines recommend around 6-8 glasses of fluid (1.5-2 litres) per day but many people will need much more than that and

those guidelines are for someone without a stoma. **The best indicator of your hydration status is your urine colour.** Aim for light straw coloured urine – this means you're probably drinking enough. If your urine is darker in colour you need to drink more fluid.



WELL HYDRATED



DEHYDRATED

Rehydrating effectively

It's important to have a wide choice of drinks every day which will encourage you to drink more and get your hydration in balance. Choose drinks that you enjoy and you'll be more likely to drink more often. To be absorbed well by your body, a drink needs to have a small amount of glucose and the right balance of electrolytes. This is something known as 'osmolality'.

To stay hydrated it's very important NOT to drink excessive amounts of plain water. This can flush the electrolytes from your body and increase your stoma output, making dehydration worse. It's fine to drink some

water of course, but try to include a wide range of fluids including squash, juice and oral rehydration solutions.

Oral rehydration solutions shouldn't be a last resort; they can be used as part of your daily hydration management strategy. You may wish to have 200-400ml of Dioralyte™ (or similar product) every day to help you stay well hydrated. Speak to your GP or stoma nurse about this.



IMPORTANT

If you feel very dehydrated, are losing excessive fluid from your stoma or your urine is very dark, then seek medical advice from your GP or stoma nurse.

Always speak to your stoma nurse or GP if you need more advice.

Signs and symptoms of dehydration:

Dehydration

It is important to maintain your body's hydration and replenish the lost fluids effectively. Fluids can be lost from the body through stoma output, vomiting, sweating and everyday processes like respiration (breathing) and urination. If you have particularly high losses from your stoma this can lead to dehydration. (Refer to the me+™ Hydration leaflet for further information - order code OST159.) Being optimally hydrated is vitally important in

hot weather and if you want to participate in sporting activities. Aim to be well hydrated BEFORE you start any physical activity and then drink during and afterwards to rehydrate. Choose your drinks carefully and make sure you select an electrolyte solution or hydration sports drink. In any conditions it's important not to wait until you feel thirsty before you drink.

During intense physical activity or sport, it's possible to
**SWEAT UP TO
500ml – 2 LITRES
PER HOUR**



• Headache



• Thirst and dry mouth



• Decreased urine output and a darker colour urine



• Tiredness and fatigue



• Nausea



• Cramps



• Low blood pressure and dizziness



• Poor concentration

Troubleshooting

Diarrhoea

It is useful to note your usual output consistency which for bowel stomas will be either 'porridge like' or semi-formed. If you notice an increase in frequency, a watery consistency where your pouch is filling more than usual and/ or a change in the colour from brown to green it is important to keep well hydrated. Please refer to the hydration section. If the diarrhoea doesn't settle or has an offensive smell and you feel unwell, please consult your GP who may send a stool sample off for testing.

Eating regular meals or a smaller portion more frequently can help with absorption in the bowel. There are certain food groups that can help to thicken loose output,

foods that are high in starch (soluble fibre) such as potatoes, white bread, rice, pasta, noodles & cereals. Foods containing caffeine, sugar or chilli can have laxative effects as these are bowel stimulants. This is very individual so try different things and see what works for you.

However, depending on how much bowel is left after your surgery you may experience a watery output due to the limited amount of bowel to provide absorbency. If you have been told it's a high output stoma your Stoma Care Nurse or GP will help you manage this, possibly with anti-diarrhoea medication & hydration drinks.



Please note that medications such as chemotherapy / radiotherapy can alter your output significantly.



Constipation (not relevant for ileostomy)

Constipation can affect people with a urostomy since part of your bowel has been removed during your surgery and also people with a colostomy. If you notice that your stool is hard or 'pellet like' and you haven't passed a motion for a while (24-48 hours depending on your usual frequency) you may be constipated. Ensure that you are keeping well hydrated, eat small regular meals & try to move around & keep active (if possible) as this all helps the bowel to function. If necessary your GP or Stoma Nurse may prescribe a mild laxative. Some people experience constipation if they have a slow transit time and will benefit from foods high in fibre and may need some mild laxatives to help. Please refer to the soluble / insoluble fibre section.

If you are prone to constipation but notice a very watery / loose output

with your colostomy pouch filling up frequently but feel slightly bloated, you may have 'over flow'. This occurs when the bowel is full of constipated motion and only liquid manages to get through. This would need to be managed as constipation NOT diarrhoea. It is important to seek advice if you think that this is happening to you.

'Pancaking' occurs when the output accumulates at the top of the colostomy pouch & appears quite thick and sticky. If this persists after following the advice above you may want to try ensuring there is air in the pouch on application or adding lubricating oil into the top of the pouch, avoiding the filter. There's also a technique called bridging where small pieces of foam are inserted into the top of the pouch, this is a customisation offered by delivery companies.



Some medications & painkillers sometimes increase the risk of constipation you may want to contact your Stoma Care Nurse or GP to review your medications or maybe even prescribe a laxative.

Troubleshooting

Blockages (primarily for those with ileostomy)

Certain foods are known to be more difficult to digest such as those containing insoluble fibre like nuts, grains, fruit & vegetables (particularly their skins). You may see them passing through into your bag. These foods shouldn't be excluded from your diet but you may want to cook them more thoroughly & most importantly chew them thoroughly. Chewing is the first stage of digestion; it is vital in releasing the nutrients but also aiding digestion.

Immediately after bowel surgery your bowel may be swollen which narrows the passageway, this will settle as your body heals.

In addition to this, people who have had any kind of abdominal surgery can have adhesions or scar tissue which can possibly cause narrowing or kinking of the bowel. If you notice that your bag hasn't filled for a while and you feel bloated, nauseous or vomit you may have a blockage in your bowel. You may need to contact your Stoma Care Nurse or GP if the symptoms persist, alternately you can seek advice on the me+TM Nurse Advisor Helpline
UK: 0800 085 2516 or
ROI: 1800 818 988.



If you note a colour change in your output, think about the food that you have eaten as some foods & medication can effect the colour of your output.

Wind

Wind or gas in the bowel is quite normal and is all part of the digestive process but you may find it more noticeable when wearing a pouch. Some people naturally produce more gas than others and some foods are known to cause an increase in gas. As everyone is individual it is advisable to have an awareness of any foods which affect you. If you chew your food slowly and try not to ingest too much air when eating this may help reduce excess gas. It may also

help to take fluids before and after eating rather than during a meal.

You may notice 'ballooning' of the pouch when you have excess gas for the filter to release. Two-piece products can allow the gas to be released without having to remove the pouch. If you require support with finding a 2 piece product please speak to your Stoma Nurse or contact the ConvaTec product specialists on 0800 28 22 54 (UK) or 1800 721 721 (Republic of Ireland)



Key messages

Following your surgery, you should be able to eat the foods you enjoy.

Everyone is different and what suits one person may not suit another, so find what is right for you.

Different food and drinks affect the bowel differently so introduce foods gradually and adjust your intake as necessary.

Stay hydrated by drinking a variety of fluids and adding in rehydration solutions as necessary.

Give your body time to settle after surgery and learn what your 'new normal' is.

Further Support



We are Colostomy UK. Here if you have questions, need support or just want to talk to someone who lives with a stoma.

info@ColostomyUK.org
Tel: 0118 939 1537
24/7 Helpline: 0800 328 4257
www.ColostomyUK.org



The Ileostomy & Internal pouch
Support Group

Listen • Inform • Support

Living with an ileostomy or caring for someone who is? Got a question or looking for support? Give IA (ileostomy & internal pouch Support Group) a call today.

info@iasupport.org
Tel: 0800 0184 724
www.iasupport.org



The Urostomy Association provides information and support to people with urostomy, their family and carers.

info@urostomyassociation.org.uk
Tel: 01386 430140
www.urostomyassociation.org.uk



Nurse Advisor Line
UK: 0800 085 2516
ROI: 1800 818 988



me+™ Advisors
UK: 0800 467 866
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UK: 0800 282 254
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