

## Eating Right and Avoiding Dehydration after Bowel Surgery

Your doctor has prescribed a GI soft diet to help you during your surgical recovery. This diet is soft in texture, low in fiber, and easier to digest. Unless directed differently by your dietitian or physician, follow these guidelines for the next 4-6 weeks. If you continue to have difficulty eating once you are at home, contact your dietitian or physician.

<b>Food Group</b>	<b>Foods to Avoid for 4-6 Weeks</b>
Meat and meat substitutes	Meat with casings (hot dogs, sausage, kielbasa), luncheon meats with whole spices or casings, shellfish, chunky peanut butter, nuts
Fruits	Fresh fruit (except bananas), juices with pulp, dried fruit (raisins, prunes, etc.), canned fruit cocktail, canned pineapple, frozen/thawed berries, coconut
Vegetables	Raw vegetables, cooked or raw corn and mushrooms, stewed tomatoes, popcorn, potato skins, stir-fry vegetables, sauerkraut, beans, legumes and peas
Dairy	Dairy product mixed with fresh fruit (except bananas), berries, whole spices, nuts or seeds
Grains	Breads/rolls with nuts, whole spices, poppy, bran, sesame seeds, coarse whole grains, dried fruits or berries, cereals with nuts, whole spices, bran or berries
Herbs and spices	Whole spices like peppercorns, whole cloves, anise seeds, celery seeds, rosemary, caraway seeds, and fresh herbs
Miscellaneous	Jams, jellies with seeds, carbonated beverages

After 4-6 weeks, slowly start to reintroduce the Foods to Avoid back into your diet unless your doctor has told you otherwise. Try a small portion of one of these foods each day. If it does not bother you within 24 hours, it can be added to your diet. Continue to add new foods in this way.

Some people may continue to experience food sensitivities and may need to continue to avoid certain foods. If you cannot tolerate a food, avoid that food for a few weeks before you try it again.

### Frequently Asked Questions

#### 1. What is normal stool or ostomy output?

- Stool output after bowel surgery is often increased, and diarrhea is common.

- If you have an ostomy, the output varies based on the location of the stoma in your bowel, your height and weight, and your food and beverage intake.
- Ileostomy output averages between 800 and 1200 cc per day (~1 quart = 1,000 cc). The output should be an oatmeal or applesauce consistency. It is normal to empty your ileostomy bag 6-8 times per day when it is half full.
- Jejunostomy output is often much higher volume and more watery. Patients with a jejunostomy may require intravenous (IV) nutrition support.
- Colostomy output is more like regular bowel movements and typically does not require dietary or fluid adjustments.
- There are special situations with all types of ostomies that may require dietary and/or medical interventions.
- **Measure and record your ostomy output for the first two weeks at home.**

## 2. What can I do to improve my hydration and absorption?

- Chewing is the first step in digestion, and if done well can help improve absorption. You may also have fewer problems with blockage when the food is passing through your bowel. **Chew foods to a mashed potato consistency.**
- Small amounts of food may be better digested and absorbed than large meals. **Eat 5 to 6 small meals per day and eat slowly.**
- Solid foods may not be absorbed as well if liquids are pushing them through the bowel. **Separate beverages from meal times.**
- Drinking fluids rapidly may worsen stool output. **Sip liquids throughout the day.**

## 3. Will certain foods and beverages increase my stool output?

- Yes, simple carbohydrates like table sugar, corn syrup, honey, soda, and juice increase the amount of water in the bowel, resulting in increased stool output. **Omit high-sugar foods and fluids.**
- Water is not always well-absorbed and can increase stool output. If your stool output is increased, you should drink an oral rehydration solution instead. (See FAQ #6)
- Sugar alcohols often found in diet products, sugarless gum, and some medications are not well-absorbed and can worsen diarrhea. **Avoid sugar-free items containing sorbitol, mannitol, or zylitol.**
- Alcohol and caffeine are stimulants and may increase your stool output. Caffeine is also a diuretic that may increase fluid loss in your urine and stool. **Limit or avoid alcohol and caffeine.**

## 4. What foods will help decrease my stool output?

- Complex carbohydrates such as pasta, grains, rice, potatoes, fruits, and vegetables provide bulk to stool and slow the movement of stool through the intestine, helping to decrease stool output. **Replace simple sugars with complex carbohydrates.**
- You lose sodium and other electrolytes in your stool. Eating salty meals and snacks and seasoning your foods with salt will replace some of the losses. **Increase sodium in diet if stool output is increased.**

- Foods such as bananas, tapioca, boiled white rice, baked potatoes without skin, applesauce, smooth peanut butter, and oatmeal may help thicken stool output. **Include a “thickening” food to each meal and snack.**

#### **5. I’ve lost weight. Can I use nutrition supplements to add calories and protein to my diet?**

- If you are malabsorbing, avoid high-sugar supplements such as Ensure® or Boost®. You will not absorb these well and they may increase your output.
- Try low-sugar supplements with less than 10 grams of sugar per serving, such as Carnation® Instant Breakfast Essentials™ (No Sugar Added) and Boost Glucose Control®. Protein powders such as Resource® Beneprotein® can provide additional calories and protein.
- If you do not like nutrition supplements, try snacks. For example: 5 saltine crackers with 2 ounces of cheddar cheese provide approximately 290 calories and 15 grams of protein; 4 graham cracker squares with 2 tablespoons of peanut butter provide approximately 250 calories and 9 grams of protein. Avoid high-sugar nutrition supplements.

#### **6. What is the best thing to drink if I am having high stool output?**

- Fluids that have the same amount of sodium, potassium, and glucose as your blood are best absorbed. These fluids are often called oral rehydration solutions (ORS) because they help replace what is lost in the stool.
- You can make ORS at home using the following recipe: *Mix 1 liter (4 cups) of water + 2/3 tsp of table salt + 2 tbsp of sugar + sugar-free Kool-Aid or Crystal Light (to taste) in a pitcher. Sip between meals.*
- You may choose to purchase commercial ORS products such as Pedialyte®, Rehydralyte®, or Ceralyte®.
- Gatorade G2® is a low-sugar beverage that needs additional salt added for optimal absorption (1/8 tsp salt added per 8 ounce serving).
- Do not add ice or dilute your ORS, as this may affect the absorption.
- Water is not absorbed as well as ORS and may increase your stool output, so drink plenty of ORS, but limit the quantity of water.
- Avoid high-sugar drinks, alcohol, and caffeine-containing beverages. Drink oral rehydration solution instead of other beverages.

#### **7. How much fluid should I drink each day?**

- Fluid needs are individualized and vary depending on the type of ostomy you have. You must drink enough fluid to prevent dehydration.

#### **8. How will I know if I am dehydrated?**

- Increased thirst or muscle cramps
- Weight loss of more than 2 pounds in 24 hours
- Dry mouth or cracked lips
- Low urine output or dark urine with a strong odor

- Low blood pressure
- Dizziness or weakness

Recognize the signs and symptoms associated with dehydration. If you are experiencing any of these symptoms, call your physician's office during business hours or the Nurse on Call (216.444.1234) after hours. (See FAQ # 10)

### **9. Are there fiber supplements or medications that can help to decrease my stool output?**

- The addition of soluble fiber such as Benefiber®, Metamucil®, Konsyl®, Fibercon®, or Citrucel® may help thicken your output and slow down the passage of food from the stomach into your intestine.
- Introduce fiber slowly with one serving per day and increase as tolerated to 2-3 servings per day.
- The anti-diarrheal medication Imodium® may be purchased over the counter or prescribed by your physician. Imodium® and Lomotil® (prescription only for Lomotil®) are usually the first-line medical treatment for a high output ostomy. In most cases, these medications are effective in reducing ostomy output.
- Additional medications such as codeine and opium tincture may be prescribed if stool output remains increased after starting Imodium® and Lomotil®.
- It is important to take these medications 30 minutes before your meals because they work to slow the movement of food through your digestive system. They are not as effective when taken after meals. These medications may also be taken before bedtime.
- The typical dose of Imodium® and Lomotil® is 1-2 tablets 30 minutes before meals and at bedtime, up to 8 tablets per day of each medication.
- A liquid form of Imodium® and Lomotil® is also available and may be prescribed.
- If you have cramping, abdominal pain, nausea, or vomiting, stop taking the medications and notify your physician. This may indicate an obstruction or ileus.

### **10. Whom should I contact if I am having a problem with my stoma output or a medication?**

- Contact your physician's office if your problem occurs during business hours Monday-Friday (9:00 a.m.-5:00 p.m.).
- Contact the Nurse on Call (216.444.1234) if the problem occurs on the weekend or after 5:00 p.m.

*These guidelines were developed by a panel of multidisciplinary Digestive Disease Institute clinicians, including intestinal rehabilitation physicians and dietitians, Nutrition Therapy dietitians, colorectal surgeons, enterostomal therapists, physician assistants, and nurses with expertise in caring for patients with intestinal disorders.*

Index #14666  
9/3/2010