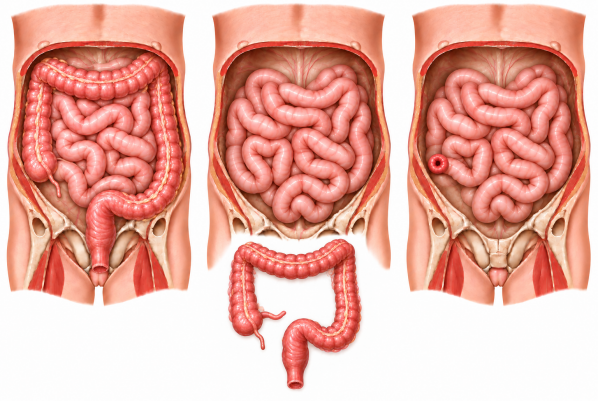
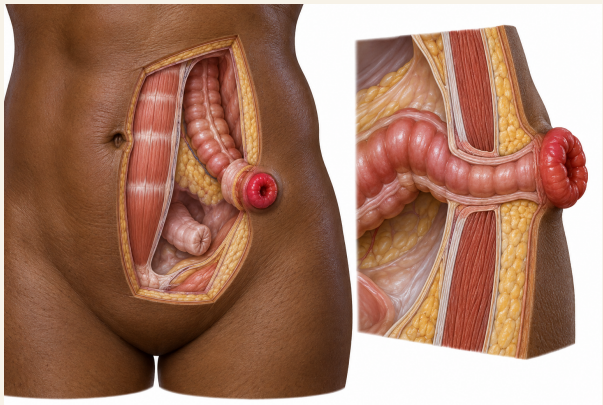
DYSLEXIC DIETITIAN

Eating with a stoma: ileostomy and colostomy

A practical guide to food, fluid, stoma output and common concerns after surgery.

The main thing to remember

Most people can return to a varied diet, but recovery and tolerance are individual. Ileostomy and colostomy advice is not identical: the type of stoma, amount of bowel remaining and current output all matter.

ILEOSTOMY	COLOSTOMY
	

DD Medical Atlas illustrations. The exact stoma position and bowel remaining differ between operations.

01 Understanding the difference

Ileostomy and colostomy are not the same

An ileostomy is formed from the end of the small intestine. A colostomy is formed from the large intestine. Both allow bowel contents to leave through a stoma into a pouch, but output and dietary priorities can differ.

	Ileostomy	Colostomy
Made from	The small intestine (ileum)	The large intestine (colon)
Usual output	Liquid to porridge-like and usually more continuous	Often thicker and may be less frequent, depending on the remaining colon
Water and salt	Less colon is available to recover water and salt, so dehydration risk is higher	More water and salt absorption usually remains
Diet focus	Hydration, salt balance, output and blockage awareness	Balanced diet, adequate fluid and individual management of constipation, wind or loose output

Ileostomy

Output commonly contains more water and salt. Pay particular attention to hydration, changing output and symptoms of obstruction.

Colostomy

Most digestion and nutrient absorption occur before the colon. Many people can eat normally once recovered, adjusting only for individual symptoms.

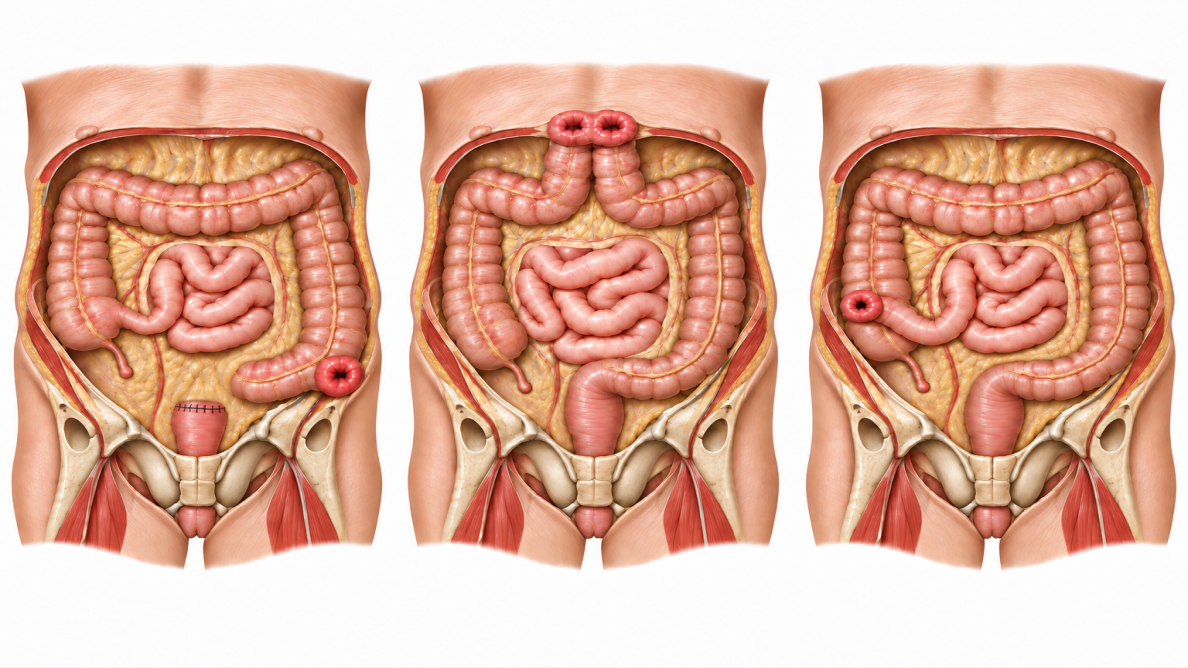
Your own surgical plan comes first

A loop or end stoma, recent surgery, bowel disease, short bowel, kidney or heart problems and prescribed medicines may change the advice. Follow your surgeon, stoma nurse and dietitian's individual plan.

Let the bowel adapt

Your team will tell you when to start drinking and eating. Appetite, output and tolerance can change for several weeks while the bowel recovers.

- Eat small, regular meals and snacks rather than one or two large meals.
- Eat slowly, sit upright and chew food thoroughly.
- Introduce foods one at a time and in small portions so tolerance is easier to judge.
- Choose softer, lower-fibre foods initially if your clinical team has advised this, especially after an ileostomy.
- Remove tough skins, pips and stalks and cook foods well during the early recovery period if advised.
- Include protein-rich foods to support healing and use nourishing snacks or drinks if appetite is poor.
- Keep eating and drinking regularly even if the routine is different from before surgery.



DD Medical Atlas overview of end, loop and double-barrel stoma configurations. Your surgical team can explain which operation you have had.

Fibre is usually reintroduced

A temporary lower-fibre approach does not mean fibre must be avoided forever. Reintroduce foods gradually as advised, recording repeated symptoms rather than excluding many foods after one experience.

03 Eating well after recovery

Build variety around what you tolerate

There is no single 'stoma diet'. Once recovered, the aim is usually a varied, balanced pattern with enough energy, protein and fluid. Food effects are individual.

A useful meal pattern

- Include starchy food such as bread, rice, pasta, potato or cereal at meals.
- Include protein such as eggs, fish, meat, dairy foods, tofu or tolerated pulses.
- Reintroduce fruit, vegetables and higher-fibre foods gradually, adapting texture and portion size.
- Use full-fat foods, extra snacks and food fortification if appetite or weight is low.
- Try a suspected trigger again later unless your clinical team has told you to avoid it.

Foods that may thicken output

White rice, pasta, bread, potato without skin, oats or porridge, banana, smooth peanut butter and cheese may help some people.

Foods that may loosen output

Large amounts of fruit, fruit juice, raw vegetables, very spicy or fatty foods, alcohol, caffeine and some sweeteners may increase output for some people.

Wind and odour

Beans, pulses, onions, garlic, cabbage-family vegetables, beer and fizzy drinks may increase wind. Eggs, fish, onions, garlic and some vegetables may change odour. Do not exclude nutritious foods routinely: test modest portions and use a diary if a problem repeats.

A change in output is not always food-related

Infection, medicines, bowel disease, stress and changes in anatomy can also affect output. Persistent or sudden changes need clinical review rather than increasingly restrictive diets.

Ileostomy needs closer attention

The colon normally absorbs water and salt. With an ileostomy, more can be lost in the stoma output, particularly when output is high or watery.

Possible dehydration signs

- Dry mouth or strong thirst
- Dark or reduced urine
- Dizziness, headache or unusual tiredness
- Muscle cramps
- A large increase in watery stoma output

Colostomy

Drink regularly and aim for adequate fluid unless another condition requires restriction. Constipation can be worsened by insufficient fluid.

Ileostomy

Your required fluid and salt intake depends on output and medical history. Plain water alone may not replace losses during high output.

Oral rehydration solutions

A stoma nurse, doctor or dietitian may recommend a specific oral rehydration solution for high output or dehydration risk. Do not improvise concentrated mixtures or use them routinely without individual advice.

Seek advice for persistently high or watery output

Contact your stoma team promptly if output rises substantially, you cannot keep up with losses, urine falls, or dehydration symptoms develop. Medicines and fluid advice may need adjustment.

05 Common problems

Respond to the pattern, not one food

Possible obstruction

An ileostomy can be vulnerable to blockage from poorly digested fibrous food, adhesions or narrowing. Warning signs include output slowing or stopping, cramping, abdominal or stoma swelling, nausea or vomiting.

> **Do not treat a suspected obstruction with extra fibre**
>
> Contact your stoma nurse or urgent care service for advice. Severe pain, repeated vomiting, marked swelling, fever or feeling very unwell requires urgent assessment.

Reduce blockage risk

- Chew thoroughly and eat slowly.
- Introduce tougher fibrous foods in small amounts.
- Take particular care with skins, pips, nuts, popcorn, celery, mushrooms, sweetcorn, coconut and dried fruit.
- Keep hydrated according to your individual plan.
- Do not permanently exclude foods solely because they appear on a generic list.

Constipation with a colostomy

Fluids, regular meals, movement and gradual fibre may help, but a sudden change, pain, vomiting or no output requires advice. Do not use laxatives unless your clinical team says they are appropriate.

Loose output or diarrhoea

Continue replacing fluids and monitor urine and general wellbeing. Seek advice if loose output persists, is much greater than usual, follows illness or antibiotics, or is accompanied by bleeding, pain, fever or dehydration.

06 Food and stoma diary

Find your own pattern

Use this for a few days when introducing foods or investigating a repeated symptom. Record medicines, illness or unusual activity separately because these can affect output too.

Time	Food and drink	Stoma output / symptoms	What I noticed

Review the pattern

Look for a response that happens more than once. Discuss repeated symptoms, unnecessary exclusions or weight loss with your stoma nurse or dietitian.

07 When to seek help

Know your normal and act on change

Your stoma team can advise about output, appliances, hydration, food tolerance and return to normal eating. Ask for dietetic input if weight, intake or restrictions are becoming a concern.

Seek urgent clinical advice

Get urgent help for output stopping with cramps, nausea, vomiting or swelling; severe or worsening abdominal pain; repeated vomiting; marked dehydration; heavy bleeding; a dark or black stoma; high fever; or rapid deterioration.

Reliable information

NHS: Complications of an ileostomy

www.nhs.uk/tests-and-treatments/ileostomy/complications/

UCLH: Dietary advice for patients with an ileostomy

www.uclh.nhs.uk/patients-and-visitors/patient-information-pages/dietary-advice-patients-ileostomy

Cambridge University Hospitals: Healthy eating with a colostomy

www.cuh.nhs.uk/patient-information/healthy-eating-with-a-colostomy/

Dorset County Hospital: Ileostomy dietary advice

dchft.nhs.uk/leaflets/ileostomy-dietary-advice/

Educational information only

This guide provides general information for adults. It does not replace instructions from your surgical team, stoma nurse or dietitian. Advice must be adapted to the operation, bowel remaining, stoma output and other medical conditions.

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