

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:

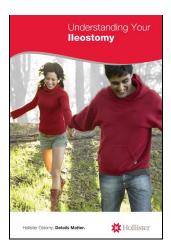
- The Hollister instruction booklet and DVD
- Instructions on fluids and salts (see pages 3 and 4 in this handout)
- Ileostomy care instructions (see pages 5 and 6 in this handout)
- Eating after your ileostomy (see pages 6 to 11 in this handout)

Before you leave the hospital, you will have:

- An appointment set with an outpatient ostomy nurse for 1 week after your surgery
- Pouches and wafers for 3 pouching system changes
- Prescription for ostomy supplies
- Daily intake/output chart (see pages 11 to 13)
- "Hat" and "urinal" to help you measure your urine and stoma output
- Pain management plan detailing pain control options

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 numbers to call with questions or concerns:
 - **Ostomy nurse:** Call 206.598.4532 weekdays from 8 a.m. to 5 p.m.
 - Seattle Cancer Care Alliance: Call SCCA 206.606.7780 weekdays from 8 a.m. to 5 p.m.



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

- **Dietitian:** Call 206.598.4151 weekdays from 8 a.m. to 4 p.m.
- **UWMC Surgery Clinic:** Call 206.598.4477 weekdays from 8 a.m. to 4:30 p.m.
- After hours and on weekends and holidays: Call
 206.598.6190. Ask to page the General Surgery Resident on call.

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 1,200 cc a day.

Avoid Bowel Problems

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

- Slowly start eating foods you can tolerate (see "Eating After Your Ileostomy," starting on page 6).
- Chew your food well.
- Drink plenty of fluids (see page 3).

Signs of bowel blockage include:

- Belly cramps
- Bloated or *distended* (swollen) belly
- 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 a rehydration solution (see recipes on page 4). This will help you stay hydrated. It is best to eat a cracker or pretzel when drinking fluids.

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.



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

When to Call

Call your healthcare provider or ostomy nurse if you have:

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

Fluid and Salt Balance

The colon (large intestine) normally absorbs fluids and salts from the foods we eat. Usually, your small intestine does not absorb fluids and salts well.

Right after your colon is removed or bypassed, your body will not absorb the water and salt from the foods you eat. For a while, water and salt will go into your stool.

But your small intestine will slowly "learn" to absorb some fluids and salts after your ileostomy. This may take weeks or months to occur.

While your small intestine is learning to absorb fluids and salts, you are more likely to get dehydrated. Dehydration is even more likely if you also lose fluid and salt from vomiting, having diarrhea, or sweating.

What Fluids to Choose

Your small intestine will not be able to absorb Gatorade, Powerade, and other prepared sports drinks. Drinking these may worsen dehydration. Instead, we advise that you drink *rehydration solution*. This type of drink has the right amount of water, sugar, and other electrolytes for your small bowel to absorb well. (See page 4 for recipes.)

Tips for Staying in Balance

Here are tips for keeping your fluids and salt in balance:

- **Drink at least 64 oz. of fluids each day.** For 1 month after your ileostomy, half of this should come from a rehydration solution. Other good fluid choices include broth, Pedialyte, and water.
- Sip water throughout the day instead of drinking large amounts at a time. Smaller amounts give your bowel the best chance of absorbing the fluid.
- Wait 30 minutes before and after meals to drink.

Losing too much water, potassium, or sodium (salt) can throw your system out of balance. The table 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 surgery clinic right away if:

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

Dehydration Symptoms	Home Remedies	
 Strong thirst Dry skin and mucus membranes Less urine Dark urine Shortness of breath (it is hard to breathe) Fatigue Belly cramps 	 Drink a rehydration solution (see recipes below). Avoid drinking only plain water. Drink 8 to 10 glasses (8 oz. each), spread out over the day. 	

Recipes for Rehydration Solutions

Each recipe makes about 1 liter of fluid. Drink 1 liter each day for 1 month after surgery.

- 2 cups of Gatorade
 2 cups water
 ½ teaspoon salt
- 3 cups water
 1 cup orange juice
 ¾ cups water
 ½ teaspoon salt
- ½ cup grape juice or cranberry juice
 3½ cups water
 ½ teaspoon salt
- 4. 1 cup apple juice
 3 cups water
 ½ teaspoon salt
- 4¼ cups (1 liter) of water
 ½ teaspoon salt
 6 level teaspoons sugar

(recipe from the World Health Organization)

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 1 week 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 DVD
 - $\hfill\square$ How and when to make your follow-up visit with your surgeon
 - □ How and when to make your follow-up visit 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.)
 - Prescriptions for your other discharge medicines
 - $\hfill\square$ A chart to record your fluid intake and output at home
 - $\hfill\square$ A "hat" and "urinal" to measure your urine and stoma output

Measuring Your Fluid Intake and Output at Home

Measure your fluid intake and output until your first follow-up visit with your ostomy nurse, 1 week 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, then also start measuring your urine output. (See "Call your surgery clinic if" below.)
- Record these amounts on your "Daily Intake and Output Chart" (see pages 11 to 13).

Call your surgery clinic 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
- You feel very tired (fatigued) or weak (these are signs 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. 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.
- Choose foods that will help thicken your output (see list on page 8).
- Eat 6 small meals a day instead of 3 large meals.
- Avoid any foods that cause diarrhea or blockages.
- You will need to take vitamin supplements while you have an ileostomy. You may not absorb all of your nutrients from your food:
 - Take 1 chewable (not gummy) complete multivitamin each day.
 - Take 500 mg liquid or chewable calcium citrate 3 times a day.
 - Choose brands that have the USP approval seal.

Foods to Try

Food Group	Try	Notes
Dairy and Milk Substitutes	 Skim or low-fat milk Powdered milk Buttermilk Soy milk Yogurt Cheese Low-fat ice cream or sherbet 	If you have bloating or gas after drinking milk or eating dairy foods, try lactose-free products.
Meat and Other Protein Foods	 Meats and poultry cooked with no added fat Smooth nut butters Fish Eggs Tofu 	When trying nuts, fish, and eggs, start with small amounts. These foods may cause odors.
Grains	 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, which are high in fiber.
Vegetables	 Well-cooked vegetables without seeds Strained vegetable juice 	Some vegetables may cause gas, blockages, or odors.
Fruits	 Pulp-free fruit juices (avoid prune juice) Ripe (all yellow) bananas Avocado Soft melons (honeydew or watermelon) Peeled or cooked apple Canned fruits (avoid pineapple) 	Some fruits may cause blockages (see page 8).
Fats	Any	Start with very small amounts. Fats may cause symptoms or discomfort.
Fluids	 Decaffeinated coffee or tea Noncarbonated drinks Rehydration drinks 	Avoid plain water.

Foods That May Cause a Blockage

These foods have tough skins and stringy fibers that can cause a blockage in your intestine.

Apples	Mushrooms
Bean sprouts	 Napa cabbage
Bok choy	Nuts
Cabbage, coleslaw	Olives
• Celery	• Peas
• Coconut	Pickles
• Corn	Pineapple
Cucumbers (unpeeled)	Popcorn
Dried fruit, such as raisins	Relishes
Fruit and vegetable skins	Sausage casing
Grapes	• Seeds
Green peppers	• Spinach
Lettuce, other greens	Whole grains
 Meats that are tough or fibrous, such as grilled steak 	

Foods That Help Thicken Output

These foods make your food move more slowly through your digestive tract. This gives your intestines more time to absorb nutrients.

Eat more of these foods if your output is watery. Eat them with each meal after surgery to add bulk to your output. It is a good idea to keep some of these foods with you when you leave your house. Keep them handy at work, in your car, or in a purse or satchel, in case your ostomy output is high while you are out.

Applesauce	Peanut butter, creamy	
• Bananas	• Potatoes, no skin	
• Barley (when it's OK to have fiber)	Pretzels	
Cheese	• Rice, white	
Marshmallows	Saltine crackers	
Noodles	Tapioca pudding	
• Oatmeal (when it's OK to have	• White bread (not high fiber)	
fiber)	• Yogurt	

Foods That May Increase Output or Cause Diarrhea

These foods do not affect all people in the same way. Try these foods in small amounts to see how they affect you. Avoid these foods right after surgery and on days when your output is high or watery.

Alcoholic drinks	High-sugar foods
Beans, baked	Legumes
• Bran	Licorice
• Broccoli	Milk and other dairy foods
Brussels sprouts	Nuts and seeds
Cabbage	• Peas
Caffeine (especially hot drinks)	Prunes
Chocolate	• Stone fruits such as apricots,
• Corn	peaches, plums
Fried foods	Spicy foods
• Fruit: fresh, canned, dried, or	• Soup
juice	 Sugar-free foods and gum
Greens, raw: turnip, other leafy	Sugar substitutes
vegetables	Tomatoes
High-fat foods	 Wheat and whole grains

Foods That May Cause Odor or Gas

These foods may cause discomfort right after surgery. Try them in very small amounts at first. Avoid them if they cause problems.

Alcohol (including beer)	Dried beans
Apples	• Eggs
Asparagus	Fatty foods
• Bananas	• Fish
• Broccoli	Grapes
Brussels sprouts	Green pepper
Cabbage	Melons
Carbonated drinks	Onions
Cauliflower	Peanuts
Cheese, some types	• Peas
• Corn	Prunes
Cucumber	Radishes
Dairy products	• Turnips

Foods That May Discolor Stool

Beets and food with red dye may turn stool red. Asparagus, spinach, and broccoli may darken stool.

Foods to Avoid

This table gives a basic list of foods that may cause problems while you have an ileostomy.

Food Group	May Cause Odor or Gas	May Cause Blockages	May Cause Diarrhea
Dairy			 Foods that contain lactose (try lactose-free products)
Meats, Other Protein Foods	 Dried beans and peas Eggs Fish Peanuts 	• Nuts	 Fried meats, fish, and poultry
Fruits		 Coconut Dried fruits Apples with skins Grapes 	Grape juicePrune juice
Vegetables	 Asparagus Broccoli Brussels sprouts Cabbage Cauliflower Corn Garlic Onions, leeks 	 Cabbage (raw), coleslaw Celery Corn 	
Drinks	 Alcohol, including beer Carbonated drinks 		
Other			 Spicy foods High-fat foods Foods with added sugar

Daily Intake and Output Chart (page 1)

Your name:

Your surgeon:_____

Record your daily intake of liquid and output of stool and urine. Call your surgeon's office if you have:

- Less than 500 cc output from your ileostomy in 24 hours
- More than 1,200 cc output from your ileostomy in 24 hours

• Less than 700 cc urine in 24 hours

Date	Time	Amount of Liquid Consumed (cc or oz.)	Stool Amount (cc)	Urine Amount (cc)

If you have ostomy or wound questions:

- Weekdays from 8 a.m. to 5 p.m.:
 - Call your ostomy nurse at 206.598.4532 or SCCA at 206.606.7780.
 - Or, call your visiting nurse or UWMC surgery clinic at 206.598.4477
- After hours and on weekends and holidays:
 - Call 206.598.6190 and ask to page the General Surgery Resident on call.

Daily Intake and Output Chart (page 2)

Date	Time	Amount of Liquid Consumed (cc or oz.)	Stool Amount (cc)	Urine Amount (cc)

Your name:

Your surgeon:

If you have ostomy or wound questions:

- Weekdays from 8 a.m. to 5 p.m.:
 - Call your ostomy nurse at 206.598.4532 or SCCA at 206.606.7780.
 - Or, call your visiting nurse or UWMC surgery clinic at 206.598.4477
- After hours and on weekends and holidays:
 - Call 206.598.6190 and ask to page the General Surgery Resident on call.

Daily Intake and Output Chart (page 3)

our name: You					
Date	Time	Amount of Liquid Consumed (cc or oz.)	Stool Amount (cc)	Urine Amount (cc)	

Your name:

Your surgeon:

Questions or Concerns?

- Weekdays:
 - Call your ostomy nurse from 8 a.m. to 5 p.m. at 206.598.4532 or SCCA at 206.606.7080.
 - Or, call your visiting nurse or surgeon's office.
- After hours and on weekends and holidays:
 - Call 206.598.6190 and ask for the General Surgery Resident on call to be paged.