



Living with a Stoma: Healthy Eating



Ostomy Care
Healthy skin. Positive outcomes.



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A glossary is included at the back of this booklet to help with terms you may not be familiar with.

If your stoma is newly created or even if you had your surgery a long time ago, this booklet aims to give you helpful information about foods that are best suited for your situation.

Each person is unique and everyone reacts differently to certain foods, regardless of whether or not they have a stoma. It is always best to eat a variety of foods in moderation. Along with exercise, this is the best way to achieve and maintain good health.



Reintroducing food into your diet

If you recently had surgery, it is vital to re-establish a healthy diet. This will promote optimal healing and help you gain any weight you may have lost either before or after your operation. If you are reading this booklet before your surgery or you are having surgery in various stages, healthy eating and exercise before such operations can really help in getting the best possible recovery.

Immediately after your surgery, while you are still in the hospital, your healthcare professional will start you on sips of water and to ensure you still receive the nutrition your body requires they may decide to put you on an intravenous drip (IV) for fluids.

If you tolerate the water you may progress to clear fluids. This would then be followed by a reintroduction of a soft diet such as soup, yoghurt, jelly and ice cream. If this is tolerated and you are not sick, then you will go on to a low fibre diet. This is to help your system adjust to surgery. During recovery, your appetite may not be what it used to be, which is quite normal. Smaller, more frequent meals (five or six a day) and possibly supplements between your regular meals that are full of protein and energy, will help you keep on the right track. Even when you go home, it may take some time to fully regain your appetite.

Once you are home, it is a good idea to re-introduce your favourite foods slowly. Your digestive system may not react positively to the first hot and spicy dish you try.

When possible, start with plain foods, and avoid those that are stringy or fibrous.

After your surgery, swelling may exist in the bowel. This swelling may narrow the bowel, making some foods difficult to digest. This happens most often in the first four to six weeks.

If you were on a special diet prior to having surgery, e.g. low sodium or sugar-free, it would be advisable to speak



with a qualified dietitian to see if there are any changes you need to make. Vegetarians and vegans may need greater assistance from a nutritionist after surgery.

Settling into a routine

In the initial stages after colostomy or ileostomy surgery, the output into your pouch will frequently be very loose and fluid, but this generally improves with time. In about six to eight weeks, your stoma will settle to a consistency that remains fairly constant. There are many foods that help thicken your output. This is covered in more detail later in this booklet.

Aim to drink six to eight glasses of fluid each day to make sure you don't get dehydrated. If you pass regular amounts of clear or pale, straw-coloured urine, you most likely have enough fluid in your system. If your urine becomes brown or dark yellow in colour, it's wise to drink more fluid to keep properly hydrated.

Once you are feeling better, and you have settled into more of a routine, you can start experimenting with your favourite foods. Generally most people can return to their pre-surgery diet with few, if any limitations.

Start to enjoy yourself again with your diet, and don't forget — everything in moderation.



Build a healthy eating style

All food and beverage choices matter — focus on variety, amount, and nutrition.

- Make healthy food and beverage choices from all five food groups including grains, vegetables, fruits, protein foods, and dairy to get the nutrients you need
- Eat the right amount of calories for you based on your age, gender, height, weight, and physical activity level
- Build a healthier eating style to help avoid weight gain and reduce your risk of diseases such as heart disease, diabetes, and cancer
- Use nutrition labels and ingredient lists to find food and beverage choices that are lower in saturated fat, sodium, and added sugars. Your stoma care nurse will be able to advise if you are unsure

Grains

Any food made from wheat, rice, oats, cornmeal, barley or any other cereal grain is a grain product. This includes breads, breakfast cereal, and pasta. These are divided into whole grains and refined grains.

Whole grains contain the entire kernel. For example, oatmeal, brown rice, and whole meal flour are whole grains. Be sure to chew anything with seeds carefully and completely.

Refined grains have been milled to remove husks or fibre. These provide finer texture and include white flour, white rice, white bread, and pasta. A typical adult profile calls for three servings per day. One serving equals a slice of bread, half a cup of cooked cereal, half a cup of rice or pasta, or a cup of cold cereal.



Fruit and vegetables

Any vegetable or 100% vegetable juice counts as a member of this group. Vegetables may be eaten raw or cooked, fresh, frozen, canned, dried, whole, cut up, or mashed and take your time to chew your food well.

It's recommended that you eat at least 5 portions of a variety of fruit and vegetables every day.

Any fruit or 100% fruit juice counts as part of this food group.

Fruit may be fresh, canned, frozen, dried, whole, cut up, or puréed. An adult portion of fruit or vegetables is 80g. Fruit juice contains more sugars than just fruit; keep this in mind if you are watching your caloric intake. Overall, fresh whole fruit is a better choice.

www.nhs.uk/live-well/eat-well/5-a-day/portion-sizes/



Oils

Oils come from many different plants and fish. Examples are corn, olive, soybean, and sunflower oils.

Fats should be kept to a minimum. There are good fats and bad fats. Some fats contain high amounts of cholesterol, which can cause heart disease. Oils from plant sources do not contain any cholesterol. Fish oils are naturally good at reducing bad fats.

Oils include both solid fats and oils. Solid fats are those that are solid at room temperature. Examples are butter, lard, margarine, and shortening.

Fats that are oils remain liquid at room temperature. Those that are mainly oils include mayonnaise and salad dressings. A number of foods with naturally occurring oils are nuts, olives, fish, and avocados.

Daily servings of fats and oils often come from the cooking processes, such as pan frying. A constant diet of deep fried food can be bad for you, but for most people there is no harm if it is done infrequently.

TIP

Moderation — the key to healthy eating — is especially important with the oil group.

Dairy products

One of the primary benefits of dairy products is the calcium they contain.

Besides milk products, you can get the benefits of dairy through cheese, cottage cheese, yogurt, pudding made with milk, ice cream, and ice milk.

If you have lactose intolerance, there are milk alternative products available that are lactose free. Some cheeses and yogurts are lactose free as well. It's always worth reading the packaging contents label to make sure.

You might consider soy milk and other soy products as dairy alternatives, but they may not contain the full array of nutrients that dairy products have.



Recommendations for dairy vary, but about three servings per day is optimal to maintain healthy bones and provide other essential nutrients. One serving equals a cup of milk, a pot of yogurt or a piece of cheese. With this many options, it is easy to get your daily intake.

Protein foods

All meat, poultry, fish, dried beans or peas, eggs, nuts, and seeds are considered part of this group. Protein is one of the most important nutrients supplied by this group.

Meat and poultry choices should be low-fat. Foods that are high in protein contain healthy oils, so be sure to include them in your diet frequently.

If you have an ileostomy, be aware there have been occasions where a blockage occurs, for example when nuts, popcorn and other foods are eaten. Some people have been known to get a small blockage after only one nut. Be slow to introduce these into your diet. If you love eating nuts, make sure you chew them very well before swallowing. Another possibility is to choose nut spreads, such as peanut butter, cashew, or hazelnut spreads.

General recommendations for this food group would be five or six servings a day. A serving is approximately one egg, one tablespoon of smooth peanut butter, a small handful of nuts or seeds, or 25 grams of meat.



How food choices affect output

Foods and fluids which may help replace lost electrolytes	Sports drinks, bananas, broths (like chicken or beef bouillon), potatoes, tomatoes, crackers
Foods that may help to thicken loose output	Bananas, cheese, noodles (cooked), pretzels, white rice, white toast
Foods that can contribute to food blockage	Celery, corn, coconut, dried fruit, popcorn, chinese vegetables, nuts, mushrooms, grapes, raisins
Foods and fluids which increase intestinal wind	Beans, beer, carbonated beverages, broccoli, brussels sprouts, cabbage, onions
Foods which may increase output odour	Asparagus, broccoli, brussels sprouts, cabbage, cauliflower, eggs, fish, garlic, onions, some spices
Foods which can impact the colour of urine and stools	Beetroot, foods with food colourings, iron tablets, tomato sauce, some medications



Food-related issues*

Wind

As your bowel begins to function after surgery, you will notice wind in your pouch. The amount of gas varies.

If you experienced excessive gas before your surgery, you will likely have similar problems after your surgery.

Gas can be caused by the foods you eat. It can also be the result of swallowing air. Drinking carbonated beverages, smoking, chewing gum, and chewing with your mouth open can all increase the amount of air you swallow.

If you are concerned about gas, you can use a pouch with a filter. The filter lets the gas out of the pouch, but not the odour. It also prevents gas from building up, so the pouch does not inflate like a balloon.

Diarrhoea

First, be sure that you are not unwell. If your stoma is too active, that is, if you need to empty your pouch once or twice every hour, you may be losing far too much fluid. If this suddenly occurs and it lasts 24 hours or more, you should seek urgent medical attention.

If your stool changes to mostly fluid and there is a marked increase in the volume, you may have diarrhoea. This could be related to food, medications, or an intestinal flu. Avoid foods and beverages that cause loose stools, and empty your pouch more frequently. If this doesn't resolve, contact your healthcare professional.

Food and drink known to increase stoma output are fibrous foods, raw fruit and vegetables, spicy foods, high fat foods, nuts and corn as well as drinks containing caffeine like tea, coffee, hot chocolate and some fizzy drinks.

See the chart on page 13 for some other foods that can help thicken loose output.

Constipation

Just like a person without a stoma, constipation can be a common problem. A person with a colostomy, not ileostomy, is most likely to suffer from constipation. Increase the amount of water you drink if not on a fluid restriction diet. Foods that help naturally with constipation include:

- Bran
- Fresh fruits and vegetables
- Some spices
- Stone fruits — fresh and dried
- Whole grains

**Applies to a faecal stoma*

Food blockage

If you have an ileostomy, cramping and abdominal pain along with watery diarrhoea or no stool output may indicate a food blockage or bowel obstruction. This can occur when high fibre foods (such as raw vegetables, coconut, corn, nuts, dried fruit, and popcorn) for example have difficulty passing through the intestine and exiting the stoma. Food blockage risk can be minimised by reducing high fibre foods, chewing foods thoroughly, and increasing fluid intake. Your health care professional may recommend you eat only cooked (vs. raw) fruits and vegetables for about six to eight weeks after surgery. This gives your body time to adjust to the changes in digestion.

There have been some foods in the past associated more frequently with blockages, but this does not necessarily mean it will always happen.

If you have a colostomy, it might be constipation. This is of less concern but still should be monitored.

Note: If you have no output and have vomiting, it is important that you see your healthcare professional urgently, this is an emergency and is likely to be in intestinal obstruction. Please go to your nearest A&E or call NHS 111 for advice.

General guidelines

- **Try to develop a regular eating pattern.** Create one that you can follow easily and does not restrict your lifestyle or the lives of those around you.
- **Take time to chew food thoroughly.** Not only does slow eating help your stoma deal with what will eventually go through it, meal times will be more enjoyable and relaxing.
- **Try not to worry too much** about what could be good and bad for you. Moderation is the key.
- **Avoid eating a large meal later in the evening.** This can make your pouch fill up more quickly overnight, and your sleep will be interrupted as you need to empty it.
- **Avoid excessive amounts of alcohol.** It can make you dehydrated and, depending on the type of stoma you have, make you empty your pouch more frequently. Beer can contribute to larger amounts of gas as well.
- **Watch your fluid intake and urine output,** as mentioned earlier, if you have an ileostomy or urostomy.

Above all, food is an essential part of life, and it is an extremely pleasurable part of living. It provides a social and relaxed part of everyone's life. A stoma should not limit your enjoyment of sharing a meal with family and friends.

Resources and Organisations

Your stoma care nurse will be very important resources for you in the days ahead. You also have ongoing access to online information or printed educational materials such as:

Stoma Learning Centre

<https://www.hollister.ie/en-ie/ostomycare/ostomylearningcenter>

Whether you are about to have surgery, have had your stoma for years, or want to learn how to keep your skin healthy, we are here to help with information and education so you can live your best life with an stoma. This section of the website includes articles and videos on a wide range of topics, including:

- Understanding a stoma
- Living with a stoma
- Maintaining healthy skin
- Using stoma products

Hollister Incorporated YouTube Channel

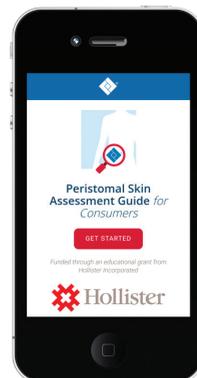
www.youtube.com/hollisterincorporated

View a variety of how to and lifestyle videos. Also includes interviews and tips from people living with ostomies.

Peristomal Skin Assessment Guide for Consumers

psag-consumer.wocn.org

Take your skin health into your own hands with the Peristomal Skin Assessment Guide for Consumers. It is a free, easy-to-use, digital tool designed to help teens and adults living with a stoma identify common skin problems, provide next steps for care or management, and prompt when it is appropriate to seek support from a stoma care nurse.



Stoma support groups are available to people who have had stoma surgery. Here, you can interact with others who are facing many of the same challenges. The ability to discuss issues with someone who understands what you are experiencing can be very beneficial.

Lifestyle Series and Care Tips

Available from your clinician or for PDF download at:

<https://www.hollister.ie/en-ie/ostomycare/educationaltools>

- **The “Living with a Stoma” Series** — provides information on lifestyle related topics such as diet, travel, sports, and fitness
- **“Caring for Your Loved One with a Stoma” Guide** — provides information and support for your loved one(s), in helping you live life to the fullest after stoma surgery
- **“Routine Care of Your Stoma” Care Tip** — provides information on how to care for a stoma

Ostomy Association of Ireland

The Ostomy Association of Ireland (OAI) is the National charitable support organisation for people who have a Colostomy, Ileostomy, Urostomy or Internal Pouch.



Our main objective is to help, support and advise people living with a stoma, their families, carers, and friends.

What Do We do?

- Hold local ostomy support group meetings throughout Ireland.
- Hold public meetings each year in collaboration with ostomy manufacturing companies
- Publish the quarterly Ostomy Ireland News journal containing real life stories of ostomates, and articles from ostomy manufacturing companies and healthcare professionals.
- Provide information booklets
- Arrange social activities
- Work in partnership with all healthcare professionals engaged in delivery of ostomy care.
- Raise awareness and advocate for all ostomates who have a stoma or internal pouch.
- Encourage and empower people living with a stoma to reach their potential

We Can Say Because We Understand – We Know – We Care.

For Further Information

Website: www.Stoma.ie

Email: info@Stoma.ie

Glossary

Colon

Another term for the large intestine or last portion of the gastrointestinal tract.

Colostomy

An ostomy (surgical opening) created in the colon; part of the large intestine or colon.

Dehydration

A loss of too much water from the body.

Diarrhoea

Loose water-like faecal output from the stoma that is more so than usual.

Ileostomy

An ostomy (surgical opening) created in the small intestine.

Peristomal Skin

The area around the stoma starting at the skin/stoma junction and extending outward to the area covered by the pouching system.

Pouch

The bag that collects output from the stoma.

Skin Barrier

The portion of your pouching system that fits immediately around your stoma. It protects your skin and holds the pouching system in place.

Stoma

A surgically created opening in the gastrointestinal or urinary tract. Also known as an ostomy.

Stool

Waste material from the bowel. Also known as a bowel movement.

Urostomy

An ostomy (surgical opening) created to drain urine.

Wear time

The length of time a pouching system can be worn. Wear times can vary but should be fairly consistent for each person.

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to maintain healthy skin,
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Ostomy Care
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