



The Oregon Clinic - Gastroenterology

Colostomy, Ileostomy, Rectal Pouch Diet

Purpose

Surgery is often needed to treat certain conditions of the colon (large bowel). Sometimes the surgeon must make an opening on the abdominal wall through which intestinal waste (feces) can pass. This surgery is medically known as colostomy and ileostomy. The opening itself is called a stoma. A lightweight, disposable bag is then worn over the stoma. This condition is often permanent. However, in certain cases it is a temporary detour that can be reversed at a later time.

There are two forms of this surgery where a bag may not be needed. Sometimes a rectal pouch can be created from the small intestine, forming a reservoir for the stool behind the stoma. A tube is put in place so the reservoir can be emptied when needed, usually once a day. This procedure is no longer very common. In another procedure, all of the colon is removed except for the last part of the rectum. A pouch (Ileal-Anal Pouch) is created from the small intestine and it is attached to the rectum so liquid stool can pass normally through the anus (opening to the outside of the body) about 3 to 7 times a day.

After all of these surgeries, the stool consistency, amount, and frequency will depend on the type and amount of foods eaten. So, this diet is to help patients gain adequate control of their bowel movements.

Nutrition Facts:

Generally, colostomy and ileostomy patients can easily maintain a balanced diet to provide all the vitamins, minerals and calories needed for good health. In those cases where certain foods have to be restricted to control stool patterns or stool consistency, the physician may prescribe a vitamin-mineral supplement.

Special Considerations

- Because each patient and type of surgery are different, no standard recommendations can be given for everyone. Most patients return to a fairly normal diet. Still, a trial and error pattern of eating is often necessary to identify those foods that may have an undesirable effect on the patient's stool. Then it is simply a matter of changing how much of these foods are eaten. The lists that follow are a guideline.
- Eat foods at a regular time each day. Eating 4 to 6 smaller meals may help to promote a regular bowel pattern.
- Try eating the main dinner meal at noon and a smaller meal in the evening. This helps to reduce the stool output at night.
- Introduce one type of food at a time to test how it affects bowel function. If it does not produce a good result, stop eating it. However, as the body heals and adjusts, the offending food may become easier to tolerate, so try adding it to the diet again on several occasions before giving up on it.
- Chew foods completely to help the digestive process. Especially avoid swallowing large pieces of leafy vegetables since they can block the stoma opening on the abdominal wall.
- Fresh fruit may cause loose stool.
- Drink 2 to 3 quarts of water a day. This helps to keep the stool fluid, and it also prevents dehydration. Normally, the colon absorbs water and electrolytes (substances such as sodium and potassium) from the stool, so people who have all or part of the colon removed will lose more water. Because electrolytes are also lost, do not restrict salt in the diet.
- Maintain an ideal body weight. Extra fat in the abdominal wall can make it difficult for the stoma to function properly.
- Colostomy patients may find that foods which caused problems before surgery continue to do so afterward.

During the first 4 to 6 weeks after surgery, ileostomy patients should limit foods that caused problems prior to surgery. This will reduce the chance of stoma blockage and lower the amount of gas.

- Certain substances can change the appearance of the stool. Bile that cannot be reabsorbed in the intestine can cause a yellow or green stool color, especially when diarrhea or rapid bowel action occurs. Beets

make the stool appear red; it is not blood! Broccoli, asparagus, spinach, and Pepto-Bismol can darken, even blacken, the stool.

- Certain medications such as Imodium, Lomotil, Levsin, and Bentyl can help to slow the bowel when diarrhea is a problem.
- Foods containing large amounts of fiber and bran should be avoided for 6 to 8 weeks after surgery. After that time, certain bulking agents such as psyllium (Metamucil), methylcellulose (Citrucel), and calcium polycarbophil (FiberCon) may help firm the stool. Only certain patients need to have a firmer stool, so do not use these agents without the physician's instructions.

Sample Menu

Guidelines and Suggestions	
Foods that Are Poorly or Incompletely Digested and that May Block a Narrowed Stoma	
Cabbage	Lettuce
Celery	Mushrooms
Coconut	Nuts
Corn	Olives
Cucumbers	Peas
Dried fruits	Pickles
Green peppers	Pineapple
<p>Things that Cause Excess Swallowed Air and Then Gas</p> <ul style="list-style-type: none"> • Jittery or stressed personality and excessive saliva swallowing • Poorly fitting dentures, smoking pipes or cigarettes, chewing gum or tobacco can cause increased salivation and swallowing • Eating fast and swallowing large chunks of food or large amounts of beverages • Using straws or drinking from a bottle or can • Inactivity and lying down after eating 	

Foods that Tend to Form Gas	
<i>Legumes</i>	Most beans, especially dried beans and peas, baked beans, soy beans, lima beans
<i>Vegetables</i>	Cabbage, radishes, onions, broccoli, Brussels sprouts, cauliflower, cucumbers, sauerkraut, kohlrabi, rutabaga, turnips, asparagus, onions
<i>Fruits</i>	Prunes, apples, raisins, bananas, excessive amounts of fruit
<i>Cereals, breads</i>	Excessive wheat products, including breads and cereals. Check labels for specific grains.
<i>Milk, milk products</i>	Excessive milk, ice cream, cheese
<i>Fatty foods</i>	Excessive pan-fried or deep-fried foods, fatty meats; rich cream sauces and gravies; pastries
<i>Liquids</i>	Carbonated beverages
Odor-Reducing Foods and Medications	
<i>Buttermilk</i>	Yogurt
<i>Cranberry juice</i>	Charcoal tablets (check with physician)
<i>Parsley</i>	

This material does not cover all information and is not intended as a substitute for professional care. Please consult with your physician on any matters regarding your health.