

Dietary advice for your ileostomy

Information for
patients



This booklet provides advice for patients and/or carers of patients who have an ileostomy. It provides information on what to eat and drink.

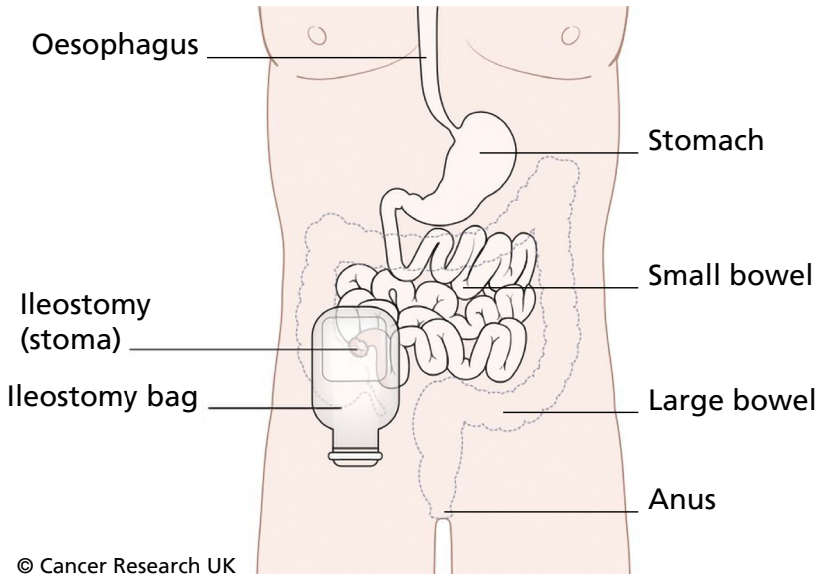
The process of digestion

To help understand how your ileostomy works it is useful to know what happens when you eat and drink:

- Stage 1** - Food is chewed in the mouth and swallowed.
- Stage 2** - Food passes down the food pipe (oesophagus) and into the stomach.
- Stage 3** - In the stomach food is churned and mixed with acid.
- Stage 4** - The mixture passes into the small bowel where it is digested and nutrients are absorbed.
- Stage 5** - The remaining bulk passes into the large bowel (colon). Water and salt are absorbed into the bloodstream and a stool is formed.
- Stage 6** - The stool is stored in the rectum until it is ready to be passed.
- Stage 7** - Once ready the stool is passed out through the anus as faeces at the toilet.

What is an ileostomy?

An ileostomy is where part of the small bowel (ileum) is brought out onto the surface of the tummy (abdomen). The opening is called a stoma and it allows for the passage of faeces. Having an ileostomy means that stages 5, 6 and 7 (see page 2) of eating and drinking do not occur. Instead, after nutrients from food have been absorbed in the small bowel, the waste products and gas are passed out through the ileostomy into the stoma bag.



Ileostomy output - what to expect

It can often take time for a stoma to function after surgery and at first the output might be loose liquid. However, with time this should thicken as the bowel adapts. The normal consistency is similar to porridge/toothpaste but this may change throughout the day dependent on what you eat and drink.

What can I eat after my operation?

Following your operation you will gradually start to build up the amounts that you eat and drink. Initially you may find it easier to eat soft foods, little and often.

For the first few weeks after your operation it is advised that you follow a low fibre diet to help manage the ileostomy. This is because foods high in fibre pass through the bowel more quickly and can increase stoma output. The following table lists low fibre foods to choose, and those higher in fibre to avoid.

High Fibre to avoid	Low Fibre to choose
Brown and wholemeal bread	White bread
All-Bran, Bran flakes, Weetabix, Shredded Wheat or muesli and porridge oats	Cornflakes, Rice Krispies, Coco Pops, Frosties, Special K and instant porridge
Brown pasta, rice and noodles	White pasta, rice and noodles
Potato skins	Potatoes without skins
Biscuits and cakes containing fruit or nuts and wholemeal varieties e.g. Hobnobs, Digestives, fig rolls, fruit cake, mince pies and flapjack	Sweet or savoury biscuits and cakes made with white flour e.g. Rich Tea, shortbread, Nice, plain sponge, scones and Madeira cake
Crackers made with wholemeal flour such as Ryvita and oatcakes	Crackers made with white flour such as cream crackers, Ritz biscuits and breadsticks
Nuts and seeds	Smooth peanut butter

- Limit your intake of pulses (beans, peas and lentils) unless you are vegetarian when you should include one portion a day for protein
- You can have up to 2 portions of fruit and vegetables a day but avoid skins, stalks, seeds, pips and pith

Reintroduction of fibre

After two weeks you should be able to gradually start to build up the amount of fibre in your diet again, and aim for a healthy, balanced diet. However make sure that your stoma output is a porridge consistency before you do this and that you are familiar with its pattern. This will allow you to see any changes in consistency or volume when you reintroduce foods again. We recommend that you reintroduce high fibre foods one at a time, and in small amounts. If any new foods cause a higher than normal output of liquid consistency then they should be avoided for a little longer and tried again at a later date. Remember everyone's tolerance to different foods varies and your bowel absorption can improve with time. We recommend you keep a food diary to help monitor the reintroduction of foods.

Remember to relax, take time over your meals and chew your food well. Drink plenty of fluid after you have eaten to aid digestion and the passage of faeces through the ileostomy to prevent a blockage. Some hard to digest foods such as sweetcorn, mushrooms, nuts and peas may be seen in the ileostomy bag. This should not cause you any problems and there is no need to worry.

Foods which might affect your ileostomy output

Some foods may cause more wind, odour and/or an increased output through your stoma. This should not cause you any problems and there is no need to worry. Use the following table to help you to identify any trigger foods for yourself.

Wind	Odour	Increased output
Beans, Beer, Broccoli, Cabbage, Cauliflower, Chewing gum, Fizzy drinks, Fruit, Lentils, Nuts, Onions, Peas, Pulses, Spicy foods	Asparagus, Beans, Eggs, Fish, Garlic, Leafy green vegetables, Onions, Spicy food	Alcohol, Caffeine, Fruit, Fruit juice, Vegetables, Onions, Spicy foods, Sweeteners

The following tips should help to reduce wind:

- Chew your food well
- Try to avoid swallowing a lot of air while you eat
- Try to avoid talking while you are chewing

The following tips should help reduce odour:

- Try a few drops of vanilla essence, deodorant powders or sprays in your stoma bag

The following tips may help to reduce output:

- Reduce high fibre foods (see table on page 4)
- Have no more than 150ml of fruit juice a day
- Limit your alcohol intake
- Limit your caffeine intake

- Limit your intake of sweeteners such as those found in fizzy drinks, sugar free sweets/chewing gum

What should I do if my ileostomy becomes more active than normal?

Your ileostomy may become more active in the following situations:

- If you are unwell with a high temperature
- If you have food poisoning or an upset stomach

If your ileostomy becomes more active than normal you are at increased risk of becoming dehydrated. You may also be more likely to become dehydrated if you are sweating more than usual e.g. on a hot day, or after exercise.

How do I know if I am dehydrated?

Looking for the following signs can help you to recognise if you are dehydrated:

- A decrease in the amount of urine you pass
- Dark concentrated urine
- Dark sunken eyes
- Headaches or feeling light headed
- Increased thirst
- Cramps
- Dry lips and skin

If this happens you need to drink a rehydration solution such as **Dioralyte**® (available on prescription).

Alternatively you can make a homemade solution called **St Marks Electrolyte mix** using ingredients you can buy from a pharmacy and some supermarkets as follows:

- One heaped 2.5ml spoon of sodium bicarbonate
- One level 5ml spoon of salt (sodium chloride)
- Six level 5ml spoons of glucose powder

Sodium chloride is table salt and sodium bicarbonate is also known as bicarbonate of soda or baking soda.

Stir all the ingredients into 1000mls of tap water and store in the fridge. Try to sip this throughout the day. You can use a straw, try it served chilled or it can be frozen and taken as a slush drink. A small amount of no added sugar squash can be added if required.

You should also add extra salt to your food to compensate for the increased losses through your ileostomy. Add salt during cooking and eat salty foods such as crisps, cheese, salted biscuits, tinned foods in brine and Marmite. When your output has returned to normal remember to reduce your salt intake.

Some patients have suggested the following foods may help to thicken stoma output (this may or may not work for you):

- Apple sauce
- Bananas
- Boiled rice
- Jelly / Jelly sweets
- Marshmallows

- Pasta
- Porridge
- Potatoes
- Smooth peanut butter

If your ileostomy output remains higher than normal or you have concerns, contact your dietitian or colorectal nurse specialist on the number below. Also refer to the diet sheet **eating and drinking with a high output stoma.**

Poor Appetite

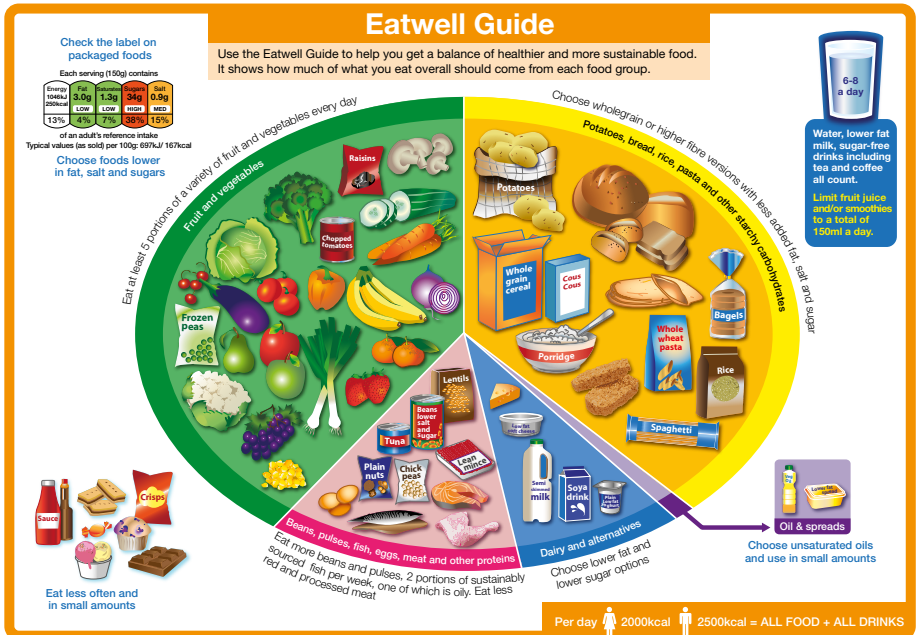
If you have a poor appetite or have lost weight, try the following tips to help.

- Eat small, frequent meals with snacks in between
- Avoid drinks with meals, have them afterwards instead
- Use full fat milk and aim for 1 pint per day. Make this more nourishing by mixing in 4 tablespoons of dried skimmed milk powder
- Opt for full fat products such as thick and creamy yoghurts
- Add margarine or butter to foods such as potato
- Add sugar, honey or syrup to cereals and puddings
- Add evaporated milk or cream to puddings, desserts and soups
- Grate cheese over potatoes and pasta dishes

If you are following a special diet for another medical condition then please discuss this with your dietitian.

Healthy eating

Once you have reintroduced fibre into your diet again you should aim to achieve a healthy balanced diet. Choose a variety of foods from different food groups and follow a regular meal pattern of three meals per day. Use the Eatwell guide below:



Source: Public Health England in association with the Welsh Government, Food Standards Scotland and the Food Standards Agency in Northern Ireland

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Other useful contacts:

Colorectal Nurse Specialist:

Telephone: 0113 2065535

Cancer Research UK

Telephone: 0808 8004040

Website: www.cancerresearchuk.org

Crohn's and Colitis UK

Telephone: 03002225700

Website: www.crohnsandcolitis.org.uk

Ileostomy & Internal Pouch Association

Telephone: 0800 0184 724

Website: www.iasupport.org



If you have any suggestions or comments regarding this leaflet please let your dietitian know.

Dietitian

Contact
Number



What did you think of your care?

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