Open Door...Sophie Medlin BSc RD Colorectal and Nutrition Support Specialist Dietitian at Torbay Hospital, South Devon Healthcare NHS Foundation Trust writes for Tidings on aspects of diet and your stoma...





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**The Colostomy Association welcomes...**Sophie Medlin, who will be writing regular articles for Tidings. Sophie has a BSc in Dietetics from Plymouth University. Her first post was as a dietitian at Birmingham Hartlands Hospital followed by a specialist post at Poole Hospital in Dorset. She has recently taken up a position as Colorectal and Nutrition Support Specialist Dietitian at Torbay Hospital, South Devon Healthcare NHS Foundation Trust, where she works closely with the Stoma Care Department.

## **Diet and Your Stoma...**

Many people with a new stoma find getting established back on their normal diet a struggle, particularly in the early stages. This is probably due to the unpredictability of new stomas and the period of adjustment needed to get used to the function of the stoma. It is very important to be aware that, in the majority of cases, people with stomas can return to their usual eating and drinking habits very quickly after their surgery.

New colostomies usually work within 2-5 days and the output is likely to be watery at first, settling to between 200-600mls daily of semi solid stool. A new ileostomy will start working within 24 hours and the output during the first week can be expected to be watery and around 1200mls per day. Over the next couple of weeks, ileostomy output usually decreases to around 600-1000ml per day and the stool becomes porridge-like in consistency.

With both colostomies and ileostomies, the introduction of solid

food helps the gut to begin to work as normal and allows the stool to thicken and become less watery. It is important to eat as well as possible, as soon as your surgeon allows. This helps to establish a normal stoma output after the operation and will allow your body to recover.

In many hospitals, the reintroduction of food after your operation will be established as follows:

- Stage one: Clear fluids black tea/coffee, jelly, clear soup, water, cordial
- Stage two: Free fluids any liquids including nutritional supplements and ice cream.
- Stage three: Light diet this is very subjective but would usually include soft moist foods which are easy to digest and avoid fried, spicy and high fibre foods.
- Stage four: Normal diet no restrictions.

The time period between progressing through these stages will depend on the hospital and your individual recovery.

In hospitals where an enhanced recovery programme is run, patients are encouraged to eat a light or soft diet as soon as possible after the operation. In most cases, with new stomas, this is most appropriate as there are no 'joins' in the bowel (anastomosis) and the problem in the bowel downstream of the stoma is no longer affecting digestion.

Patients with new ileostomies will lose salt from their stomas as the secretions in the small bowel are very salty. Salt is normally absorbed by the colon which is no longer in continuation with your bowel. Adding salt to your diet when you have an ileostomy will compensate for the lost salt and should not affect your blood pressure. As time progresses, your small bowel can adapt to absorb more salt and water and you can decrease the added salt in your diet. If

you are concerned, speak to your doctor, specialist nurse or dietitian.

After your discharge from hospital, you should feel confident to progress to your usual diet. Many patients will be given dietary advice to avoid certain foods as they can cause watery stools or wind for example. This is very personal, however, and I would strongly recommend you avoid restricting your diet unless you find you have a specific problem for which you should seek individualised advice from your dietitian or specialist nurse. Trying to eat little and often is usually the best way to build your confidence with food and your new stoma.

It is often quoted that patients with ileostomies should be cautious with high fibre foods such as skins, peel and pips due to risk of the ileostomy 'blocking'. However, unless you have been told you have strictures or adhesions in your bowel, this is not necessary. If you are unsure, please ask a member of your healthcare team.

## Healthy Eating with your Stoma...

Getting the balance right with your diet is as important for you as it is for the rest of the population. Following your surgery and if you have been ill, it is even more important that you eat well to allow for a full recovery.

Many patients with stomas find that getting their recommended '5-a-day' difficult due to the high fibre content of fruit and vegetables. If you have this problem, below are some tips for increasing your fruit and vegetable intake whilst avoiding undesirable side effects:

- Try peeling your fruit and vegetables to reduce the fibre content.
- Try fruit smoothies such as blended strawberry and banana with a little milk or yogurt.

- Cook your vegetables well and try steaming which helps vegetables to retain their water soluble vitamins better than boiling.
- Choose soft fruit which is well ripened: nectarines, peaches, melons and mangoes, for example, are well tolerated by most people.
- Try vegetable juice for a nutritious vitamin boost.
- If you have an ileostomy, add salt to your vegetables (including vegetable juice!) to help you absorb the liquid components more readily.

If you feel that you cannot eat as many fruit and vegetables as you need, it is worth speaking to a health care professional about starting a good quality vitamin and mineral supplement.

The last part of the small bowel (terminal ileum), absorbs vitamin B12, so if you have had your terminal ileum removed you may require three monthly vitamin B12 injections. If you think this applies to you, speak to your doctor, nurse or dietitian for further information. Vitamin B12 deficiency can make you feel tired and low in mood so it is worth pursuing this if you are concerned.

Please bear in mind that all the information in this article is general and if you have been advised differently by your nurse, doctor or dietitian, their individualised advice should always be followed.

## Your diet questions answered...

**Q:** I manage my colostomy by irrigation. Does this mean that I need to take vitamin or mineral supplements?

A: If you are irrigating your colostomy, it is unlikely you will require vitamin and mineral supplementation as the majority of vitamins and minerals are absorbed higher up in the small bowel. Providing you are only irrigating once per day, the vitamins and minerals absorbed in the large bowel should have adequate time in contact with the bowel wall to be absorbed.

## **Editors Comment**

If you have any topics you would like Sophie to cover or any questions you would like answered:

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