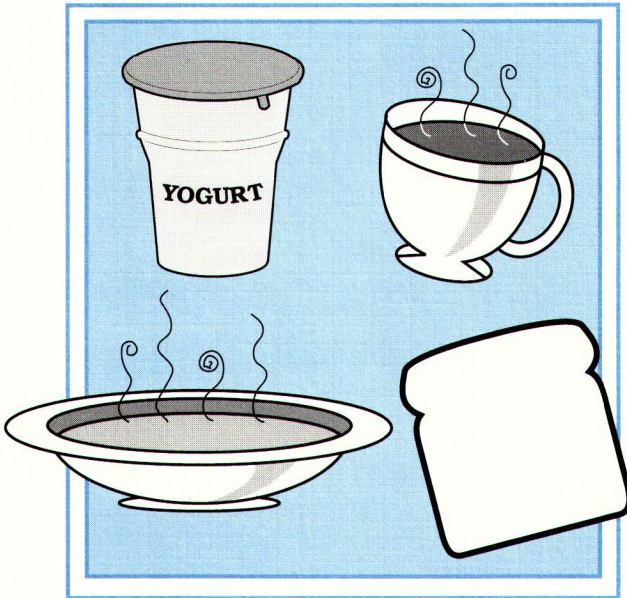


COLOSTOMY, ILEOSTOMY RECTAL POUCH DIET



COLOSTOMY, ILEOSTOMY, RECTAL POUCH DIETS

PURPOSE

Surgery is often necessary to treat certain colon or large bowel conditions. Sometimes an opening on the abdominal wall is created through which intestinal waste passes (colostomy and ileostomy). The opening itself is called a stoma. At times, these are temporary and eventually will be reversed. Another type of surgery produces a rectal pouch. Here the colon is removed and a reservoir pouch is created from the small intestine. This, in turn, allows the liquid stool to pass normally through the anus 3 to 7 times a day.

A colostomy in the left colon at times can be handled without a bag because the stool is usually firmer on the left side. Morning irrigations may be all that is needed. In the other surgeries named above, the stool is liquid. The consistency, amount, and frequency of stool depends very much on the type and amount of foods eaten.

NUTRITION FACTS

In general, adequate nutrition can be easily maintained with the above conditions. A balanced

diet with adequate protein, carbohydrates, vegetables, and fruits will usually supply sufficient calories, minerals, and vitamins. If moderate to severe restriction of certain foods is required to control stool patterns and/or consistency, then a vitamin-mineral supplement may be recommended by the physician or dietitian.

SPECIAL CONSIDERATIONS

1. Most patients return to a fairly normal diet. Still, a trial and error pattern of eating is frequently necessary to identify those foods that cause increased stools. Then it is a matter of modifying the ingestion of those foods. The lists that follow are a guideline. Each patient and the type of surgery are different, so no standard recommendations can be given for everyone.

2. Eat foods at a regular time each day. Eating 4 to 6 smaller meals may be effective in promoting a regular bowel pattern.

3. Try eating the main dinner meal at noon and a smaller meal in the evening to reduce the stool output at night.

4. Introduce one type of food at a time to test the bowel function with that item. Test this food several times before permanently rejecting it. Don't give up on one trial.

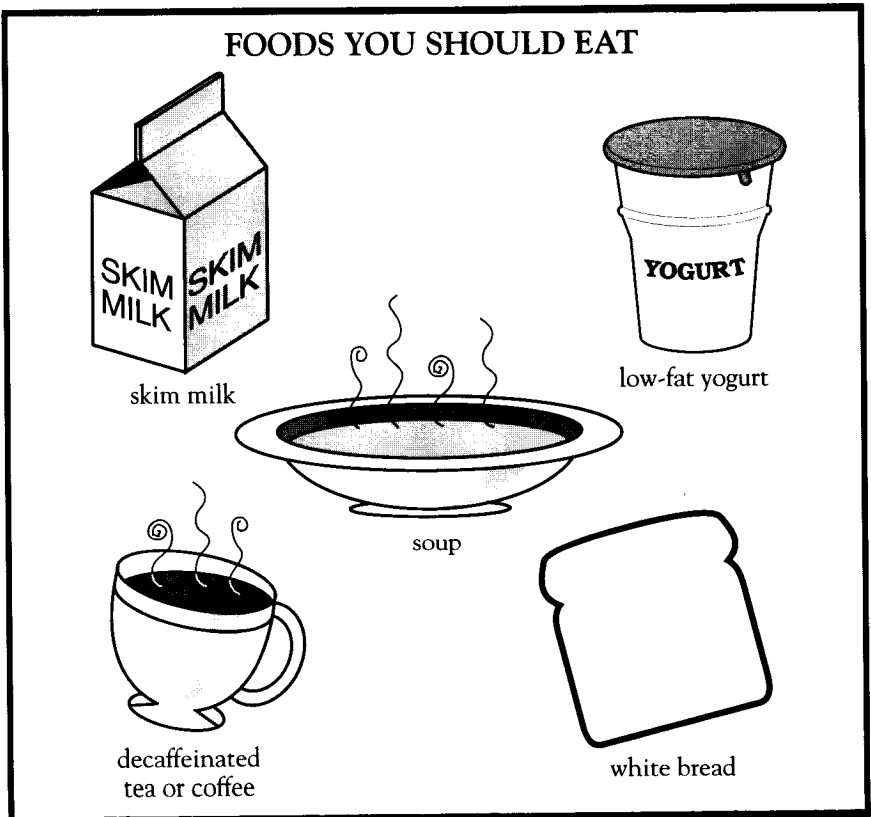
5. Chew foods completely to assist in the digestive process. In particular, avoid swallowing large pieces of leafy vegetables as these can block the stoma opening on the abdominal wall.

6. Drink adequate fluid and liquids (2 to 3 quarts a day) to prevent constipation and dehydration.

7. Do not gain excessive weight as this may make the function of the abdominal wall stoma difficult.

8. Colostomy patients may find that foods which caused problems before surgery continue to do so afterward.

9. 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.



10. Note that liver bile can cause a yellow or green stool color, especially if diarrhea or rapid bowel action occurs. Beets may come out red; it is not blood. Broccoli, asparagus, spinach, and Pepto-Bismol can darken, even blacken, the stool.

11. Certain medications such as Imodium, Lomotil, Levsin, and Bentyl can help to slow the bowel when diarrhea is a problem.

12. Foods containing large amounts of fiber and bran should be avoided for 6 to 8 weeks after surgery. Subsequently, certain bulking agents such as psyllium (Metamucil), methylcellulose (Citrucel), and calcium polycarbophil (FiberCon) may help firm the stool. Use these only with physician direction.

GUIDELINES AND SUGGESTIONS

Foods that Are Poorly or Incompletely Digested and that May Block a Narrowed Stoma

Cabbage	Lettuce	Popcorn
Celery	Mushrooms	Seeds
Coconut	Nuts	Spinach
Corn	Olives	Tough skins
Cucumbers	Peas	of fruits
Dried fruits	Pickles	and vegetables
Green peppers	Pineapple	

Things that Cause Excess Swallowed Air and Then Gas

- Jittery or stressed personality and excessive saliva swallowing
- Poorly fitting dentures, pipes, cigarettes, chewing gum or tobacco which cause increased salivation and swallowing
- Eating fast and swallowing large chunks of food or amounts of beverages
- Using straws or drinking from a bottle or can
- Inactivity and lying down after eating

Foods that Tend to Form Gas

Legumes	Most beans, especially dried beans and peas; baked beans; soy beans; lima beans
Vegetables	Cabbage; radishes; onions; broccoli; Brussels sprouts; cauliflower; cucumbers; sauerkraut; kohlrabi; rutabaga; turnips; asparagus; onions
Fruits	Prunes; apples; raisins; bananas; excessive amounts of fruit
Cereals, breads	Excessive wheat products including breads and cereals. Check labels for specific grains.
Milk, milk products	Excessive milk; ice cream; cheese
Fatty foods	Excessive pan- or deep-fried foods; fatty meats; rich cream sauces and gravies; pastries
Liquids	Carbonated beverages

Odor-Reducing Foods and Medications

Buttermilk	Yogurt
Cranberry juice	Charcoal tablets (check with physician)
Parsley	

Odor-Producing Foods

Asparagus	Garlic
Eggs	Onions
Fish	

Foods that Tend to Thicken Stool

Applesauce	Pasta
Bananas	Creamy peanut butter
Breads	Starchy foods, such as potatoes
Cheeses	

Foods that Tend to Cause Diarrhea

Apple juice	Prune juice
Grape juice	Highly seasoned foods, especially hot peppers

SAMPLE DIET

Breakfast

canned peaches 1/2 cup
 skim milk 1/2 cup
 white toast 1 slice
 margarine 1 tsp
 decaffeinated tea 1 cup
 lemon juice 1 tsp
 sugar 2 tsp

Lunch

baked chicken breast
 3 oz
 steamed white rice
 1/2 cup
 cooked carrots 1/2 cup
 low-fat vanilla yogurt
 1/2 cup
 margarine 1 tsp
 decaffeinated coffee
 1 cup
 skim milk 1/2 cup
 sugar 1 tsp
 salt 1/8 tsp

Dinner

chicken noodle
 soup 1/2 cup
 saltines 2
 sandwich 1/2:
 white bread
 1 slice
 creamy peanut
 butter 1 Tbsp
 jelly 1 Tbsp
 applesauce
 1/2 cup
 decaffeinated tea
 1 cup
 lemon juice 1 tsp
 sugar 1 tsp

THIS SAMPLE DIET PROVIDES THE FOLLOWING

Calories.....	1065	Sodium.....	1662 mg
Protein	54 gm	Potassium.....	1612 mg
Carbohydrates.....	151 gm	Fiber.....	9 gm
Fat	29 gm		

SPECIAL INSTRUCTIONS

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