

Patient Information Leaflet



Dietary Advice for people with a High Output Stoma

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High output stomas often result after surgery that results in the stoma being created from the duodenum or jejunum (first parts of the small bowel). Therefore they are only using a very small part of their bowel to absorb nutrients and fluid. However some patients will have their entire small bowel with an ileostomy (last part of the small bowel) but still suffer from a high output. High output stomas can lead to poor absorption of vital nutrients, electrolytes and gastrointestinal secretions. A high output stoma may be a temporary condition that will improve over time or resolve when further surgery is undertaken.

High volumes of fluid from your stoma can lead to severe dehydration and electrolyte disturbance. Patients may require a regime involving precise timing and amounts of food, medication and fluid. An oral rehydration drink such as the St Mark's electrolyte mix or sports drinks such as Lucozade or PowerAid may replace some of your fluid. This information sheet contains:

- This information sheet is not designed for patients with short bowel syndrome or intestinal failure or for patients on parenteral nutrition
- information about the reintroduction of food for those with a new stoma
- diet advice for those with an established stoma
- advice about fluid and diet in relation to developing an acceptable stoma function.

Whilst the experience of others may serve as a guide, remember that as an individual you may respond differently to food, both before and after surgery and therefore you should base your food choices on your personal tolerance. Please note that the advice in this booklet is NOT intended for patients with an normal ileostomy or colostomy, only for those with a high output. If you are unsure, please consult your doctor, dietician, stoma or nutrition nurse.

Re-introduction of food after formation of a new stoma

After surgery you may be given a strict fluid and food regime to follow. This would have been planned with your doctors, dietician, and nutrition nurses.

FLUIDS

One of the main nutrients lost is sodium (salt), along with potassium and magnesium salts. Clinical signs of sodium depletion are thirst, lethargy and cramps. In more extreme cases there may be dizziness on standing, dark sunken eyes or a rapid, low, weak pulse.

- It is advisable to follow any oral fluid restriction. This may vary between 500ml and one litre per day of normal fluid for example tea, coffee water or squash.

- Commence oral rehydration solutions for example St. Mark's mix as directed by your doctor or nutrition nurse (see below)
- Avoid fluids around mealtimes.
- Drinks such as Complan, Build Up and milk are good sources of vitamins and proteins. The dietician can advise if you need these and in what quantity you require them.
- Commence anti-diarrhoeal medication before meals and at night as prescribed
- Take oral supplements if prescribed (remember some tablets may come out in your stoma and not be absorbed!)
- You may need vitamin B12 injections if you have a permanent stoma and no functioning distal bowel. Your doctors will advise you on this.

Recipe for St Mark's electrolyte mix



You will need:

6 heaped 5ml teaspoons glucose

1 level 5ml teaspoon salt

Half heaped 2.5ml teaspoon sodium bicarbonate

Stir all ingredients into 1 litre of water and chill overnight. Take out and enjoy all day!

FOOD

- Sprinkle a little salt on your meals – half to one teaspoon a day.
- Try cooking your meals with salt
- Eat salty foods such as cheese, bacon, ham, sausages, smoked fish (kippers), shell fish, canned fish (tuna, sardines, salmon), meat and fish pastes, tinned foods such as spaghetti and ravioli, meat extracts (Oxo, Bovril), yeast extracts (Marmite) salted crisps savoury or salty biscuits.
- Choose starchy carbohydrates such as white bread, chapattis, low fibre cereals like rice crispies and cornflakes, potatoes (no skins), green bananas, yam, dishes made with maize, millet or cornmeal and white pasta or rice for energy. These foods will also thicken your stool.
- Plainly cooked foods are better than spicy or highly seasoned dishes, fried foods and fibrous foods (see below)
- Eat slowly
- Do not eat and drink at the same time
- And most importantly chew well

Fibrous foods that should be avoided

Fibrous foods are difficult to digest and may cause a blockage if not chewed properly or eaten in a large quantity. For the first six to eight weeks after surgery you should avoid:



- celery
- coconut
- dried fruit
- fruit
- mango
- mushrooms
- nuts
- peas
- pineapple
- pips
- pith
- raw vegetables
- salad
- seeds
- sweetcorn
- vegetable skins

When your stoma has settled (after six to eight weeks) you may want to reintroduce fibre but always in small quantities, ensuring that the foods are well cooked and chewed.

Dietary advice for the person with an established stoma

Once your stoma begins to adapt and you become used to its normal function, you will feel more confident to experiment with food. Your bowel, over time may begin to absorb nutrients more efficiently and your output may begin to thicken. This however may take a long period of time.

PROTEIN

These foods are essential for health and repair of body tissues. Examples include:

- meat – beef, pork, bacon, lamb, liver, kidney
- poultry – chicken, turkey
- fish
- eggs
- beans, baked beans, peas, lentils (in small quantities)
- nut products such as peanut butter or ground nuts (only if tolerated in small portions)
- meat alternatives – textured vegetable protein, quorn and tofu.

Include two portions from this list each day. Try to cook foods adding extra fat for example by frying.

Red meats, liver, kidney, oily fish, eggs and pulses are good sources of iron that is important for healthy blood, so try to include these regularly.

DAIRY PRODUCE

Milk, cheese and yoghurt are good sources of calcium that is important for healthy bones. These foods also provide protein and some vitamins. Use full fat milk and cream instead of low fat alternatives. One cup of milk (1/3 pint or 200ml) contains the same amount of calcium as one small carton of yoghurt (150 ml) or 1oz/30g of cheese, so these may be taken as alternatives to milk.

STARCHY FOODS

These provide energy, vitamins and fibre.

Examples include:

- bread, chapattis
- breakfast cereals, oats
- pasta
- rice
- potatoes, sweet potatoes
- plantains, green bananas, yam
- dishes made with maize, millet and corn meal.

These foods are reported to help thicken your stoma output. Include a variety of foods from this group and make them the main part of your meals.

FRUIT AND VEGETABLES

These provide fibre and a range of vitamins and minerals that are essential for good health. A portion is equal to, two tablespoons of vegetables, a small salad, a piece of fruit like an apple or banana, two tablespoons of stewed/tinned fruit or a small glass (150ml) of fruit juice.

If you find that some fruits and vegetables upset you, then try:

- peeled fruits
- tinned fruits in natural juice
- stewed, baked or pureed fruits
- fruit juices (unsweetened)
- well cooked or pureed vegetables
- vegetables in soup or casseroles, pureed if necessary.

FATS AND OILS

These provide energy, essential fats and some vitamins.

- butter
- margarine
- low fat spreads
- cooking oils
- mayonnaise and oily salad dressings.

You should spread things like butter quite thickly on bread, biscuits or scones or add it on potatoes or rice.

FATS AND SUGAR

The following foods contain fats and sugars. However if you are not absorbing many nutrients you may find that fats and sugars alone do not increase your weight and can be eaten in bigger portions. These foods also provide energy to your body.

- cakes, biscuits
- puddings, ice cream
- chocolate, sweets
- crisps
- sugar, sweetened drinks.

Jam, marmalade, honey and syrup can also be added onto bread, biscuits, scones or in rice puddings or porridge.

ALCOHOL

Excessive amounts of alcohol are not good for health. Some types, such as beer may increase your stoma output. If you drink alcohol, take it in moderation: 3 or 4 units/day or less for men and 2 or 3 units per day for women, with at least one or two alcohol-free days per week.

1 unit is equal to:

½ pint of beer, lager or cider

A single pub measure of spirit (25ml) example vodka or whisky

A small glass of sherry or a small glass of wine (125ml)

MEAL PATTERN

Your meal pattern is very individual and may be affected by social circumstances.

- Try to develop a regular eating pattern for acceptable stoma function
- Smaller but more frequent meals may be better tolerated, particularly in the first few weeks.
- Take your time and chew food thoroughly.
- Avoid heavy meals or snacks before bedtime.
- Avoid alcohol and caffeine drinks before bedtime i.e. coffee, cola and tea.

COMMON QUESTIONS ASKED BY PATIENTS ABOUT FOOD AND THEIR HIGH OUTPUT STOMA

Can I eat spicy foods?

Spicy foods such as chilli and curry, may upset your stoma function so we recommend that in the first few weeks you choose mild food. After this time you may introduce more spicy food if you wish.

I'm experiencing a lot of wind. What causes this?

At first your stoma may pass more wind (flatus) than usual, but this soon reduces, especially once you begin to eat a more varied and regular diet. Wind is a normal by-product of digestion, but it may be increased by swallowed air whilst eating or by eating fibrous foods.

You may reduce wind caused by swallowed air by:

- Eating regular meals in a relaxed environment
- Eating slowly and chewing food carefully
- Pouring fizzy drinks (if taken) into a glass, stirring and leaving to stand for 10 minutes before drinking

You should also avoid:

- taking drinks through a straw
- chewing gum
- long periods without food
- smoking
- talking or drinking when eating.

Foods and drinks that can increase the wind passed by your stoma are beans, beer, broccoli, brussel sprouts, cabbage, carbonated drinks, cauliflower, cucumber, eggs, fruit, green vegetables, mushrooms, nuts, onions, peas, spinach, sweet corn, fatty foods (pan-fried or deep-fried foods) and/or rich creamy foods. Most high output stoma patients do not suffer long term with wind problems as the food is not sitting in the gut long enough to ferment and for bacteria to produce gas.

You may reduce wind caused by fibrous foods by:

- always using low fibre alternatives such as white bread, white rice and pasta, refined cereals such as cornflakes and rice crispies
- reducing your intake of pulses (e.g. peas, beans, lentils), vegetables (e.g. cabbage, broccoli, cauliflower, sprouts, onions, leeks, asparagus), fruits, especially skins, pith, hard or dried fruit, nuts and seeds
- peppermint water, peppermint tea or capsules may assist in reducing wind and may alleviate pain associated with wind.

I sometimes experience a more liquid output. Which foods may cause this?

Certain foods may make your stoma output more liquid especially if eaten in large quantities e.g. fibrous foods (wholemeal bread, wholegrain cereals, pulses, leafy green vegetables, raw vegetables, sweet corn, fruits and nuts), spicy foods, alcohol,

drinks containing caffeine (e.g. coffee, tea, cola), fruit juices and fried foods. If you eat any of these foods in large quantities, you may wish to try reducing the quantity that you eat to see if this thickens your stoma output.

What should I do if my output increases?

An increased output can be a result of a variety of things, such as a stomach bug, stress, antibiotics or spicy foods. If you experience an increase in your output it is important to continue to take fluids as usual but to replace lost fluid with drinks such as St Mark's mix or Lucozade and to add salt to your diet. If you are unable to have meals, try taking salt in the form of meat extract drinks such as Oxo or Bovril and eat dry savoury crackers. If your condition persists for two days, seek medical advice from your GP, stoma nurse or dietician. They may advise you to increase your anti diarrhoeal medication. Foods that may help thicken the stool are applesauce, bananas, buttermilk, cheese, marshmallows, (boiled) milk, noodles, smooth creamy peanut butter, rice, tapioca pudding, toast and yoghurt.

I sometimes see food particles in my bag. Is this normal?

Yes, sometimes food will pass through unaltered, particularly foods such as sweetcorn and some medication. Chew your food properly. Coloured drinks such as Ribena may make your output purple.

What happens if I get constipated?

Constipation does not occur in the patient with a high output stoma. If your output stops or slows down considerably you may be obstructed and should seek medical attention immediately.

My stoma output is offensive smelling. Is there anything I can do to prevent this?

Certain foods can cause more odour than others. Foods such as asparagus, baked beans, broccoli, brussels sprouts, cabbage, cauliflower, cucumber, eggs, fish, garlic, green vegetables, onions, peanut butter, some spices and strong cheeses may cause a problem for some people. You may wish to try omitting these foods to see if this reduces the problem, but remember that you can only smell the faeces when you change or empty your appliance. Vinegar added to fish dishes helps to eliminate the traditional fishy odour and also helps to get rid of fish smells when the bag is changed or emptied. Parsley is a natural odour eater. Alternately, you could try ostomy deodorant sprays and drops that can help mask or eliminate odours. Ask your stoma care nurse for advice about these.

Will my stoma increase my risk of food poisoning whilst on holiday abroad?

You are no more at risk of food poisoning than a person who does not have a stoma. However, you should follow the guidelines on food hygiene for the country you are visiting. It may be useful to take a few extra supplies with you. It is always advisable to drink bottled water whilst abroad.

SUMMARY

- People with a new stoma may find that it takes several months for the stoma to settle down, including output volume, odour and wind
- Take a varied diet for good health
- Ensure an adequate fluid intake to prevent dehydration, within any set fluid restrictions
- Develop a regular eating pattern for acceptable stoma function
- Try most foods and only avoid those that repeatedly cause unacceptable symptoms
- Follow all fluid or dietary restrictions set out by your doctors, dietitian or nutrition nurse.

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