

Cancer Association of South Africa (CANSA)



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Nutritional Guidelines for Individuals Living with a Colostomy

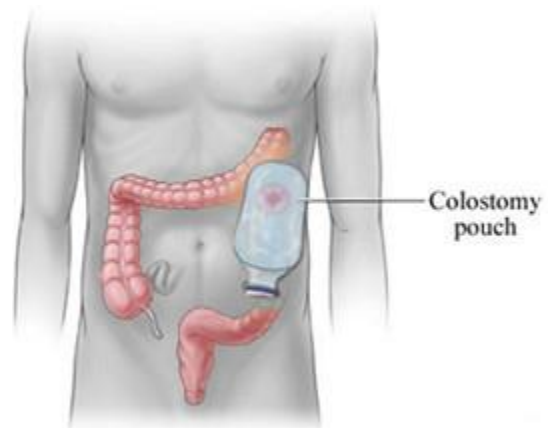
Introduction

Colostomy is a surgical procedure that brings one end of the large intestine out through an opening (stoma) made in the abdominal wall. Stools moving through the intestine drain through the stoma into a disposable pouch attached to the abdomen.

The procedure is usually done after:

- Bowel resection
- Injuries

A colostomy may be short-term or permanent.



[Picture Credit: Colostomy]

A colostomy may be done either with a large surgical cut in the abdomen or with a small camera and several small cuts (laparoscopy). The type of approach used depends on what other procedure needs to be done. The surgical cut is usually made in the middle of the abdomen. The bowel resection or repair is done as needed.

For the colostomy, one end of the healthy colon is brought out through an opening made in the abdomen wall, usually on the left side. The edges of bowel are stitched to the skin of the opening. This opening is called a stoma. A bag called a stoma appliance is placed around the opening to allow stool to drain into an attached disposable plastic pouch.

If a person has surgery on part of the large intestine, a colostomy allows the other part of the intestine to rest while the person recovers. Once the body has fully recovered from the first surgery, the patient will have another surgery to reattach the ends of the large intestine. This is usually done after about 12 weeks.

While still in the hospital after surgery, patients are educated about the care of their colostomy and given some tips for making the necessary adjustments. Living with a colostomy will require a modification of lifestyle. But with proper education and guidance, it can be manageable.

(Medline Plus; WebMD).

Nutritional and Diet Guidelines

Because each patient and type of surgery is different, no standard recommendations can be given for everyone. Most patients return to a fairly normal diet. Still, a trial and error pattern of eating is often necessary to identify those foods that may have an undesirable effect on the patient's stool. Then it is simply a matter of changing how much of these foods are eaten. Accessing advice from a registered nutritionist may sometimes be of assistance.

Making the healthiest choices possible to maintain good nutrition can help patients minimise the side effects of treatment, recover from surgery and/or maintain the best quality of life.

The following are general guidelines:

Avoid all alcoholic beverages - Alcohol is a Group 1 cancer causing agent according to the International Agency for Research on Cancer (IARC) and is best avoided.

Eat 5 to 6 small meals or snacks throughout the day - Smaller amounts of food are easier for the body to digest and absorb. It will also help to minimise nausea. Make sure that meals and snacks are balanced, nutritious and include a source of protein. Eat the largest meal earlier in the day. Avoid eating too close to bedtime. Try eating the main dinner meal at noon and a smaller meal in the evening. This helps to reduce the stool output at night.

Eat foods that contain healthy fats - Avoid fried, greasy and fatty foods. These foods are hard to digest with an altered colon. Choose baked, broiled, or grilled foods instead. Healthy fats include monounsaturated and polyunsaturated fats such as canola oil, olive oil, and nuts.

Eat as healthy as possible as allowed by the digestive system - Fruits, vegetables, lean protein, and whole grains are all nutrient dense foods. Nutrient dense foods are foods that contain protein, complex carbohydrates, healthy fat, vitamins, and minerals all needed by the body to function optimally. Consult a registered dietitian for specific recommendations based on one's level of food tolerance.

No single food will supply all the nutrients a body needs, so good nutrition means eating a variety of foods. It is important to eat foods from each group at each meal every day.

Foods are divided into five main groups:

- Fruits and vegetables (oranges, apples, bananas, carrots, and spinach)
- Whole grains, cereals, and bread (wheat, rice, oats, bran and barley)
- Dairy products (milk, cheese, and yogurt)
- Meats and meat substitutes (fish, poultry, eggs, dried beans, and nuts)
- Fats and oils (oil, butter, and margarine)

It is important to eat foods from each food group at each meal every day. Meals and snacks should include starch/grains, protein, dairy, fruits, vegetables and fats. By eating foods from each food group at each meal, an individual ensures that the body has a proper balance of all nutrients it needs to function. Eating meals and snacks at regular times is also necessary for controlling blood sugar levels.

Introduce one type of food at a time to test how it affects bowel function. If it does not produce a good result, stop eating it. However, as the body heals and adjusts, the offending

food may become easier to tolerate, so try adding it to the diet again on several occasions before giving up on it.

Eat whole grain foods when possible - Cereals, breads, brown rice, whole wheat pasta, and crackers are good whole grain choices. Whole grain foods will have “whole grain flour,” “whole wheat flour,” or “oats” as one of the first 3 ingredients. If diarrhoea is an issue, one may need to avoid whole grains due to their higher fibre content. Foods containing large amounts of fibre and bran should be avoided for 6 to 8 weeks after surgery. After that time, certain bulking agents may help firm the stool. Only certain patients need to have a firmer stool, so do not use these agents without the physician’s instructions.

A registered dietitian can provide guidelines for following a low residue diet for diarrhoea.

Eat slowly and chew food really well - Digestion begins in the mouth. Smaller food particles are much easier to digest and are less likely to cause discomfort during the digestion process. Chew foods completely to help the digestive process. Especially avoid swallowing large pieces of leafy vegetables since they can block the stoma opening on the abdominal wall.

Sit up after eating - Wait at least 1 hour before lying down. Lying down after eating encourages acid to flow back into the oesophagus leading to symptoms of heartburn. Stay in an upright position while food digests. This will keep the acid from the stomach in the stomach. It is not uncommon for cancer patients to have heartburn, gas, bloating, and belching. Ask a registered dietitian for guidance on which foods to avoid when experiencing heartburn, gas, bloating, and belching.

Be as active as possible - Exercise may help to stimulate appetite and endorphin production. Being able to eat more and having an enhanced feeling of wellbeing will make one’s treatments more bearable.

Drink sufficient fluids to avoid dehydration - Choose beverages that contain nutrients and kilojoules. A good starting point is to strive for several glasses of nutritious beverages per day. Only take small sips with meals to avoid excessive bloating, gas or feeling too full to eat. The best time to drink fluids is an hour before or after a meal. Choose beverages that contain kilojoules and nutrients such as juices, smoothies, and liquid nutrition supplements.

A registered dietitian can provide recommendations for which liquid nutrition supplement and how much is best.

Keep a journal - Record eating times, foods consumed, and any effects to track and determine which foods are best tolerated.

Be observant of changes in bowel habits - Certain substances can change the appearance of the stool. Bile that cannot be reabsorbed in the intestine can cause a yellow or green stool colour, especially when diarrhoea or rapid bowel action occurs. Beets make the stool appear red - it is not blood! Broccoli, asparagus, and spinach, can darken, even blacken, the stool.

Take medication as prescribed – it is important to take medication regularly as prescribed by the treating physician.

Things that cause excess swallowed air and then gas

- Jittery or stressed personality and excessive saliva swallowing
- Poorly fitting dentures, smoking pipes or cigarettes, chewing gum or tobacco can cause increased salivation and swallowing
- Eating fast and swallowing large chunks of food or large amounts of beverages
- Using straws or drinking from a bottle or can
- Inactivity and lying down after eating

Foods that may cause gas or odour

Asparagus	Cauliflower	Grapes
Apples	Corn	Green pepper
Bananas	Cucumber	Melon
Broccoli	Dairy products	Onions
Brussels sprouts	Dried beans/peas	Prunes
Cabbage	Eggs	Radishes
Carbonated drinks	Fatty foods	Turnips

Foods that may help relieve gas and odour

Buttermilk	Parsley	Yogurt with active cultures
Cranberry juice		

Foods that may cause blockage of stoma opening

Certain foods, if eaten in large amounts and not chewed well, may cause blockage. Use caution when eating these foods. Eat them in small amounts and be sure to chew them well.

Celery	Meat casings	Pineapple
Coleslaw	Mushrooms	Popcorn
Corn	Nuts	Salad greens
Dried fruits	Peas	Seeds

Foods that may cause loose stools

Alcoholic drinks	Coffee	Licorice
Apple juice	Dairy products	Prune juice
Baked beans	Grape juice	Spiced foods
Chocolate	Green leafy vegetables	Tomatoes

Foods that may help thicken stools

Applesauce	Bananas	Cheese
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Cream of rice
Marshmallows
Mashed potatoes

Peanut butter (creamy)
Rice
Soda crackers

Tapioca
Weak tea

Maintain a good mass (weight) - It is normal to lose some weight after being diagnosed with colon cancer and beginning on treatment. If losing more than ½ to 1Kg per week continuously, consult a registered dietitian immediately for recommendations on increasing kilojoule intake. Extra fat in the abdominal wall can make it difficult for the stoma to function properly.

If there are any specific questions regarding any of the guidelines, please contact a registered dietitian.

(Jackson Siegelbaum Gastroenterology; Medscape; The World's Healthiest Foods; WebMD; University of Otago; Cancer Treatment Centers of America; Susan Cohan Colon Cancer Foundation; Cleveland Clinic Wellness; Cancer Research UK; United Ostomy Association of America).

Medical Disclaimer

These Nutritional Guidelines are intended to provide general information only and, as such, should not be considered as a substitute for advice, medically or otherwise, covering any specific situation. Users should seek appropriate advice before taking or refraining from taking any action in reliance on any information contained in these Guidelines. So far as permissible by law, the Cancer Association of South Africa (CANSA) does not accept any liability to any person (or his/her dependants/estate/heirs) relating to the use of any information contained in these Guidelines.

Whilst CANSA has taken every precaution in compiling these Guidelines, neither it, nor any contributor(s) to these Guidelines can be held responsible for any action (or the lack thereof) taken by any person or organisation wherever they shall be based, as a result, direct or otherwise, of information contained in, or accessed through, these Guidelines.

ADDITIONAL SUPPORT

For individualised nutritional advice, consult a registered dietitian in your area by visiting:
<http://www.adsa.org.za/Public/FindARegisteredDietitian.aspx>

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Researched and Authored by Prof Michael C Herbst

[D Litt et Phil (Health Studies); D N Ed; M Art et Scien; B A Cur; Dip Occupational Health]

Approved by Ms Elize Joubert, Chief Executive Officer [BA Social Work (cum laude); MA Social Work]

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<http://www.wcrf.org/int/research-we-fund/continuous-update-project-findings-reports/colorectal-bowel-cancer>