During the holiday season, we make daily and sometimes hourly decisions about what will win: our palate or our waistline. For someone with an ostomy, such decisions are not limited to the holidays. They occur each time that person feels hunger pangs, has an urge for a particular taste, or sits down to a meal. We often hear people with ostomies say, “I can’t eat that” or “I’m not allowed to have that any more since my surgery.”

For years, lists of forbidden foods specific to type of ostomy surgery have been published in journals and textbooks. Patients come to the clinic with pages of dietary restrictions they have downloaded from the Internet. By adhering to these limitations, many of which may not even pertain to their particular surgery and/or medical condition, patients may restrict themselves so severely they eventually may experience nutritional deficits. Hence, healthcare professionals have an enormous role to play in educating patients about diet after ostomy surgery.

Without question, some dietary precautions such as consuming a low-fiber diet and maintaining adequate fluid intake should be observed during the immediate postoperative and early rehabilitation period. However, as the time from surgery lengthens, patients should be encouraged to gradually trial-and-error small amounts of a variety of food to determine how their newly arranged digestive system responds. The rule of thumb is that if a particular food caused gastrointestinal problems before ostomy surgery, it likely will afterwards. Clinicians must provide this advice with a caveat: many patients with inflammatory bowel disease were severely nutritionally restricted by their condition. If the disease has been eliminated by ostomy surgery, these patients may no longer have the same digestive sensitivity to certain foods they experienced preoperatively. Of course, there are always exceptions — eg, lactose intolerance or specific food allergies. Mark Twain said it best: “Part of the secret of success in life is to eat what you like and let the food fight it out inside.”

Another point to emphasize in the course of patient and family teaching is that certain foods have specific effects on the digestive system regardless of the presence of an ostomy. For example, beans increase intestinal gas; due to the high fiber content, they can cause loose stools or even diarrhea. Does this mean the patient cannot eat them? No. It simply means that the person must understand that eating beans may increase the amount of gas (and noise) and stool expelled from the fecal stoma; therefore, the pouch may need to be emptied more frequently and use of pouch and/or environmental deodorizers may need to be increased. Perhaps beans might not be the food of choice a few hours before a social outing. This is the type of practical dietary advice people with a stoma need.

Because each patient’s medical and surgical condition is unique, dietary education should be customized to the individual. Obviously, an ileostomy carries more risk of food blockage than a colostomy. Patients with an ileostomy need more indepth education about foods recognized in clinical practice to cause problems. However, one person may experience food blockage with popcorn and another has problems with peaches, so a general listing of high residue foods may be more advisable than a lengthy list of “foods to avoid.” Referral to a nutritional therapist is always appropriate.
Common sense advice such as taking time to chew food slowly, savoring flavors and textures, and being observant as to how a particular food does or does not affect the stoma is always warranted. Patients should eat a well-balanced diet and continue to adhere to prescriptive diets for other conditions such as diabetes or obesity.

Eating — ie, savoring the consistency, taste, odor, texture, and appearance of a wide variety of foods — is one of life’s pleasures. Ostomy surgery should not be a recipe for a life-long menu of repetitive foods or an unnecessary fear of specific foods that diminishes that pleasure. Once again, practical and realistic patient education plays a pivotal role.

Reference


Gwen B. Turnbull, RN, BS, author of The Ostomy Files, is an independent ostomy and wound care consultant who resides in Clearwater, Fla.