

## PATIENT INFORMATION

# Ileostomies: Dietary Advice for People with

This leaflet will provide you with advice regarding your diet now you have an ileostomy.

The majority of nutrients are absorbed in your small bowel above your ileostomy. The job of your colon (large bowel) was to absorb water and salts. As your colon is no longer used your small bowel will gradually adapt to absorb the water and salts your body needs. In the short term you may have to make some dietary changes whilst your body adapts.

Most ileostomies start working within the first 24 hours. At first the output can be watery and is usually around 1200ml. Once you are eating properly, the output should thicken to porridge consistency and reduce to around 600-1000ml.

For the first 6 weeks after your operation, you may find that your ileostomy is a little unpredictable and more watery. This is because your small bowel is adapting to absorb more water and salts.

### What should I eat after my operation?

After your operation, you should gradually build up your intake. This may be called a "light diet" and includes foods such as:

Soup	Chicken	Scrambled egg
White bread/toast	Mashed potato	Fish in sauce
Soup	Milk puddings	Ice cream
Omelette	Custard	Jelly
Mousse	Yoghurt	

It is important that you drink as you would usually, 6-8 cups or glasses (1500–2000ml) per day. You are likely to lose sodium (a salt) from your ileostomy and it is advisable to add salt to your foods and in cooking. Half to one teaspoon of salt each day should be adequate.

## What should I eat next?

For the majority of patients once things have settled there is no reason why you cannot return to a normal healthy balanced diet. As before, add salt to food and when cooking.

Following your surgery, introduce fruit and vegetables gradually removing skins, pips and seeds. Aim for 5 portions of fruit and vegetables each day.

Eat regularly, avoid missing meals and chew your food well. If your appetite is poor, take smaller meals with snacks in-between. Talk to your team if you are losing weight.

Aim to drink 6-8 glasses (1500-2000ml) of fluid per day. If your stoma loss is over 1000ml in 24 hours try to have salty drinks such as Bovril®, Marmite®, soup or rehydration sports drinks. These will help to reduce your ileostomy output.

## In the longer term

If you exclude some foods from your diet it is important that you try them again every couple of weeks, to see if you can re-introduce them. Remember the aim is to eat as wide a variety of foods as possible. If you are limiting food groups your diet may become unbalanced. Please contact your stoma nurse or dietitian for advice.

## Troubleshooting

Problem	Advice
<b>High output stoma</b>	Increase salt intake-add salt to foods and include salty drinks such as Bovril®, Marmite®, soup or rehydration sports drinks. You may need to adjust the fibre in your diet. Ask your stoma nurse for a “Low Fibre/Low Residue” patient information leaflet. If you think the high output is due to an illness, stomach upset, food poisoning, if you are passing less urine than usual or it continues for more than 24 hours contact your stoma team.
<b>Wind</b>	Avoid drinking at the same time as eating. Avoid chewing gum. Some people find peppermint tea helpful. There are some foods that may cause wind through your stoma, this is more likely with foods that caused wind from before you had an ileostomy. You will experience some wind initially but if it persists the following tips should help -Chew your food well -Reduce fizzy drinks -Try and avoid swallowing a lot of air while you eat -Eat regularly/avoid long gaps between meals -Reducing the following foods have been helpful for some people; lentils, peas, beans, sprouts and cabbage.
<b>Odour</b>	Speak to your stoma team about sprays that can help.
<b>Blockage</b>	If your output stops or slows down considerably you may have a blockage, you should contact your GP or stoma nurse immediately.  If you have been told that you have strictures or adhesions in your bowel, it is recommended that you continue to avoid high fibre foods in the long term. You can speak to your stoma nurse if you need further advice about diets for strictures or adhesions
<b>Dehydration</b>	Hot weather, or a holiday in a hot climate, or strenuous exercise can all lead to dehydration, so fluid intake should be increased. Sports drinks replace the essential salts and glucose such as Sport Lucozade® or Isostar®, add ½ teaspoon of extra salt per 500ml. You can make your own rehydration drink called St. Mark’s Rehydration Solution. The recipe for this can be found on the back page of this leaflet.

<b>Changes in weight</b>	If you experience problems with weight loss or gain please discuss with your stoma team or GP.
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### **St Mark's Rehydration Solution**

<b>Ingredients</b>	<b>Quantity</b>
Glucose powder	6 teaspoons (20g)
Table salt	1 level teaspoon (3.5g)
Bicarbonate of soda	½ teaspoon (2.5g)
Water and squash or cordial to taste	Make up to 1000ml

### **Method**

Stir all the ingredients together and chill in the fridge. Use within 24 hours.

St. Mark's rehydration solution is best served very cold. Many people find lime cordial is most palatable. Glucose powder can be bought from larger chemists and is not expensive.

A good 'emergency' remedy is cola (not diet or sugar free) and a bag of salted crisps.

### **Contact details:**

<b>Team</b>	<b>Number</b>
Stoma Care Team	01803 654816  Or bleep using 252 via the Torbay hospital switchboard
Torbay Hospital Switchboard	01803 614567

Given by \_\_\_\_\_

Contact Number \_\_\_\_\_

Produced by the department of Nutrition and Dietetics, Torbay hospital

Further copies are available from the intranet (Nutrition and Dietetics website) and iCare.

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For further assistance or to receive this information in a different format, please contact the department which created this leaflet.