

Ileostomy: Self-care and dietary guidelines



After ileostomy surgery it's very natural for you to have questions about self-care and your diet. It's an experience that has changed your life and until you become more comfortable with these changes, some anxiety is normal. However, you can lessen your anxiety by learning more about self-care and diet.

In this article:

- Emptying and changing your ostomy pouch
- Fluid intake
- Addressing constipation and diarrhea
- How to manage gas and odor

Emptying your ostomy pouch

A common guideline is to empty your pouch when it is $\frac{1}{3}$ to $\frac{1}{2}$ full, or more often if you desire. A full pouch can get heavy and cause the adhesive backing on your barrier to loosen from your skin. Emptying the pouch is also more difficult when it's full. Refer to the "Instructions for Use" for your particular pouching system.

Changing your ostomy pouch

Typically you should change your pouching system about twice a week, usually when your stoma is less active. But the frequency will depend on your body, your activity level, and the type of barrier you use. The best time of day to change your pouching system may be first thing in the morning – before you've had anything to eat or drink.

Helpful tips:

- *To avoid spilling, begin by holding the end of the pouch up*
- *You can empty your pouch while either sitting or standing over the toilet*
- *To prevent water from splashing upward, you can place a tissue into the toilet, or empty the pouch while flushing the toilet*
- *Wipe any residue at the end of the pouch outlet with a tissue to prevent odor*
- *Always remember to securely close the end of the pouch*

If there is burning or itching under the barrier, change your pouching system immediately. Burning and itching could indicate leakage, and possible damage to the skin around the stoma.

Removing your pouch

Gather all supplies and place them within easy reach before you begin. To remove your barrier work slowly from the top to the bottom, pushing down on the skin as you lift off the barrier. Never rip or tear off the barrier too quickly, because that can irritate the skin. At times your skin may look pink or red after removing the adhesive, but this should fade in a few minutes.

Cleaning the stoma and surrounding skin

Clean the stoma and the skin around it with a moist washcloth or soft paper towel, then let it dry completely. Do not use soap, cleansers, or moistened wipes as they **may cause skin problems and keep the barrier from sticking**. Remember to look at the skin around your stoma for redness or signs of irritation.

Always check your stoma as well. The natural color of your stoma should be red. If your stoma looks very dark, purple or black, contact your doctor or Wound, Ostomy, Continence (WOC) Nurse. Every time you change your pouching system you may notice a little bleeding. This is normal and should stop quickly. If you notice blood in your pouch contact your doctor/WOC nurse.

Applying your pouch

In the first six to eight weeks after your ileostomy surgery, the size of your stoma should gradually decrease (if you are concerned about how your stoma is healing, contact your doctor or WOC nurse). During

this time, it is very important to measure your stoma every time you change your pouching system.

Additional self-care guidance

Bathing

Showering and bathing will not hurt your stoma or your pouching system. Some people prefer to shower without their pouching system on the days they change their pouch and barrier. You can decide what works best for you.

Remember to avoid using bath oils, or soaps with moisturizers and perfumes. Be gentle when cleansing around the stoma, rigorous rubbing of stoma tissue may cause bleeding. These products may make it harder for the barrier to stick to your skin. Have all of your materials ready before you bathe, so your pouching system can be easily applied afterwards.

When to call your WOC Nurse

Call your nurse if you have any medical concerns about your stoma, including:

- *A change in the size or appearance of your stoma*
- *A skin rash or irritated skin around your stoma*
- *Discomfort or problems with pouching*
- *Frequent leaking*
- *A weight loss or gain that causes problems with your pouching system*

Dietary guidelines

Below are some general dietary guidelines that are helpful for people with an ileostomy. However, if your doctor has recommended a special diet, you should follow that advice.

Helpful tips:

- *Cut the barrier opening to the size of your stoma without leaving skin exposed*
- *Apply the skin barrier directly to clean, dry skin*
- *Avoid the use of any moisturizers around the stoma*
- *Ensure no skin is showing between the barrier and stoma to prevent skin irritation and leakage*

Fluids and electrolytes

It is very important to maintain adequate intake of fluids and electrolytes (i.e sodium, potassium) to prevent dehydration since fluids are lost through your stoma. You no longer have a large intestine (or it is temporarily bypassed) to absorb water, therefore you need to help your body by drinking more fluids. It is recommended to drink 8–10 glasses of fluids daily unless your healthcare provider recommends otherwise. It is best to drink liquids throughout the day with more between meals. It is also recommended to avoid fluids high in sugar, caffeine, and alcohol. Maintaining adequate hydration is vital to your health and well-being. Dehydration can occur due to the loss of sodium and potassium. Your healthcare provider may suggest that you include foods high in sodium and potassium into your daily diet. You may need to increase your fluid intake during hot weather and when participating in sports. Use the Intake / Output Diary included in this booklet to track your fluids. This diary can be used to communicate to your doctor, your WOC nurse, or home care nurse.

NOTE: If your stool becomes more liquid than normal, you should contact your healthcare provider. If you notice higher output or if your stool becomes more liquid than normal, maintain hydration and contact your HCP.

Signs and symptoms of dehydration:

- Fatigue
- Lightheadedness / dizziness
- Dry mouth
- Increased thirst
- Abdominal or leg cramps
- Decreased urine output
- Darker colored urine than normal

Foods high in potassium:

- Broths or bouillon
- Tea
- Orange Juice
- Bananas
- Potatoes
- Apricots
- Chicken and Beef

Foods high in sodium:

- Electrolyte drinks
- Broths or bouillon
- Rice water
- Pretzels or crackers
- Canned soups and vegetables
- Tomato juice

If dehydrated, the following fluids may be recommended by your healthcare provider:

Commercially available products:

- CeraLyte® 70 or 90 (Cera)
- Pedialyte® (Abbott)
- Gatorade® G2 - (add 1/8 tsp. salt per 8 oz. serving)
- Drip Drop® Oral Rehydration Solution (ORS)

Oral Rehydration Solution (ORS) homemade recipe:

- 4 cups of water
- 3/4 tsp. salt
- 2 tbsp. sugar
- Sugar-free Kool-Aid or Crystal Light to taste

Foods to avoid

Before your surgery, large particles of food passed through your large bowel. Now, however, large food particles can easily get caught where your intestine



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comes through the abdominal wall. If this happens, it can cause a blockage. A food blockage can cause abdominal cramps, pain and watery stools with a bad odor. Stool may be released in spurts, as your intestines try to get the waste past the blockage.

For the first six to eight weeks after your surgery, avoid high-fiber foods. These high-fiber foods can cause a food blockage or severe cramping soon after your surgery.

Foods that may cause a food blockage include:

- *Nuts*
- *Popcorn*
- *Coconut*
- *Dried fruits*
- *Celery*
- *Mushrooms*
- *Beans*
- *Corn*
- *Meat casings*
- *Fruit skins such as an apple or pear*
- *The white fibrous coverings of oranges and grapefruits*
- *Raw crunchy vegetables (carrots, broccoli, cauliflower and Chinese vegetables)*

You can also help avoid a food blockage by eating slowly, chewing your food thoroughly and drinking small amount of fluid with your meals.

If you believe you have a food blockage, contact your doctor or WOC nurse for advice.

Important: If you are vomiting or have no output from your stoma, this is a serious medical condition. Do not drink any liquids and immediately contact your doctor.

How to manage odor

The only time you or anyone else should notice an odor is when you are emptying or changing your ileostomy pouch. Even then, pouch odor can be reduced with special drops (one type of drops is Brava[®] Lubricating Deodorant made by Coloplast). You simply put the drops in when the pouch has been emptied, or when you put on a new pouch. The next time you empty your pouch, the drops should reduce the amount of odor and help lubricate the pouch for easier emptying.

Some people prefer to carry bathroom deodorizer with them. This can be helpful when using a restroom in a public place.

Medications

Before surgery, you may have been taking medications that were made to be absorbed gradually through both your small and large bowels. Now that you do not have a large bowel, or it is temporarily bypassed, these medications could be only partly absorbed or not absorbed at all. This can happen especially with certain coated pills (called enteric-coated pills) and time-release capsules.

Medication tips

- Always let your doctor and pharmacist know that you have an ileostomy
- Do not take time-release or enteric-coated pills
- Never crush your medications or open time-release capsules. Rather, consult with your pharmacist
- **Never take a laxative.** This could cause severe dehydration

Some final comments

Feeling comfortable with your body is important, especially after this type of surgery. It's equally important to enjoy good food as a part of a full life. We hope these guidelines are helpful to you.

Call your healthcare provider if you have any medical concerns about managing your ostomy. You may also contact your Coloplast[®] Care Advisor for product usage and availability questions at [1-877-858-2656](tel:1-877-858-2656).

