The ileostomy & internal pouch
Support Group

# Ileostomies and eating habits

**One of the most common requests received at national office is for details of special diets for people with ileostomies – perhaps because after weeks, months or even years of diarrhoea, it is difficult to imagine normal eating habits being possible again. In fact, the experience of many thousands of IA members shows that special diets are not usually necessary once the body has settled down and re-adjusted after the operation.**

Their experience has been further borne out in a study conducted by Dr John H Cummings, Sheila Bingham and Dr Ian McNeil at the Dunn Clinical Nutrition Centre in Cambridge. This showed that people with ileostomies can and do eat a normal diet similar to that of the general population.

Do remember, though, that the output from an ileostomy will never be as firm as a normal stool; normal for an ileostomy is a toothpaste-like consistency. The output may vary from semi-continuous to four/five occasions during the day. Eating a meal triggers the digestive system into action to make room for the new meal by passing the previous one out from the ileum (into the ileostomy bag rather than into the colon, as occurred before surgery).

During the period of post-operative adjustment, many people will find that some foods and liquids – especially those with a high fibre content – may cause very liquid motions and may, therefore, need to be avoided for a time.

Obviously it is only sensible to add new foods to the diet a little cautiously in the weeks following surgery. But after that period, the majority of people will find that they can eat a full and varied menu, although some will find that certain items still cause liquid motions and flatulence. Remember that people who still have colons have the same problem – some foods may not agree with them and they also get digestive upsets and wind. We are all individuals and what upsets one person will readily be tolerated by another.

Provided that the person with an ileostomy is prepared to deal with any liquidity or flatulence (and suffers no ill-effects such as dehydration), he or she is the only person who can decide if the enjoyment of consuming the offending item outweighs the inconvenience it causes later, or if the item should be cut down or cut out of the menu.

Do not be too hasty, though! Many people with ileostomies who have experienced an upset after eating a particular food immediately vow never to try the item again. This is a great pity, because they often deprive themselves unnecessarily of something they really enjoy, whereas if they were to try small quantities again after a few weeks, they would often find no adverse reaction. Gradually, they could increase the amount, avoiding only excess.

## The human digestive system

Excesses of certain items can also cause a completely opposite reaction – a sensation of the stoma struggling to pass a semi-solid mass. Items known to be responsible are those with a high-fibre content which remain partly or completely undigested even when the colon is present.

The human digestive system cannot break down cellulose – the necessary enzyme is simply not there – so foods containing a lot of cellulose pass through anyone's intestines almost unchanged.

The effect is particularly noticeable if these foods are eaten on an empty stomach, when they will not be thoroughly mixed with other less fibrous foods.

Examples are nuts (peanuts eaten by the handful before dinner), celery and unpeeled apples (often eaten as a snack between meals). One member suggested that corn on the cob, often served as a first course (perhaps immediately after all those peanuts?) is more easily digested if the kernels are slit with a knife before eating. Chewing high-fibre foods thoroughly before swallowing will also aid digestion and help prevent flatulence.

## Read the label

Obviously, no one with an ileostomy needs to take a laxative, but some sweets (especially peppermints) and a few cakes are now sweetened with sorbitol instead of sugar, which can act as a laxative. It is, therefore, well worth reading the contents label to see just what a particular food contains. This emphasises the point that people with ileostomies should not be too hasty in eliminating a particular food from their diet.

Why give up all peppermints for life just because one or two brands have a laxative effect because of sorbitol? In other words, it may be the brand of food that causes the problem, rather than the type of food. For example, some people find coconut rather indigestible and some brands of muesli contain coconut. The problem is the coconut, not the muesli – and there are plenty of coconut-free mueslis available.

To repeat: anyone with an ileostomy needs to be careful and moderate in the early post-operative stages but should gradually return to a full, normal and balanced menu, avoiding only excesses of items known to cause unwanted reactions. After all, one of the main advantages of having an ileostomy is to be able to return to normal health and a full and active lifestyle – in contrast to the restrictions that are so often experienced during prolonged inflammatory bowel disease.



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