

After Your Ileostomy

Getting ready to leave the hospital and self-care at home

This handout for ileostomy patients lists what you will need to know before you leave the hospital. It also covers self-care at home, including foods to eat and foods to avoid.

In the Hospital

While you are in the hospital after your ileostomy, your nurse will make sure you receive and understand:

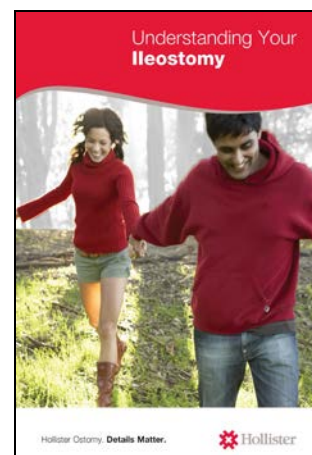
- The Hollister instruction booklet and DVD
- Instructions on fluids and salts (see pages 3 and 4 in this handout)
- Ileostomy care instructions (see pages 4 and 5 in this handout)

Before you leave the hospital, you will have:

- An appointment set with an outpatient ostomy nurse for 2 weeks after your surgery
- Pouches and wafers for 2 weeks
- Your Starter Kit
- Prescription for ostomy supplies
- Prescription for Imodium
- Daily intake/output chart (see pages 9 through 11)
- “Hat” and “urinal” to help you measure your urine and stoma output

You will also have:

- A follow-up visit with your surgeon within 1½ to 4 weeks after you leave the hospital
- A referral for home healthcare, if needed (provided by Social Work)
- Phone number to call if you have any questions or concerns:
 - Ostomy nurse: 206.598.4532, weekdays, 8 a.m. to 5 p.m.
 - Surgeon’s office: _____
 - After hours and on weekends and holidays: 206.598.6190. Ask for the General Surgery Resident on call to be paged.



Your nurse will review this booklet and other resources with you while you are in the hospital.

Self-care at Home

Drink Fluids

- It is important for you to stay well hydrated. If your fluids and salts get out of balance, you may need to stay overnight in the hospital. Read “Fluid and Salt Balance” on page 3 of this handout.
- Watch for signs of dehydration. These include thirst, weakness, feeling lightheaded, and dark urine.
- Normal ileostomy output is between 500 cc and 1,000 cc a day.



To avoid bowel problems, be sure to drink plenty of fluids. See page 7 for a list of fluids we recommend.

Avoid Bowel Problems

For 6 weeks after your surgery, to avoid bowel blockages:

- Eat foods you can tolerate slowly (see “Eating After Your Ileostomy, starting on page 6).
- Chew your food well.
- Drink plenty of fluids (see page 7).

Signs of bowel blockage include:

- Abdominal cramps
- Bloated or *distended* (swelled out) abdomen
- Ongoing nausea and vomiting
- Thin, light-colored ostomy output
- No bowel movements or gas
- Swelling of your stoma

Your ostomy output will be watery. But, if you have diarrhea, drink more Gatorade, broth, tea, or Pedialyte so that you do not get dehydrated.

Watch Your Medicines

- Avoid sustained-release or enteric-coated medicines.
- Avoid laxatives and stool softeners unless your doctor tells you to take them. They can cause severe dehydration.

When to Call Your Doctor or Ostomy Nurse

Call your doctor or nurse if you have:

- Sudden, large changes in ostomy output
- Skin problems such as sores or wounds near your stoma
- Major changes in how your stoma looks
- Leaking under the pouch system that you cannot stop

Fluid and Salt Balance

The colon (large intestine) absorbs fluids and salts from the foods we eat. When the colon is removed or bypassed, your body will not absorb the water and salt from the foods you eat. Instead, these will go into your stool. This is because your small intestine does not absorb fluids and salts well.

After your ileostomy, your small intestine will slowly start to absorb some fluids and salts. This may take several weeks or months to occur. It means you are more likely to get dehydrated while your small intestine is “learning” to absorb fluids and salts. Dehydration is more likely if you also lose fluid and salt from vomiting, having diarrhea, or sweating.

To avoid dehydration:

- **Drink at least 8 to 10 glasses (8 ounces each) of fluids each day.** If you are drinking fluids without eating food at the same time, be sure the fluid has some salt in it. Gatorade, Pedialyte, Powerade, or Powerburst are good choices.
- **Do not drink plain water by itself.** Drinking plain water can dilute the salt in your system. This can cause severe illness and even seizures.

Losing too much water, potassium, or sodium (salt) can throw your system out of balance. The table below and on the next page lists signs of imbalance and what you can do at home to help get back into balance. These “home remedies” will work best if you pay close attention to your symptoms and start using the remedies right away.

Call your surgeon’s office right away if:

- You have any of the symptoms listed below for longer than 24 hours
- Your condition does not improve after you try the home remedies

Symptoms	Home Remedies
Dehydration	
<ul style="list-style-type: none">• Strong thirst• Dry skin and mucus membranes• Less urine• Dark urine• Shortness of breath (it is hard to breathe)• Fatigue• Abdominal cramps	<ul style="list-style-type: none">• Fluids that contain salt, especially Pedialyte, Gatorade, Powerade, or Powerburst. Do not drink plain water.• Drink 8 to 10 glasses (8 ounces each) spread out over the day.

Symptoms	Home Remedies
Potassium Imbalance	
<ul style="list-style-type: none"> • Muscle weakness • Gassy, bloated feeling • Fatigue 	<ul style="list-style-type: none"> • Bananas • 8 ounces of orange juice • V-8 juice or tomato juice • Pedialyte, Gatorade, Powerade, or Powerburst
Sodium Imbalance	
<ul style="list-style-type: none"> • No appetite • Tired • Abdominal cramps 	<ul style="list-style-type: none"> • 8 ounces of water with ½ teaspoon salt or ½ teaspoon baking soda • Bouillon • Pedialyte, Gatorade, Powerade, or Powerburst

Ileostomy Care

You are going home with a new ileostomy. Before you leave the hospital, an ostomy nurse will teach you how to care for your ileostomy. You will also have a follow-up visit with an ostomy nurse 2 weeks after you leave the hospital. Other members of your healthcare team will also give you important information about caring for your ostomy.

This handout repeats the teaching your healthcare team provided in the hospital. It will help you follow instructions when you are home. If you have any questions, please ask your doctor or nurse.

Before You Leave the Hospital

Before you are discharged, make sure that:

- You understand how to care for your ileostomy.
 - Practice replacing the appliance while your nurse is standing nearby. Doing it yourself with your nurse watching will help you learn some ways of to get the pouch on right and to keep it on.
 - Have your family member or caregiver practice, too.
- Your nurse has reviewed with you:
 - This handout
 - The Hollister Ileostomy Education packet and instruction DVD
 - How and when to make your follow-up appointment with your surgeon
 - How and when to make your follow-up appointment with your outpatient ostomy nurse

- Your nurse has given you:
 - Prescriptions for your ostomy supplies
 - If you choose, we can fax these prescriptions to a medical supply company of your choice.
 - Prescription for Imodium
 - Prescriptions for your other discharge medicines
 - A chart to record your fluid intake and output at home
 - A “hat” and “urinal” to help you measure your urine and stoma output

At Home: Monitor Your Fluid Intake and Output

Measure your fluid intake and output until your first follow-up visit with your ostomy nurse, 2 weeks after your surgery. To do this:

- Collect and measure the drainage in your ileostomy pouch. Use your “hat” or “urinal” the way you learned in the hospital.
- If your ileostomy output changes a lot (see “Call your surgeon’s office if” below), then also start measuring your urine output.
- Record these amounts on your “Intake and Output Chart” (see pages 9 through 11).

Call your surgeon’s office if:

- Your ileostomy output is less than 500 cc in 24 hours
- Your ileostomy output is more than 1,200 cc in 24 hours
- Your urine output is less than 700 cc in 24 hours

Also watch for severe fatigue or weakness, which could be a sign of dehydration.

Your Follow-up Visits

When you come to the clinic for your follow-up visits:

- Write down any questions or concerns you have and bring these with you. Be sure to ask your nurse your questions and write down the answers so you remember them later.
- Bring a clean stoma bag and skin appliance with you. We will need fresh ones to put on after we inspect your stoma.
- Bring your intake and output charts.

Eating After Your Ileostomy

Everyone's tolerance for foods is different. When you first start eating solid foods after your ileostomy:

- Avoid foods that are high in fiber, such as whole grains, dried beans, and most raw vegetables and fruits.
- If certain foods make you feel unwell, stop eating them and try them again in 2 or 3 weeks. It may take some trial and error to find foods that work best for you.
- Avoid any foods that cause odor, gas, diarrhea, or blockages.

Recommended Foods

Food Group	Recommended	Notes
Dairy and Milk Substitutes	<ul style="list-style-type: none"> • Skim or low-fat milk • Powdered milk • Buttermilk • Soy milk • Yogurt • Cheese • Low-fat ice cream or sherbet 	If you feel unwell after drinking milk or eating dairy foods, try lactose-free products.
Meat and Other Protein Foods	<ul style="list-style-type: none"> • Meats and poultry prepared without added fat • Smooth nut butters • Fish • Eggs 	When trying nuts, fish, and eggs, start with small amounts. These foods may cause odors.
Grains	<ul style="list-style-type: none"> • Bread, bagels, rolls, pasta, crackers, and cereal made with white or refined flour • White rice 	When you first start eating solid foods, avoid whole grains because they are high in fiber.
Vegetables	<ul style="list-style-type: none"> • Well-cooked vegetables without seeds • Lettuce • Strained vegetable juice 	Some vegetables may cause gas, blockages, or odors. See a list of these vegetables at the top of page 8.

Food Group	Recommended	Notes
Fruits	<ul style="list-style-type: none"> • Pulp-free fruit juices (avoid prune juice) • Ripe banana • Avocado • Orange or grapefruit without the membrane • Soft melons (honeydew or watermelon) • Peeled or cooked apple • Canned fruits (avoid pineapple) 	Some fruits may cause blockages. See Fruits listed under “Foods to Avoid” below.
Fats	Any	Start with very small amounts. Fats may cause symptoms or discomfort.
Beverages	<ul style="list-style-type: none"> • Decaffeinated coffee or tea • Noncarbonated beverages • Rehydration beverages 	Avoid plain water.

Foods to Avoid

Food Group	May Cause Odor or Gas	May Cause Blockages	May Cause Diarrhea
Dairy			<ul style="list-style-type: none"> • Dairy foods that contain lactose (try lactose-free products)
Meats and Other Protein Foods	<ul style="list-style-type: none"> • Eggs • Fish • Dried beans and peas • Peanuts 	<ul style="list-style-type: none"> • Nuts 	<ul style="list-style-type: none"> • Fried meats, fish, and poultry
Fruits		<ul style="list-style-type: none"> • Coconut • Dried fruits • Unpeeled apples • Grapes 	<ul style="list-style-type: none"> • Grape juice • Prune juice

Food Group	May Cause Odor or Gas	May Cause Blockages	May Cause Diarrhea
Vegetables	<ul style="list-style-type: none"> • Asparagus • Broccoli • Brussels sprouts • Cabbage • Cauliflower • Corn • Garlic • Onions, leeks 	<ul style="list-style-type: none"> • Corn • Raw cabbage, coleslaw • Celery 	
Beverages	<ul style="list-style-type: none"> • Beer, other alcoholic beverages • Carbonated drinks 		
Other			<ul style="list-style-type: none"> • Spicy foods • High-fat foods • Foods with added sugar

Foods to Avoid if You Are At Risk for Kidney Stones

If your healthcare provider has told you that you are at risk for kidney stones, avoid these foods that are high in oxalate:

Food Group	Foods High in Oxalate
Grains	Wheat bran, wheat germ, whole wheat flour
Meats and Other Protein Foods	Beans, tofu, nuts
Vegetables	Beets, dark leafy greens, sweet potato
Beverages	Beer, cocoa, instant tea, instant coffee
Other	Carob, chocolate

