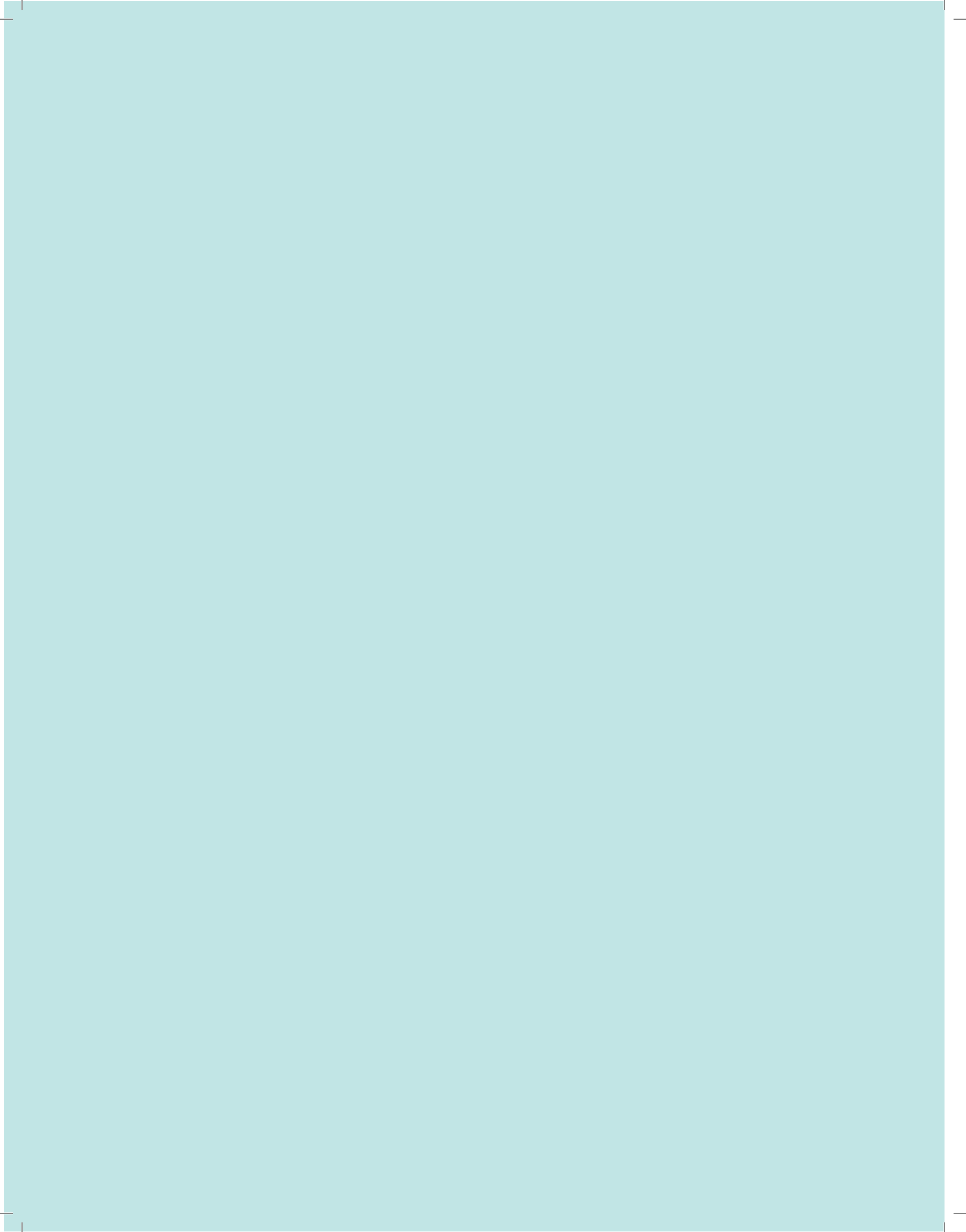


Life With an Ileostomy

Mass General Brigham Colorectal Surgery



This booklet is to help you understand and prepare for your ostomy care after your ileostomy surgery. Please read it thoroughly and review it with your family as well as your care team.

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Guidance for Contacting Stoma/Ostomy Nurses

Clinic/Location	Phone Number + Preferred Contact Method	Hours of Operation	Address
Brigham and Women's Hospital Stoma Clinic	Call 617-732-5038 to speak with a stoma nurse.	Monday through Friday, 8 a.m. – 5 p.m.	45 Francis St. Boston, MA 02115
Brigham and Women's Hospital Stoma Clinic Foxborough Location	Call 617-732-5038 to speak with a stoma nurse.	Appointments only on 1st & 3rd Tuesdays of the month, 9 a.m. – 4 p.m.	20 Patriot Pl. Foxborough, MA 02035
Massachusetts General Hospital Ostomy Clinic	Preferred method of contact with stoma nurses is directly through messaging feature on Patient Gateway . 617-726-2760 – Call with time sensitive matters to speak with a stoma nurse	Monday through Friday, 8 a.m. – 3:30 p.m.	55 Fruit St. Boston, MA 02114
Newton-Wellesley Hospital Ostomy Clinic	Call 617-219-1285 to speak with a stoma nurse.	Monday through Friday, 9 a.m. – 4:30 p.m.	2014 Washington St. Newton, MA 02462
Salem Hospital Ostomy Clinic	Call 978-354-3584 to speak with a stoma nurse.	Office Hours Monday through Friday, 7 a.m. – 3:15 p.m. Appointment Hours Tuesdays, noon – 3 p.m.	81 Highland Ave. Salem, MA 01970
Cooley Dickinson Hospital	Call your surgeon's office. No outpatient ostomy clinic.		
New Care Easthampton MA**	Call 413-475-3233 to speak with a stoma nurse.	Office Hours 8 a.m. – 5 p.m. Appointment Hours Mondays & Fridays, 8:30 a.m. – 4:30 p.m.	238 Northampton St. Easthampton, MA 01027

* **Note:** It is preferred by your care team that you attempt to see and/or speak with your regular ostomy/stoma clinic before reaching out to other clinics unless it is an emergency. In emergency situations, please reach out to the closest geographical Ostomy/Stoma clinic if within business hours.

** New Care Easthampton MA is not affiliated with Mass General Brigham; however, Cooley Dickinson Hospital does not have an outpatient ostomy clinic. Therefore, in emergency situations patients may use New Care in Easthampton.

Your Ileostomy

What is an Ileostomy?

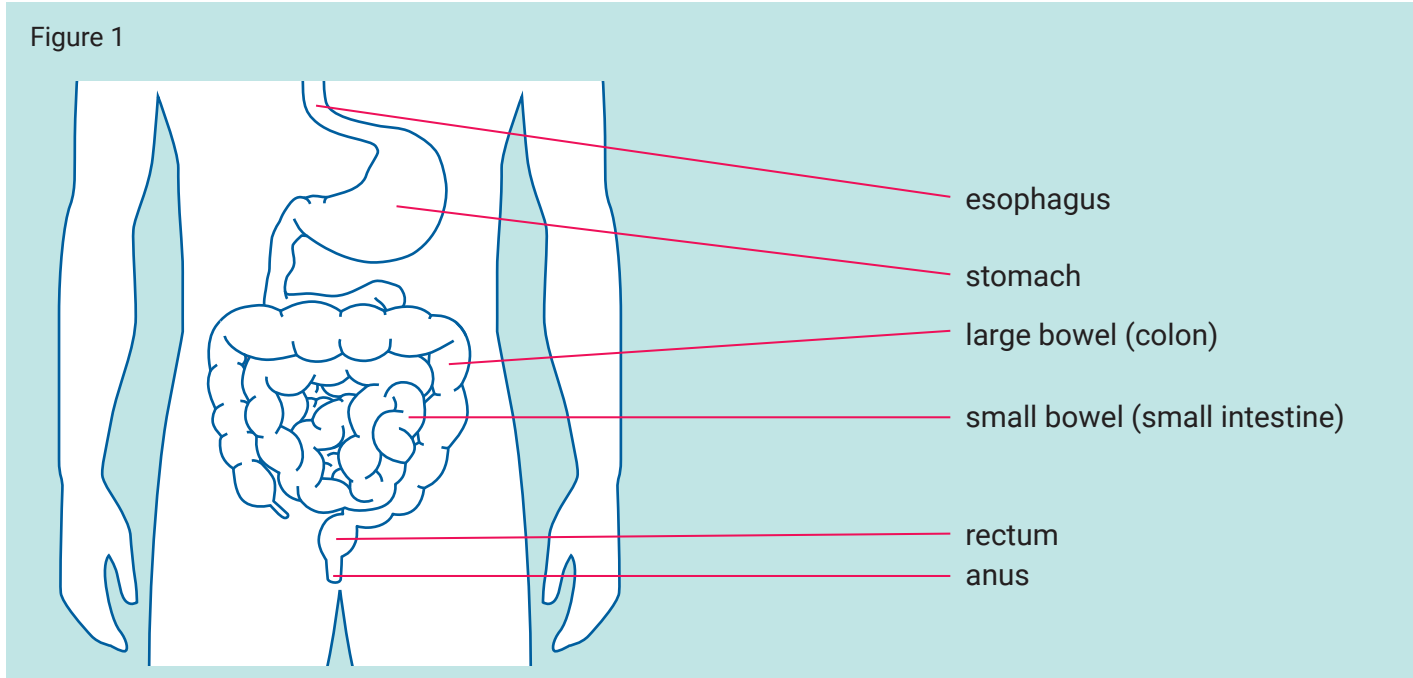
An **ileostomy** is a surgery that brings the lowest part of **small intestine (ileum)** outside the abdominal wall to create a **stoma** (see Figure 1). Digested food (waste) passes through the stoma into an external pouch. Ileostomy surgery may be required because of a problem in the ileum or a disease affecting the **large intestine**, such as colorectal cancer and diverticulitis. An ileostomy may be temporary thus allowing the digestive tract time to heal. A permanent ileostomy may be required when the large intestine is removed.

- Your **stoma** will stick out slightly (about 1 inch) from your body.
- It will look red/pink and moist.
- The stoma does not hurt because it has no nerve endings.
- The stoma will be slightly swollen for the first few weeks after your surgery.
- It takes a few weeks after your surgery for your stoma to shrink to its permanent size. **See Figure 2 for an example of a stoma that has already shrunk.**
- You may experience skin irritation from leakage as your stoma adjusts into its permanent size. This is normal.
- Your **stoma** may move in and out slightly. This natural movement is normal when your body moves stool through your small intestine.
- Just like your gums sometimes bleed when you brush your teeth, it is normal for your stoma to bleed slightly. **However, if your stool is bloody, or you have constant bleeding, you should contact your surgeon.**

Figure 2



Figure 1



What Will Be Different With My Ileostomy?

The stool coming out of your stoma is usually a liquid to pasty consistency. This happens because less water is being absorbed from your stool compared to when your **large intestine** was passing your stool. The looks and frequency of your stool will depend on your food and fluid intake. Some medications and treatments that are prescribed by your doctor can also change the looks and frequency of your stool.

You will need to follow some changes in your diet with your ileostomy. Certain foods will be difficult to digest and should be avoided. **Most important is drinking 8-10 cups of liquid per day.** *This information is explained in further detail on page 17.*

Your Pouch and Your Pouching System

Since stomas have no muscles, you will not be able to control your bowel movement. You will need to wear a **pouch** to collect the stool. Ileostomy **pouches** come in different styles and sizes. The type of **pouch** you need can change as your stoma heals after surgery. Your **Wound, Ostomy, Continence Nurse (WOC Nurse)**, also called an ostomy or stoma nurse, will help you choose the best pouch for you.

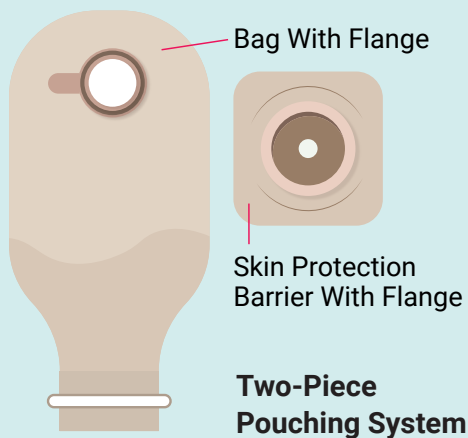
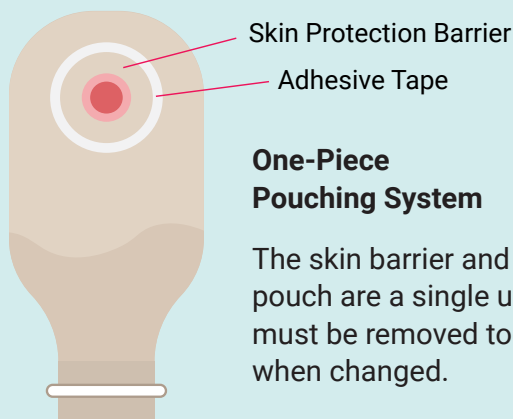
Pouches are lightweight and may not be seen under your clothing. Even though all pouches are odor-proof, you may want to choose a pouch that comes with a charcoal filter to decrease any gas smell. Separate venting devices are also available to purchase, and they stick directly on the pouch.

Along with wearing a **pouch**, most stomas require the use of a **pouching system**. The purpose of the pouching system is to keep the skin around your stoma healthy, provide a safe seal, and allow you to keep doing your daily activities. Your ostomy pouching systems consist of 2 main parts:

Part 1: The **skin barrier** (or **wafer**) fits around your stoma.

Part 2: Your pouch collects output from your stoma.

Types of Pouching Systems



How Will an Ileostomy Change My Life?

Adjusting to an ileostomy takes time and patience. Some patients find the advice and support of other ileostomy patients helpful. This can be accessed through technology (for example, YouTube videos).

Once you heal from surgery, you will be able to:

- Return to your normal activities
- Wear regular clothes
- Shower, bathe, and swim normally

Ostomy Care Skills

Emptying Your Pouch

You should empty your pouch when it is **about 1/3 to 1/2 full, if gas is in the pouch, or if you feel any weight from the pouch**. Leaks are more likely to happen when you keep it fuller. It can also be more difficult to empty your pouch when it is fuller.

Steps to Empty Pouch:

1. Sit far back on the toilet and place the end of your pouch between your legs.
 - **Optional:** You could also stand and lean over the toilet when emptying the pouch *or* straddle the toilet backwards, so you are facing the toilet tank/flush handle.
 - To **prevent splashing** on you, put tissue paper into the toilet.
2. Hold the end of your pouch and lift upward before taking off the clamp or opening the Velcro closure.
3. Open the bag by slowly unrolling the opening and point it into the toilet.
4. Squeeze the opening shut with toilet paper and guide your pouch to toilet.
5. Drop the toilet paper allowing for contents to drain into the toilet.
6. Drain and observe the contents.
 - If your stool is too thick, discuss a lubricating deodorant with your stoma nurse*.
7. Wipe the end of your pouch with a tissue.
 - Be sure to get all the stool off the end of your pouch so you will not have odor.
8. Place the clamp onto the pouch or close the integrated closure.

Note: It is **not** necessary to rinse the pouch after emptying. Once the pouch is closed, it is odor-proof again.

Cooley Dickinson Hospital Patients: Reach out to your surgeon's office to discuss lubricating deodorant.

Pouch Care

- The length of time a pouch is worn depends on your body, activity level, stool passing, and type of pouch used.
- The best time to change your pouch is when the ostomy is not active and draining (i.e., in the morning before you have had anything to eat or drink).
- Change your pouching system 2 times per week and more as needed.
- During the first 6 to 8 weeks after surgery, you will need to remeasure your stoma once a week (since the stoma will decrease in size after the operation). Follow the "How to Measure Your Stoma Size to Customize Your Barrier / Wafer" instructions (located on page 9).
- After 8 weeks, measure your stoma at least once a month to make sure you have a secure fit. This prevents stool from irritating your skin.
- Allow for 20 minutes to change your pouch at the beginning. As time passes and you get more comfortable with the process, it will take less time.



How to Change Your Pouching System

Before you start to remove your pouching system

Supplies You Will Need Within Reach:

- | | | |
|---|--|--|
| <input type="checkbox"/> Soft Paper Towels or Washcloth | <input type="checkbox"/> Warm Water | <input type="checkbox"/> Accessory Products (barrier ring, paste – if recommended) |
| <input type="checkbox"/> Measuring Guide | <input type="checkbox"/> Garbage Bag | <input type="checkbox"/> Pouch Lubricant/Deodorant (if recommended) |
| <input type="checkbox"/> Scissors | <input type="checkbox"/> Marking Pen | |
| | <input type="checkbox"/> New Pouch/Barrier | |

1. You can sit or stand while changing your pouch. If you wear a drainable pouch, remove the pouch clamp, or unfasten the integrated closure to drain the contents into the toilet before taking off the pouch.
2. Place your used pouch into the garbage.
 - Do not flush the pouch in the toilet – this could cause a blocked toilet.
3. Gently remove the old barrier on your skin, working slowly from top to bottom. Push down on your skin as you lift off the barrier. Never rip or tear off the barrier, since your skin could become red or sore.
 - Adhesive remover spray or wipes may be used to gently release adhesive.
4. Gently wash around your stoma with warm water.



An example of how to measure your stoma and how to use the guide to cut your barrier/wafer to custom fit your stoma.

Pat dry. Some soaps, lotions, and creams tend to leave a film that may cause the skin to become red and sore, or the barrier may not adhere as well.

- Do not be alarmed if you see some bleeding on the stoma – this is normal. (It is like how your gums bleed when brushing or flossing your teeth).
5. Check your skin around the stoma for any redness or sore spots.
 6. Examine the back of the pouch barrier for signs of leakage.
 7. If you see a rash, have skin problems, or leakage follow the “Pouch Care with Irritated Skin” instructions (*located on pages 13-14*).
 8. Use your measuring guide to measure your stoma and cut or mold the skin barrier to fit the size/shape of your stoma. If your stoma is not round, your stoma nurse* can help you make a custom template.
 9. Apply the new barrier and pouch. Make sure the pouching system is secure around your stoma. Try to avoid wrinkles. If your stoma becomes active during the pouch change, wipe the stool with a tissue. Be sure your skin is clean and dry before putting on the barrier and pouch. (Tip: Warm the barrier between your hands for one to two minutes, causing the barrier to warm up to your skin. This will make the barrier last longer).
 - If your skin is **not** completely clean and dry before applying your barrier, you will need to throw that barrier away and start at Step 3 or Step 4. Start at Step 3 if your barrier was partially stuck. Start at Step 4 if the barrier did not stick at all.
 10. Secure pouch closure, making sure clamp or integrated closure is securely fastened.

Cooley Dickinson Hospital Patients: Reach out to your surgeon’s office for help making a custom template.

How to Measure Your Stoma Size to Customize Your Barrier/Wafer

Use round and oval stoma measuring guides to help ensure a good skin barrier fit and help prevent peristomal skin complications (*Figure 3*).

A measure guide being used to measure the size of a stoma

A good fit is when the skin barrier opening fits where the skin and stoma meet, and you have filled in any gaps, creases, or folds. **If your stoma has changed sizes, you will want to let your care team know so that the correct pre-size barrier/wafer is ordered for you.**

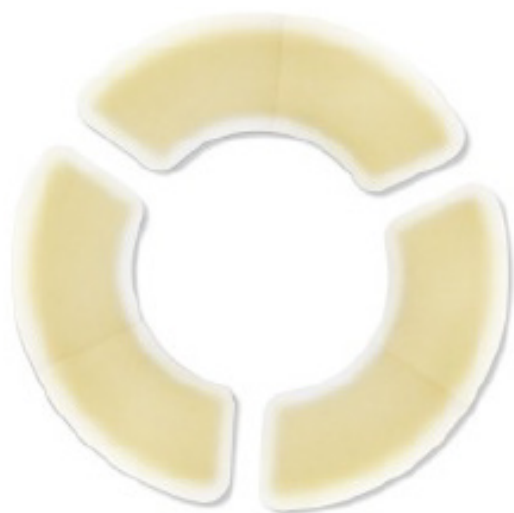


Home Care

Activity

When your care team says it is appropriate, you may resume your normal activities. Other than extremely rough contact sports like rugby, wrestling, or very heavy lifting, you should be able to enjoy the same type of physical activities you did before your surgery. If you have questions, speak with your care team.

Note: Heat and moisture can reduce the time your pouching system will stick to your skin. During warm months, and after activity, monitor how your skin barrier performs. You may need to change your pouch more often if you wear it swimming, in a hot tub or sauna.



An example of barrier extenders (Hollister Inc.)

Activity Tips:

- Heavy lifting may cause a hernia near your stoma site. Do not lift anything heavier than 10 pounds or a gallon of milk for the first 2 to 6 weeks after your surgery.
 - » Consider an **abdominal binder**, also called an Ostomy Support Belt to avoid hernias. Only use it if it is recommended by your surgeon. (See page 12 for information on how to order.)
- Empty your pouch before swimming.
- You may add tape or **barrier extenders** to the edges of your skin barrier before swimming.
 - » This is not required, but it can add an extra layer of protection from leaks. (See page 12 for information on how to order.)

Intimacy and Sexual Activity

It can be a bit uncomfortable at first to become sexually active again. Reach out to your **stoma nurse*** to discuss your pouching options and apparel for intimate times. You will need to talk to your surgeon about when you can resume sexual activity, and if you have any restrictions.

Ostomy.org/intimacy-after-ostomy-surgery/ is a website that you can visit online to read more on exploring intimacy after your ostomy surgery.

Cooley Dickinson Hospital Patients: Reach out to your surgeon's office to discuss your pouching and apparel options for intimate times.

Personal Hygiene

- **Only use a shower for the first 4 to 6 weeks after surgery. AVOID taking a bath/soaking, using a sauna, hot tub, or going swimming** until you have been cleared by your healthcare professional.
- You can shower with your skin barrier and pouch in place.
 - **Optional:** On the days you are planning to change your pouching system, you can remove them before bathing.
 - » If you choose to shower with your pouching system off, choose a soap that is oil- and residue-free. These types of soaps will not affect the adhesion of the barrier. Removing just your pouch from a two-piece system before showering may affect the skin barrier adhesion – it is best to leave your pouch on or remove both your pouch and skin barrier.
- After showering with your pouch on, dry your pouch and barrier.

- **Optional:** You may use a blow dryer on low heat/cool to help dry the area.
- It may be best to take a shower and change your pouch before eating breakfast when your stoma is less active.

Medications

Let your doctor, pharmacist, or stoma nurse know if you see pills in your stool or pouch. To prevent this from happening, follow these simple rules when taking your medication:

- Make sure your doctors and pharmacists know you have an ileostomy.
- Do not take “time-release” or “enteric coated” tablets.
- **NEVER take laxatives.**
- Do not crush pills or open “time-release” pills until you talk to your

Tips to Maintain Healthy Peristomal Skin

- **Peristomal Skin** is the skin surrounding your stoma.
- Examine your peristomal skin **each** time you:
 - » Remove your pouch
 - » Change your barrier
- What to **always** pay attention to:
 - » Signs of leakage
 - » Red skin
 - » Broken skin
 - » Moist skin
 - » *If you experience any of the above, see pages 13-14*
- Clean your peristomal skin each time you change your barrier. It is better to use less products to clean your peristomal skin.
 - » Water is typically enough for cleaning.
 - » Soaps and cleansers are not recommended. They may prevent the skin barrier from sticking properly to your peristomal skin.
- Use the Stoma Measuring Guide to measure



your stoma to make sure the opening in the skin barrier is the size and shape of your stoma.

- » Be sure to fill any gaps, creases, or folds with ostomy accessories if needed.

Travel

Remember to pack enough supplies for your trips. Keep your supplies where you can easily get to them. If you are flying, take supplies in a “carry-on” bag in case you become separated from your checked luggage.

A TSA Disability Card can be used to alert personnel at airport to use care when screening. While this card is not required, it can make the TSA screening process easier and more private. **Please visit this link for the TSA Disability Card*:* [tsa.gov/sites/default/files/disability_notification_card_508.pdf](https://www.tsa.gov/sites/default/files/disability_notification_card_508.pdf)



Ordering Ostomy Product Supplies

If you are covered by Medicare or Medicaid, the home service will need to order supplies for you.

Once discharged from home health services or if you do not have Medicare/Medicaid, you will need to order ostomy products from a medical supply company, which are also called durable medical equipment (DME) companies. Ostomy products are not available through all pharmacies. The amount of supplies you can order will be determined by your insurance company.

Recommendations to Consider:

- It is not recommended to order more than 1 month at a time for the first 2 months after your surgery. This is because your stoma is still changing shape and size.
- Usually, 8 weeks after your surgery you will be able to order your supplies in the size you need.
- Be sure to have adequate supplies on hand by scheduling your orders or setting reminders – **emergency rooms and urgent care centers do not carry ostomy care supplies.**

Steps to Finding a Medical Supply (DME) Company (if you do not have Medicare/Medicaid):

1. Contact your healthcare insurance provider to find out more about your coverage. Ask if your insurance requires you to order your ostomy products from a specific medical supply company.
 - You may have the option to use a mail order medical supply company.
2. Connect with the medical supply company to let them know who your physician is and what products you are looking for.
 - Ask the medical supply company if you should reach out to your physician's office for a physician order or if they will do this.
3. Obtain a physician order for the products you are requesting. A physician's order is always required if you want your medical insurance to pay.
 - You can also pay out-of-pocket, without insurance, which means you will not need a physician's order.

Maximum Amount Allowed by Medicare for Selected Products:

One- or Two-Piece Drainable Pouches	20/month
Barrier Rings	Maximums vary
Lubricating Deodorant	Maximums vary
Skin Barrier Paste	4 oz/month
Stoma Powder	10 oz/6 months
Skin Protective Wipes	150/6 months
Adhesive Remover Wipes	Maximums vary
Abdominal Binder/Ostomy Support Belt	1/month

Recommended Ostomy Suppliers:

Byram Healthcare: 877-902-9726
EdgePark: 877-688-2729

Problem Solving at Home

Skin Irritation



Healthy peristomal skin should look like this



Not like this

Pouch Care with Irritated Skin

- Most skin irritations are caused by **stool on your skin, or tape and barrier damaging the top layer of your skin**. This happens when a pouch or pouching system does not fit well. This is the most common problem for new ostomy patients.

Take these steps if the skin around your stoma becomes irritated:

1. Take a shower without your pouching system.
2. After the shower, dry your skin thoroughly.

3. Apply stoma powder to open skin and dust off excess.
4. Optional: Dab the remaining stoma powder with a No Sting film barrier;
 - This helps to “seal” the powder in.
5. Apply new pouch.
6. Keep your new pouch on for only 2 days, then remove and repeat the steps above.

If your skin is still red and irritated in 2 days, call your stoma nurse.

Cooley Dickinson Hospital Patients: Reach out to your surgeon’s office directly instead of a stoma nurse.

Additional examples of irritated skin:



More Suggestions for Skin Irritation:

- Measure your stoma using the stoma measuring guide before every barrier application.
- Apply the skin barrier, making sure it fits where your skin and stoma meet.
 - » Verify that very minimal skin (1/16th of an inch) is showing between the skin barrier and the stoma (see below to identify on a ruler the 1/16 line).



From first left black line to red dot is 1/16 of an inch - for reference - picture not to scale

- Stop using stoma powder after your skin has healed.
- If an antifungal medication is recommended for treatment, make sure it is in a powder form, not a cream.
- **Change your pouch right away if drainage is leaking under your skin barrier.**
- Change your pouch on a regular schedule before it leaks.

Stoma Problems

Contact Your Stoma Nurse If You Have...

- A large amount of continuous bleeding (more than 4 tablespoons) into your pouch.
- You have no stool for 6 hours or pain at your stoma site.
- You have any problems with abdominal pain, nausea/vomiting, or severe diarrhea.

Cooley Dickinson Hospital Patients: Reach out to your surgeon's office if you are experiencing any of the above.

Other Examples of Stoma Problems to Contact Your Nurse or Surgeon:

- A cut on your stoma

- A severe change in color in your stoma from a bright red color to a dark, purplish red or black color. A change in color could mean that there is not enough blood being supplied to your stoma. It is **not** likely that this will happen after discharge from the hospital.
- Stoma getting longer with time as more of the bowel pushes itself out of the abdomen (prolapse)
- A narrowing of your stoma (stoma stricture)
- Unusual bulging around your stoma (see picture below)



Example #1 of unusual bulging around your stoma



Example #2 of unusual bulging around your stoma

Blockage

A **blockage** is undigested food blocking the bowel. This can cause cramping, pain, watery stool with a bad odor, or no stool passing. Your abdomen and/or stoma may become swollen. You may have nausea and/or vomiting. Some foods, if eaten in large amounts, can lead to blockage of an ileostomy. Blockage is most common during the first 6 weeks due to swelling in the small bowel.

To avoid blockage, chew food well and drink plenty of fluids. It may also help to **limit** the following high-fiber foods:

- Apple Skins
- Bean Sprouts
- Cabbage (including coleslaw)
- Celery
- Coconut
- Corn & Popcorn
- Dried Fruit
- Grapes & Raisins
- Grapefruit
- Meat with Casings (ex: Hotdogs, Sausage)
- Mushrooms
- Nuts
- Olives
- Oranges
- Pickles
- Pineapple
- Potato Skins
- Seeds

Follow these instructions if you develop symptoms of a blockage:

- If your stoma starts to swell, replace your pouching system. Cut the opening of your wafer a little larger than normal to accommodate the swelling.
- If there is no stool passing from your stoma, and you are not nauseated or vomiting, stop eating solid food and only drink liquids such as juices, warm broth, or tea.
- Take a warm bath (only if it is after 4 to 6 weeks) or shower to relax your abdominal muscles. A heating pad placed on a low setting may be helpful to relax your abdominal muscles.
- If possible, take a short walk or just walk slowly around your house if it is not too painful.
- Try several different body positions, such as a knee-chest position (fetal position), or lie on the side of your stoma with knees bent, as it might help move the blockage forward.

- Massage your abdominal area and the area around your stoma.
 - » Most food blockages occur just below the stoma, and this may help improve the blockage.

Important

Follow the steps below if you continue to have any of these symptoms:

- No stool passing for several hours
- Abdominal pain
- Vomiting
- Distended (swollen) abdomen or stoma
- Significant darkening of the color of the stoma
- Stop eating and drinking.
- Call your surgeon
- **If you are unable to reach your surgeon, go to the Emergency Room (ER) at once.**
- Take your pouching supplies with you to the ER as they may not have your specific products.



Nutrition

Most people with ileostomies can return to their usual diet about 4 to 6 weeks after surgery.

Nutrition Tips:

- Eat slowly and chew thoroughly.
- Aim for 5 to 6 small meals/snacks throughout the day instead of 3 big meals.
- Eat a balanced diet composed of a variety of foods from all the food groups.
- Try new foods one at a time. If the food causes one of the problems listed below, stop eating that food. You may try it again in 2 to 3 weeks.
- Increase your diet gradually beginning with soft foods such as soup, cream of wheat, rice, pasta, oatmeal, mashed potatoes, and chicken.
- Do not eat high fiber-foods until your surgeon says it is okay (about four to six weeks after surgery).
- Add high-fiber foods in small amounts.
- Eating the largest meal in the middle of the day may decrease stool output at night, so you may sleep better.

Foods to Thicken Stool

On average, people with ileostomies empty their pouches 4-6 times per day. You may find it helpful to choose foods that thicken your stool and/or foods that are low in fiber. Eat these foods especially if you have diarrhea or are emptying pouch 8-12 or more times per day.

Foods that may help to thicken stool include:

- | | |
|------------------------|---------------------------|
| • Applesauce | • Marshmallows |
| • Bagels | • Pasta |
| • Bananas | • Potatoes (without skin) |
| • Bread | • Pretzels |
| • Cheese | • Tapioca Pudding |
| • Crackers | • White Rice |
| • Creamy Peanut Butter | • Yogurt |



Gas/Odor

Much of the gas experienced by ostomy patients comes from swallowed air. Therefore, it is important to eat slowly and chew thoroughly. It is also recommended that you avoid talking while eating, drinking through straws, and drinking carbonated beverages.

Artificial sweeteners and certain ingredients, which can be found in sugar-free gums/desserts/drinks, can cause increased gas as well. You are not required to avoid these – it is only suggested if you are experiencing increased gas. Here are some common ingredients you will want to lookout for:

- | | |
|-------------|----------------------------------|
| • Mannitol | • Acesulfame |
| • Sorbitol | Potassium (also listed as Ace-K) |
| • Aspartame | • Neotame |
| • Sucralose | • Advantam |
| • Saccharin | |

Foods that cause gas and/or odor vary from person to person. Consider avoiding foods that have caused you gas/odor in the past.

Foods that may reduce odors include:

- | | |
|-------------------|-----------|
| • Buttermilk | • Parsley |
| • Cranberry Juice | • Yogurt |

Color Change

Some foods such as beets, tomatoes, tomato juice, and food dyes (colored Gatorade, for example) may change the color of your stool.

Fluids

Your **large intestine (colon)** is the part of your digestive tract where water is absorbed. Since food no longer travels through your colon, ileostomy patients are at risk of dehydration. For this reason, you need to drink a minimum of 8 cups (1 cup = 8 ounces) of fluids per day.

- Avoid fluids having carbonation, caffeine, alcohol, and high sugar content.
- Drink a variety of fluids: water, Gatorade™, tea, juice, soup, etc.

Fluids are especially important during hot weather, physical activity, and episodes of diarrhea (emptying pouch 8-12 times per day or more). Because electrolytes are lost in sweat and diarrhea, water alone will likely not be enough. A solution having carbohydrates and electrolytes is necessary to replace losses.

If you are not on a salt-restricted diet, increase sodium in your diet:

- Adding one extra teaspoon of salt will replace normal sodium losses. More may be necessary when experiencing a lot of fluid loss.
- Eating canned or packaged soups and adding sauces and condiments to foods can help increase sodium intake.



You may also need to increase potassium. This means adding foods such as bananas, cantaloupe and honeydew melon, orange juice, papayas, apricots, avocado, potatoes, and tomatoes.

Try the following suggestions and recipes to avoid dehydration, especially if you are experiencing sweating or diarrhea:

Recipe #1

- 5 cups water
- 1 cup of orange juice
- 8 teaspoons sugar
- ½ teaspoon baking soda
- ½ teaspoon salt

Recipe #2

- 1½ Gatorade G2 or Thirst Quencher
- 2½ cups water
- ¾ teaspoon salt

Recipe #3

- 1 cup grape or cranberry or apple juice
- 3 cups water
- ½ teaspoon salt

If you would like to meet with a Registered Dietitian (RD) after you leave the hospital, please contact a Mass General Brigham Nutrition Counseling Services. Make sure you call your insurance provider to see what is covered under your plan.

Brigham and Women's Hospital – Outpatient Nutrition and Wellness Service

617-732-6054

Massachusetts General Hospital – Ambulatory Nutrition Services

617-732-2779

Newton-Wellesley Hospital

617-219-1285 (ask for Dietician)

Salem Hospital

978-573-4444

Ileostomy Output Tracking Sheet

Instructions for Tracking Sheet

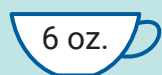
- Use this sheet for 6-8 weeks (or longer if helpful) to keep track of:
 - » How much liquid you drink
 - » How much stool you pass each day
 - » How many times you urinate
 - » The color of your urine
- Do **not** keep track of solid foods you eat. Do not keep track of partly solid foods such as yogurt or pudding.
- Write down your intake amounts in ounces. Use the pictures below to help you estimate how many ounces different containers hold. For bottled drinks, you can check the label to find the amount.
- Estimate the amount of stool from your ostomy pouch in ounces. Use the labeled picture below as a guide.
- At the end of each day, compare your stool

passing to your liquid intake. If your output is more than your input, drink enough liquid to make up the difference. Choose a low-calorie drink that has potassium. Examples: Gatorade G2™ and Powerade® Zero.

- **If your stool output is ever less than 15 oz. (or emptying ½ full pouch less than 3 times) in 24 hours, call your surgeon**
- **If your stool output is ever more than 40 oz. (or emptying ½ full pouch more than 8 times) in 24 hours, take one Imodium pill in the morning and one at night. You can also take a fiber supplement such as Metamucil (one teaspoon once in the morning and evening). Call your surgeon if your stool output continues to be more than 40 oz. daily**
- **If you urinate fewer than 5 times in 24 hours, drink more liquids. If you urinate fewer than 3 times in 24 hours, call your surgeon**
- **Call your surgeon if your urine is dark yellow in color, cloudy, or has a strong odor**

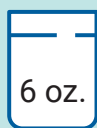
Input and Output Tracking Sheet

Estimating drinking glass contents



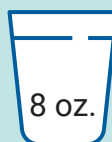
6 oz.

tea cup



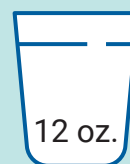
6 oz.

juice glass



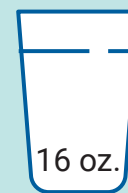
8 oz.

small glass



12 oz.

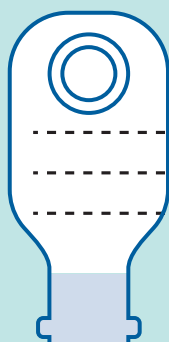
medium glass



16 oz.

large glass

Estimating ostomy pouch contents



20 oz.

15 oz.

10 oz.

Empty your pouch at 10 oz. level

[illegible]

[illegible]

Other Resources

American College of Surgeons Ostomy Home Skills Program and E-Learning Course
facs.org/adultostomy
1-800-621-4111

Coloplast
coloplast.us/ostomy/people-with-an-ostomy/
1-877-858-2656

Convatec
convatec.com/ostomy/patient-support-information/resources/patient-literature/
1-877-585-0470 (opt. 1)

Hollister
hollister.com/en/ostomycare
1-888-808-7456

United Ostomy Associations of America, Inc. (UOAA)
ostomy.org
ostomy.org/wp-content/uploads/2020/10/UOAA-New-Ostomy-Patient-Guide-2020-10.pdf
1-800-826-0826

Wound, Ostomy and Continence Nurses Society (WOCN®)
wocn.org
1-888-224-9626

Notes



Mass General Brigham