

Colostomy Guide to Living and Eating Well



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Please note: The materials and resources presented are intended to be an educational resource and presented for general information purposes only. They are not intended to constitute medical advice or in any way replace the independent medical judgement of a trained and licensed healthcare professional with respect to any patient needs or circumstances. Each individual's situation is unique and risks, outcomes, experience, and results may vary. Talk to your healthcare professional about what may be right for you. Please refer to product 'Instructions for Use' for intended use and relevant safety information.





Introduction

According to the Ostomy Canada Society, over 135,000 Canadians live with an **ostomy**.¹ You are not alone.

Adjusting what you eat or drink following your colostomy surgery is to be expected as it will affect how you digest and absorb nutrients. Use this guide to help answer questions you may have about eating and drinking after your colostomy surgery and beyond. After healing is complete and your ostomy is functioning normally, most people can return to a regular diet but some may still require ongoing dietary adjustments.

Let's explore the digestive system, possible food choices for gut health, how to manage challenges, along with many other helpful tips about living with a **colostomy**. You will also find a handy shopping guide, a food diary template and more.

Everyone reacts differently to a variety of foods. Having a new colostomy may require you to adjust what and how much you are eating and drinking. Trust that with an openness to learn and an attitude of curiosity, meal preparation and eating can be a special time for relaxed enjoyment.

Words in **bold**, footnotes and symbols

This guide may include terms you are not familiar with, therefore words in **bold** are further defined in the glossary at the end of this document to help improve understanding. If the word in bold appears more than once in the same section, it has been highlighted the first time it appears. If you wish to dive deeper into the content provided here, you may wish to explore some of the scientific references included in the footnotes. You will also find two terms with symbols following them: **soluble fibre** ■■■ has dotted straight lines and **insoluble fibre** ≡ has solid straight lines and their definitions can be found in the glossary. Increased awareness of these terms and the food choices in these categories will be helpful for you to identify.

Your Digestive System

Stomach

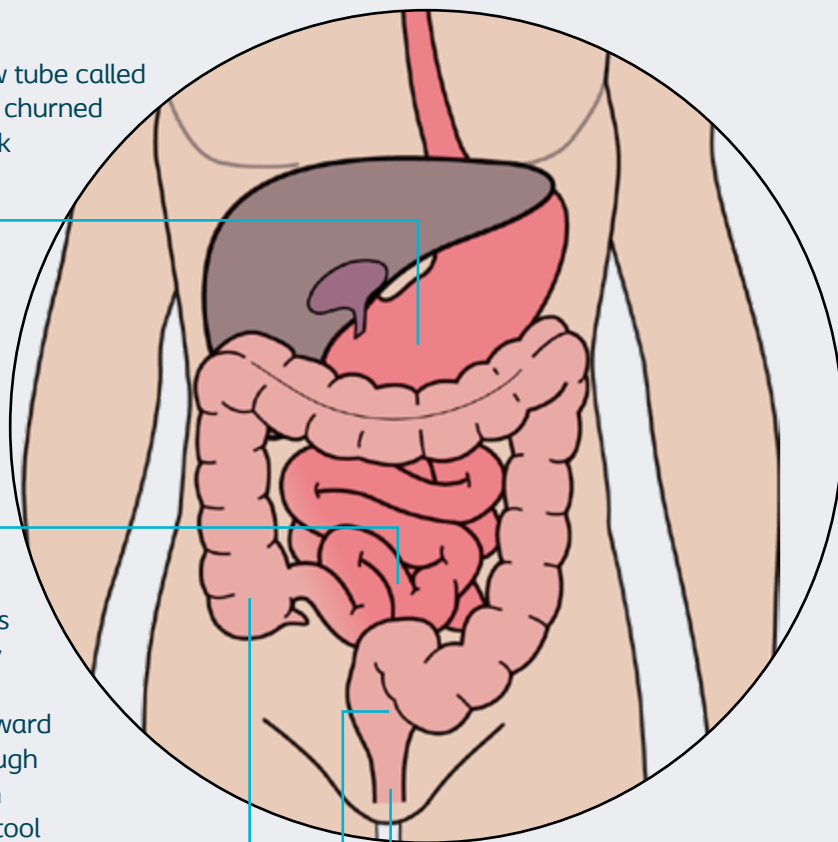
When you eat, the food travels down a long, narrow tube called the esophagus into your stomach. Here, the food is churned into smaller pieces and digestive juices help to break down the food further into a semi-liquid.

Small bowel (ileum)

The journey continues as the contents of your stomach move into the small bowel (ileum). Your body absorbs the nutrients from food that it needs for energy, growth and building new cells. When in the small bowel, the stool is more liquid.

Large bowel (colon)

When all nutrients have been absorbed, the remains move into the large bowel (colon), where your body absorbs fluid to make the waste more solid. The muscles in your colon wall then push the waste forward into your rectum. From here it exits your body through your anus as stool. This happens with the help from your sphincter muscles which stay closed to keep stool in and relax to release stool.



*For illustrative purposes only.
Experience & situation may vary.*

Anus

The external opening of your rectum.



Watch the
digestive
system
animation

Rectum

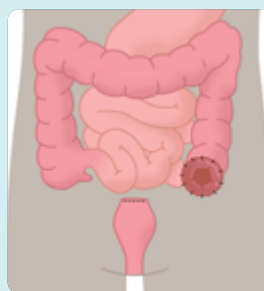
In your rectum, the stool is temporarily stored until it is ready to pass through your anus.

What is an ostomy?

An ostomy is an artificial opening on the abdomen using either the small or large intestine that allows feces or urine, either from the bowel or from the urinary tract, to pass. An ostomy may be the result of a surgical procedure to remove disease, such as cancer, Crohn's disease or diverticulitis. It can also be the result of bowel obstruction or injury to the digestive or urinary system.

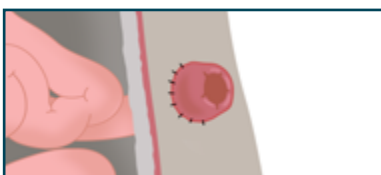
There are three main types of ostomies: **colostomy**, **ileostomy** and **urostomy**.

Colostomy



When having a colostomy performed, a part of your colon (ie. the large bowel) is brought to the surface of your abdomen to form the **stoma**. The output from a colostomy is usually formed once healed.

Watch animations on how your stoma is constructed



End stoma

Loop colostomy

Important Health Concepts

The Impact of a Healthy Microbiome

Your **gut microbiome** refers to the community of microorganisms that live together mostly in your small and large intestines. There are trillions of bacteria, fungi and other microbes that keep you healthy. That's right, not all bacteria is bad, they help your body break down food for digestion and are important for a healthy immune system to fight illness and disease. What's important when it comes to gut health is the variety of foods you eat. The higher the number of different plant-based foods you choose, the more diverse your gut bacteria is likely to be. Diverse gut bacteria has been linked to better gut and overall health, including better heart, skin and brain health.^{2, 3}

Prebiotics are essential foods that feed your good bacteria in your gut while **probiotics** are the live bacteria themselves.^{2, 3}

Prebiotics support a healthy microbiome by improving blood sugar control regulating appetite, supporting bone and skin health, and your immune system.³ Probiotics are naturally created by the process of fermentation in foods such as yogurt and sauerkraut and can also be found as a dietary supplement. They are intended to maintain or improve the 'good' bacteria (normal microflora) in the gut.^{2, 3}





Peter, Coloplast user

Low FODMAP Approach to Eating

The acronym **FODMAP** stands for fermentable, oligosaccharides, disaccharides, monosaccharides and polyols which are the groups of carbohydrates that may cause digestive upset for some people.⁴

Studies suggest a diet low in FODMAPs, a group of simple and complex carbohydrates found in a variety of foods, could also help manage symptoms of **irritable bowel syndrome** and similar gastrointestinal disorders. Please consult with your healthcare provider and/or registered dietitian if you think a low FODMAP diet may benefit you.

Did you know....?

Gas from food can be a result of your gut bacteria feasting on sugars, fiber, and prebiotics (fertilizer for your gut microbes) which produce gas. It's not your body that needs to adjust. The healthy bacteria that feed on the food and break the food down passing through your gut will usually adapt in time.^{2, 3}

Dietary Fats

Dietary fats are essential for supplying your body with energy, supporting cell growth and helping your body absorb nutrients and produce important hormones. This is increasingly important after your colostomy.

Healthy dietary fats can be broken into three main types: monounsaturated, polyunsaturated, and (in moderation) saturated.

Trans fats are artificial fatty acids and are not beneficial for your health and therefore, should be avoided or limited.⁵



A Quick Look at Fats

Name	Description	Examples
Monounsaturated fats	liquid at room temperature and hardened when chilled	oils and whole foods from: olives, avocado, peanut, and many tree nuts, almonds, pecans, hazelnuts and cashews
Polyunsaturated fats	two main types of polyunsaturated fats: omega-6 fatty acids and omega-3 fatty acids.	found in wild oily fish like: salmon, tuna, anchovies, sardines, mackerel, cod; fish oils; plant oils like safflower, sunflower, corn, canola, cottonseed; as well as nuts and seeds like: sesame, peanut, walnut flax, chia and hemp
Saturated fats	are solid at room temperature	butter and lard, red meat, poultry, yogurt, labneh, cheese
Trans Fats	are artificial fatty acids that are mainly produced in the food production process and not beneficial for health	fried foods and baked goods like cakes, doughnuts, cookies and some crackers

Medication Considerations with a Colostomy

Depending on your surgery, you may or may not be impacted in your ability to absorb medications. There may also be an increased risk of dehydration with the use of laxatives if your colostomy is located in the ascending or upper portion of your colon.

Extended release medication such as enteric coated and time-released medications, may be ineffective depending if and how much of your small intestine was removed. Oral contraceptives may or may not be an effective method of birth control and you should consult with your healthcare provider on birth control methods for you.

Watch to see if medications are coming out in your ostomy pouch.^{6, 7, 8}

Ask your healthcare provider and pharmacist if your prescribed and over-the-counter medications are right for you after your **colostomy**.

Should It Look Like That?

You may notice that foods high in pigment like beets, asparagus, food colouring, iron pills, licorice, strawberries and tomato sauces can change the colour of your output and are nothing to worry about.²⁰ If you suspect blood in your output you should contact your healthcare provider.

*Special considerations:

Your medicine may need to be in liquid or chewable form, so it can be absorbed. Always let your healthcare providers and pharmacist know you have a colostomy. If you notice pills in your stool or pouch, notify your doctor or pharmacist. Only give medications prescribed by your doctor, including vitamins or other over the counter supplements or remedies. Carry a list of medications, supplements and vitamins with you when visiting your doctor or hospital.



Food Restrictions After Surgery

Why is it Necessary?

Attention to what you eat and drink is very important right after surgery when the bowel is swollen for the first 6-8 weeks.^{9, 10} This swelling causes the opening of the ostomy to become smaller and may restrict the passage of specific foods potentially causing an **ostomy blockage**.

Typically, the swelling of the bowel takes about 6-8 weeks to go down after surgery and then most foods can be reintroduced.

The foods that causes the most concern for a food blockage during the first 6 to 8 weeks after your colostomy operation are those containing **cellulose**: the natural **insoluble fibre** ≡, or skeleton, that holds fruits, vegetables, nuts, and grains together. Humans lack the ability to break down cellulose and digest these foods in the small intestine. In the large intestine, the 'good' bacteria that normally live there can partially digest the cellulose, breaking down some of the fibres in the fruits, vegetables and seeds into smaller pieces.

Humans lack the ability to break down cellulose, however these fibres can be broken down through other means. Remember the **3C's**:

1. **Chewing** your foods well;
2. **Cutting** food into smaller pieces;
3. **Cooking** food well to soften and/or puree food in a blender.

Note that the term 'low-fibre' does not include **soluble fibre** :::: in foods. Soluble fibre foods easily dissolve in water and are broken down into a gel-like substance and are recommended.

It is possible to get adequate fibre by eating foods low in insoluble fibre and high in soluble fibre.^{11, 12} According to Canada's food guide, the daily recommendation of fibre in-take for women is 25 grams and for men the recommendation is 38 grams.¹³ For examples of foods containing **insoluble fibre** ≡ and **soluble fibre** :::: please see the food list starting on page 15.

Stay Hydrated

Your body needs water to work properly. It is vital to life. Hydration means having enough water in your body for optimal functioning. **Electrolytes**, minerals that carry an electrical charge, have a number of important roles including hydration, regulating nerve and muscle function, balancing blood acidity and pressure and helping to repair damaged tissue.

Hydration is very important for everyone and especially when you have an ostomy because part of your intestine has been removed and intestinal function is compromised. Different parts of the gastrointestinal tract perform different functions. The small intestine mainly digests and absorbs nutrients from the foods that are eaten. The large intestine mainly absorbs water and electrolytes back into the body.¹⁴ For people with a colostomy who have only had a small part of the large intestine removed, their ability to absorb water may not have been changed much.





Signs of dehydration^{16, 17}

- feeling tired
- thirst, which includes: dry mouth, dry lips, & sticky, thick saliva
- rapid weight loss of more than 2 pounds (1 kg) in one day for adults
- darker coloured urine
- decrease in amount of urine of less than 4 to 5 cups (1000 - 1250 mL) per day for adults
- reduced sweating
- reduced skin turgor
- feeling lightheaded when you stand up
- changes to mental status

Additional signs of **dehydration** for children and babies:

- increased sleepiness
- sunken fontanelles (two soft spots on the skull of a baby)
- crying with no tears

** If your child displays these symptoms, seek medical attention immediately.*

** Adults are recommended to seek medical attention if experiencing **dehydration**.*

Did you know....?

Maintain Fluid Intake

Don't reduce fluid intake to control high ostomy output. This could lead to dehydration or worsen existing dehydration. If your output is greater than 1-2 L/day, you may need a rehydration drink or medications. Speak to your healthcare professional about this.¹⁵



Renee, Coloplast user

Hydration Tips:

Liquids

Water is best

When it comes to replacing fluid in the body, water is best. Throughout the day, most adults should drink around eight 10 oz glasses (2 litres) of fluid.¹⁸ Try to carry a water bottle with you and refill it when empty.

Drinks to avoid

Avoid drinks high in sugar (juice, pop, sweetened coffee or tea and some sports drinks). The high amount of sugar in these drinks may dehydrate you. Consider limiting dairy drinks (milk, liquid yogurt) if these cause liquid output. If consumed in large amounts, caffeinated drinks (coffee, tea, pop, energy drinks) can cause an increase in urination that can lead to **dehydration**.¹⁹

Drinks to choose

Water, unsweetened coconut water, broth, decaffeinated tea or coffee and 100% fruit juice diluted with equal parts water.

Fluids with electrolytes

If you have been choosing appropriate fluids and are still at risk for high ostomy output or **dehydration**, oral rehydration solutions (ORS) are an option. ORS can prevent and manage dehydration by helping your body absorb more fluid.^{19, 20, 21} Check out page 25 for a recipe.

General fluid requirements

Pediatric Population²²
4 mL/kg/hour for the first 10 kg of body weight
+
2mL/kg/hour for the next 10 kg of body weight
+
1mL/kg/hour for each kilogram over 20 kg of body weight.

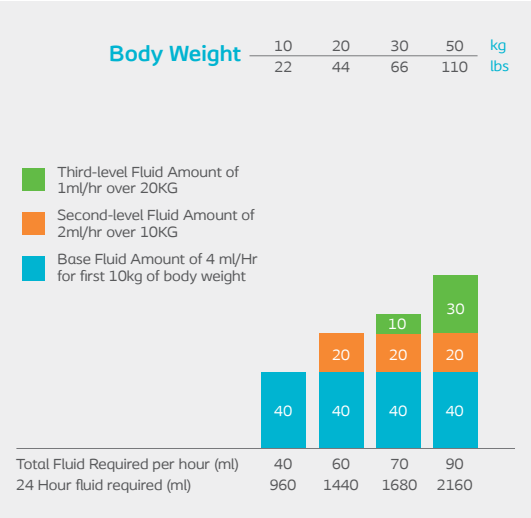
Adult – Females¹⁸

- 14-18 years: 7 cups per day (1,750 mL)
- 19 years and older, and pregnant: 9 cups per day (2,250mL)
- Breastfeeding: 12.5 cups per day (3,125 mL)

Adult – Males¹⁸

- 14-18 years: 10.5 cups per day (2,625 mL)
- 19 years and older: 12 cups per day (3,000 mL)

Here are specific examples for the Pediatric Population:



Did you know....?

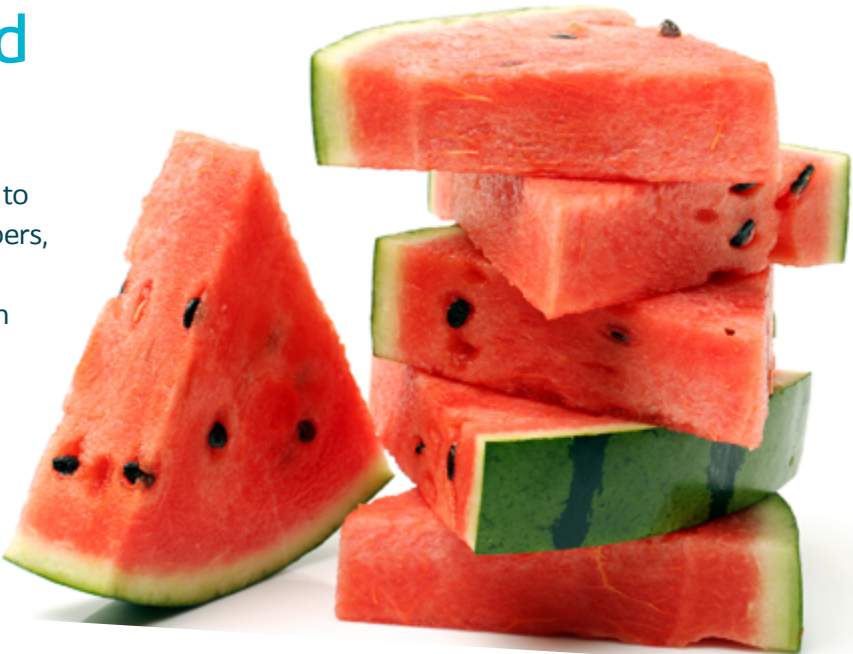
Fluid requirements depend on age, sex, physical activity, fluid losses from your ostomy, and medical conditions.

For the pediatric population a maximum of 100mL/ hour or 2,400mL/day of fluid is required to replace daily loss of fluids from sweating, urine, stool and other bodily functions.²² If you are feeling uncertain about how to apply these fluid requirement guidelines for your child or yourself, don't hesitate to consult your healthcare provider. *Be sure to consume extra fluids when exercising or sweating.

Hydration Tips: Food

Water-rich foods

Regularly include water-rich foods within meals to help with hydration like fresh tomatoes, cucumbers, oranges, watermelon, celery and mangoes. Remember to chew well, especially foods high in insoluble fibre ≡. Another benefit to increasing fluids through food choices is that it will slow down your ostomy output compared to drinking straight liquids, which can be very helpful with a high-output ostomy. Refer to [‘Food Choice ✓ List’](#) for more suggestions.




High-potassium foods and sodium

A high potassium diet may be beneficial to avoid **dehydration**.²¹ Choose at least 2 servings of potassium-rich foods every day (examples: 1 small banana, $\frac{1}{3}$ avocado, 1 cup coconut water, 2 tbsp nut butters).

Increase sodium intake by adding extra table salt to your foods if you are at risk of dehydration and do not have any dietary sodium restrictions.²³ Try to limit processed foods high in sodium like deli meats, frozen meals and restaurant meals to 2 times a week. Speak to your healthcare provider regarding any additional dietary restrictions.

Slow Output with Soluble Fibre

Soluble fibre  dissolves and thickens to gel as you digest. This can firm up your stool and decrease **ostomy** output.^{24, 25} Aim for at least 10 g of soluble fibre each day. Good sources (serving of 2 g) include: $\frac{1}{2}$ avocado, 1 cup cooked carrots, 1 cup (250 ml) cooked oatmeal or 2 medium unripe bananas.¹⁶

Slow Output with Resistant Starch

Eat a minimum of 1-2 cups (250 - 500 mL) of high **resistant starch** foods each day. The resistant starch helps to reduce **ostomy** output and promote gut health. Good sources of resistant starch include; oats, beans/lentils, white rice, bananas or plantains.

Slow Output with Gelatine and/or Psyllium

Gelatine-containing sweets such as marshmallows and jelly beans may be beneficial for management of ostomy output. Gelatine is also easy to use in cooking as a thickener; mix one tablespoon into at least two ounces of water (or other liquids) and add to smoothies, fruit juice for freezing into popsicles, desserts, soups, stews and more. Using psyllium husk powder (also available in pill form) can be used in a similar way as gelatine as a plant-based option to help reduce **ostomy** output.²³

Did you know....?

If you cook and cool foods high in resistant starch before you eat them this will increase the resistant starch in your food.

Food Choice ✓ List

Foods marked with a ■■■ are high in **soluble fibre** to support healing and hydration.

Foods marked with ≡ are high in **insoluble fibre** and may increase the possibility of food blockages.

Once the bowel has healed, typically **6-8 weeks** after ostomy surgery, most foods can be reintroduced without difficulty.

Start with smaller serving sizes and assess tolerance. Increase by small amounts as desired and continue to assess tolerance.

	Gentle, Healing Approach	Potential Digestive Difficulties
Vegetables	<ul style="list-style-type: none"> broccoli, bok choy, cauliflower, sweet peppers (cooked until soft) parsnips ■■■, carrots ■■■, turnips ■■■ (cooked until soft) potato ■■■, yam ■■■, squash ■■■, eggplant ■■■, pumpkin ■■■ (remove thick skins) vegetable juice or crushed canned tomatoes vegetable soups with mushrooms and/or spinach should be pureed until smooth 	<ul style="list-style-type: none"> salads and other raw vegetables ≡ stringy vegetables (artichokes, asparagus, celery) ≡ popcorn or corn kernels ≡ vegetable skins and seeds ≡
Fruits	<ul style="list-style-type: none"> applesauce ■■■ apples ■■■/pears ■■■ (peeled) avocado ■■■ banana ■■■ canned fruit ■■■ citrus ■■■ including lemons, limes, grapefruits and oranges (remove membranes) dates ■■■ (dice, moisten, and cook) kiwi (remove seeds) olives peaches raspberries (handful only) strawberries ■■■ (sliced and ripe) soft, ripe seedless melon ■■■ 	<ul style="list-style-type: none"> consider pureeing blackberries ≡, rhubarb ≡, pineapple ≡, coconut pieces ≡, cherries ≡, grapes ≡, blueberries ≡, mango ≡ dried fruit ≡ fruit skins ≡ grapes ≡ (chew well) pomegranates ≡ (chew well)
Proteins	<ul style="list-style-type: none"> meats: chicken, turkey, beef, pork, wild game mushy lentils (hummus ■■■, dahl ■■■, lentil soup ■■■, split pea soup ■■■)¹⁹ other: tofu, cheese, yogurt, eggs, tempeh seafood: crab, mackerel, oysters, halibut, clams, sardines, salmon, scallops, shrimp, trout, tuna smooth nut butter 	<ul style="list-style-type: none"> large whole legumes ≡ (like chickpeas, beans and nuts may be helpful in thickening stool, but could cause a blockage) tougher grades of meat, wild game, and sausage casings ≡ (may be helpful in thickening stool, but could cause a blockage) raw or undercooked eggs are high risk as they can cause food poisoning
Starchy Foods	<ul style="list-style-type: none"> baked goods: smooth textured soft breads, buns, pancakes, muffins, chapatti, roti, tortillas cereals: oatmeal ■■■, cream of wheat, cereals (avoid flavour additives such as high fructose corn syrup, honey and sugar-free replacements ending usually in -ol.) look for cereals made with ingredients such as buckwheat, corn, rice, quinoa, millet, tapioca and spelt grains: white rice (any type), white pasta, barley ■■■, couscous, soft quinoa, amaranth ■■■, barley ■■■, buckwheat, farro ■■■, kamut and millet ■■■ 	<ul style="list-style-type: none"> any baked goods with seeds/nuts ≡ and visible pieces of grains ≡ (may be helpful in thickening stool, but could cause a blockage) whole grain rice and flours ≡
Sweeteners	<ul style="list-style-type: none"> agave syrup, dark chocolate, maple syrup, rice malt syrup and table sugar. 	<ul style="list-style-type: none"> sweeteners ending in -ol may cause gastric symptoms such as: erythritol, sorbitol and xylitol

	Gentle, Healing Approach	Potential Digestive Difficulties
Fermented Foods	<ul style="list-style-type: none"> • kefir (dairy or vegan) • miso • sour dough bread • yogurt (diary or vegan) 	<ul style="list-style-type: none"> • dairy products may cause irritable bowel symptoms in some, assess tolerance • fermented foods high in insoluble fibre ≡ could cause a blockage
Fluids and Beverages	<ul style="list-style-type: none"> • broth • coconut water, unsweetened • coffee, decaffeinated • fruit juices that are 100% juice (mixed with equal parts water) • tea, decaffeinated • water 	<ul style="list-style-type: none"> • alcohol • caffeinated and fizzy drinks • high-fat and high-sugar drinks • low calorie beverages sweetened with sugar alcohols like sorbitol, mannitol, and xylitol
Goals ✓	Goals 6-8 Weeks After Ostomy Surgery <ul style="list-style-type: none"> • Eat foods low in insoluble fibre ≡ to prevent blockages. • Eat small, frequent and energy-dense meals to ensure caloric needs are met (particularly if your appetite is diminished). • Trial and error is the best way of knowing what is a 'small' meal and how much is too much for you. • Remember the 3 C's: CHEW your foods well, CUT food into smaller pieces and COOK food to soften. • Include more high soluble fibre ::::, high-starch foods to help resolve high and/or watery output. (See section Hydration Tips for food examples) • Eat smaller meals in the evening to slow ostomy output so you are less likely to empty your pouch in the night. • Try changing the ostomy appliance in the morning before it becomes active again after the first meal of the day. Colostomy output tends to resemble normal formed stool once healed and you will find a changing routine that works best for you to avoid changing when your colostomy is active. • Adequate fluid intake is important to prevent and/or manage dehydration. 	
Avoid for 6-8 Weeks ✓	Allow Your Body to Heal <ul style="list-style-type: none"> • Raw fruits and vegetables • Fruit skins, seeds and dried fruit • Nuts, seeds unless in a processed form like smooth butters • Popcorn • Food casings (found on sausages and cold cuts) • Tough grades of meat (like beef) • Avoid EX-clusive thinking about what you eat and drink and strive for IN-clusive thinking instead • You may not be able to tolerate all foods in the early healing phase, consider trying foods again at a later time as you heal. (A food diary template is provided in the section of this document called, 'Your Daily Food and Fluid Journal' along with a link to Coloplast's Goal Setting App). 	



Prevent Problems and Manage Symptoms

Blockage	
Concern	A blockage from the ostomy can be a complete or partial bowel obstruction . In a complete bowel obstruction, the output from the ostomy can stop completely so no output collects in your ostomy pouch and in a partial bowel obstruction, constant liquid output is released with some gas.
Prevention	Preventing a blockage can include chewing food well, avoiding insoluble fibre or, consuming small amounts of insoluble fibre along with fluid, eating small and frequent meals, and drinking 8 to 10 glasses of fluid a day. Refer to ' Food Choice ✓ List ' under potential digestive difficulties and note all foods marked as insoluble fibre to avoid or consume with caution
Symptoms	You may experience abdominal pain and cramping along with abdominal bloating. The ostomy may appear larger, and there may be less urine output, darker coloured urine, liquid foul-smelling ostomy output, decrease in amount of output or no output, nausea and vomiting.
Manage Symptoms	Manage independently: Cut the skin barrier of your ostomy appliance larger to accommodate a swollen ostomy. Walk around to stimulate the bowel. If you have some output and are not nauseated or vomiting, consume liquids only and take a warm bath to relax, try the knee to chest position and massage the area around the ostomy as most blockages occur just behind the ostomy opening. Seek help: If still blocked or suspect you are still blocked, you are vomiting or have no output from your ostomy for several hours, do not consume any food or fluids and seek medical attention immediately. If able, take enough supplies for ostomy pouch changes at the hospital.
Odour	
Concern	Everyday odour is not something you have to accept. If the ostomy pouch fits well there should be no smell except when changing your ostomy system. Ostomy system are designed to be odour proof.
Prevention	Monitor your food and beverage intake and empty and change your pouch regularly. Ensure to clean the pouch outlet effectively after emptying, you can use toilet paper to wipe the outlet. An odour eliminator, like a lubricating pouch deodorant, helps to both deodorize and lubricate the stool for ease of emptying and odour control.
Symptoms	Persistent odour even after your pouch has been emptied; a strong or unusual smell that is out of the ordinary.
Manage Symptoms	Specific foods that may increase odour are: asparagus, broccoli, cabbage, garlic, onion, coffee, fish, eggs, strong cheeses, peanut butter, beans, brussels sprouts, cauliflower and other legumes (beans, peas, lentils). Certain foods may help decrease odour: buttermilk, yogurt, cranberry juice, orange juice, tomato juice and parsley. Note prevention methods above.

Gas


Concern	Just as you experienced gas from some foods before your surgery, you'll likely experience gas with certain foods now that you have an ostomy. Your large intestine has been brought to the outside of your abdomen so that bowel movements (stool) and gas can exit your body. A gradual reintroduction of foods after surgery may help you manage gas and odour.
Prevention	<p>Avoid common gas-producing foods such as legumes, carbonated drinks, beer and alcohol, milk, yogurt, cheese, and other food containing lactose, eggs, soy, and nuts, asparagus, corn, cucumbers, cabbage, broccoli, cauliflower, brussels sprouts, peas, radishes, turnip, mushrooms, spinach and onion. Also avoid artificial sweeteners or sugar alcohols (those ending with -ol like erythritol). Many items labelled "sugar-free" can have artificial sweeteners which may increase gas.</p> <p>Eat regular, well-spaced meals, and eat slowly. Avoid drinking through a straw, chewing a lot of gum, talking while eating, drinking quickly/gulping or eating with your mouth open. Smoking and alcohol consumption may also be associated with increased gas and odour.</p> <p>There are some medications that may help. Consult your healthcare provider.</p>
Symptoms	Pouch ballooning is a term used to describe when the pouch expands with air (gas) like an inflated balloon. You may also notice an increase in flatulence or passing wind.
Manage Symptoms	<p>If pouch ballooning occurs, you can quickly release the gas from the pouch by disconnecting the pouch from the skin barrier in a 2-piece ostomy system and pressing on the pouch to gently push the air out or open the outlet in a 1 or 2-piece drainable pouch to release the gas.</p> <p>Pouches are also available with built-in charcoal filters to allow gas to be released from the pouch while reducing odour. You can accelerate this process by gently pressing on the pouch when there is ballooning. If the pouch filter becomes wet or blocked, then you can choose to change the pouch in a 2-piece system or change your 1-piece ostomy appliance if you require a working pouch filter.</p> <p>The filter on some pouches can get wet from the outside when swimming or bathing. If this is happening, use a 'filter sticker' which you place over the filter to keep the filter dry. Note: when the filter sticker is on, no gas will be able to escape until you remove the sticker. Filter stickers can often be found in the packaging with the ostomy pouches.</p>

Diarrhea/High Output

Concern	Diarrhea is defined as frequent watery stool. A high output ostomy usually occurs when output is more than 1.5 – 2.0 L/24hours of watery stool. Diarrhea can be caused by foods, medical conditions, medications, infections and chemotherapy.
Prevention	Consuming too much insoluble fibre ≡, may aggravate diarrhea. If this is the case, limit insoluble fibre and refer to ' Food Choice ✓ List ' for food suggestions.
Symptoms	Frequent, watery stools describe diarrhea or a high output ostomy. Refer to the 'Stay Hydrated' section in this guide to learn more about symptoms of dehydration.
Manage Symptoms	<p>Foods to consider avoiding are: prunes; raisins; cooked cabbage; broccoli; cauliflower; apple, grape and prune juice; sweetened or artificially sweetened beverages; bran cereals; whole grains; alcohol; coffee; sweetened, spicy and fried foods; as well as drinks high in sugar.</p> <p>Try the following foods to help reduce diarrhea: applesauce, banana, tapioca, tapioca pudding, smooth peanut butter, plain soda crackers, skinless potatoes, pretzels, yogurt, boiled white rice, barley, pasta, marshmallows, oatmeal or oat bran.</p> <p>You may want to drink most of your fluids in between meals versus with meals. Oral rehydration solutions are recommended starting at 500 ml (or two cups) everyday. See the recipe for the Homemade Electrolyte Drink included in the 'Stay Hydrated' section of this guide.</p> <p>Medications like loperamide can help control your output if it cannot be controlled with hydration and diet. You may also require intravenous hydration and electrolyte replacement. Consult your healthcare provider to determine the cause of your diarrhea or high output and to discuss medications.</p>

Constipation	
Concern	Constipation may be an issue following your colostomy .
Prevention	Increase fluids including water, warm coffee, fruit juices. Fruit and vegetables may also help. Some medications can increase the risk of constipation like opioids, iron supplements and antidepressants. Consult with your healthcare provider to review your medications and their side effects.
Symptoms	Infrequent and/or hard output from the ostomy.
Manage Symptoms	<p>Mild constipation can usually be managed by increasing fluid intake and eating higher fibre foods. Refer to the ‘Food Choice ✓ List’ for more high fibre food suggestions.</p> <p>Exercise can help alleviate constipation. Consult your healthcare provider prior to starting an exercise program.</p> <p>Medications such as laxatives and stool softeners may be required. Please consult with your healthcare provider.</p>

Please scan the QR code to explore **Core 4** exercise program for guidance



Pancaking	
Concern	Pancaking happens when there is a vacuum effect in the ostomy pouch and the inner surfaces of the pouch stick together. This stops the output from dropping to the bottom of the pouch and can block the pouch filter. There is then the risk that the pouch will be pushed off the abdomen causing leakage.
Prevention	<p>Blowing air into the pouch before putting it on will help stop a vacuum from occurring. In addition, a few drops of ostomy lubricant in the pouch can help the output to get to the bottom of the bag. There are 2-in-1 lubricating deodorant drops you may consider.</p> <p>A filter sticker can help block air from escaping the pouch and may prevent the vacuum effect which causes pancaking. Be aware that pouch ballooning may occur so you may want to avoid applying the sticker over the pouch filter at night.</p>
Symptoms	Output may be thicker than usual and collect around the ostomy. This may also simply be the result of the pouch sticking together.
Manage Symptoms	<p>Drink more liquids: this can help to soften the stool and reduce the risk of pancaking. Water is the best for hydrating, however, some fruit juices such as prune, apple and grape are effective at loosening stool.</p> <p>Increase insoluble fibre \equiv intake: High fibre foods, including whole grains, fruits and vegetables will help to ensure that your stool is optimal to safely pass through the stoma. The fibre helps keep output moving without the stool getting dry and hard. Be mindful if it is less than 8 weeks after surgery, foods with insoluble fibre \equiv may lead to an ostomy blockage.</p> <p>Medications may be necessary. Please consult your healthcare provider.</p>

Did you know....?

Energy-Dense Meals

Energy density is the amount of energy in a particular weight of food (calories per gram). You may notice you are not as hungry following your colostomy and it may be necessary to eat energy-dense meals to meet your nutritional requirements.¹⁸

Tips for Eating on a Budget



- Create a grocery list before shopping to stay on track
- Look at grocery store flyers (try an app like Flipp). There are a variety of apps you can download for grocery store flyers and deals
- Buy meat or fish in bulk, especially when it goes on sale (freeze in individual portions for use at a later time)
- Compare the prices of a brand-name product with a no-name product (don't forget to look on lower and higher shelves)
- Aim to buy foods that are less prepared (ie. Whole carrots instead of baby carrots)
- Set aside 20 minutes after grocery shopping to clean and prep veggies to avoid waste
- Consider trying recipes that can be frozen in individual portions for easy leftovers (ie.stews, casseroles, soups, baked pastas, homemade patties/meatballs)
- Shop in season for fresher and better priced options

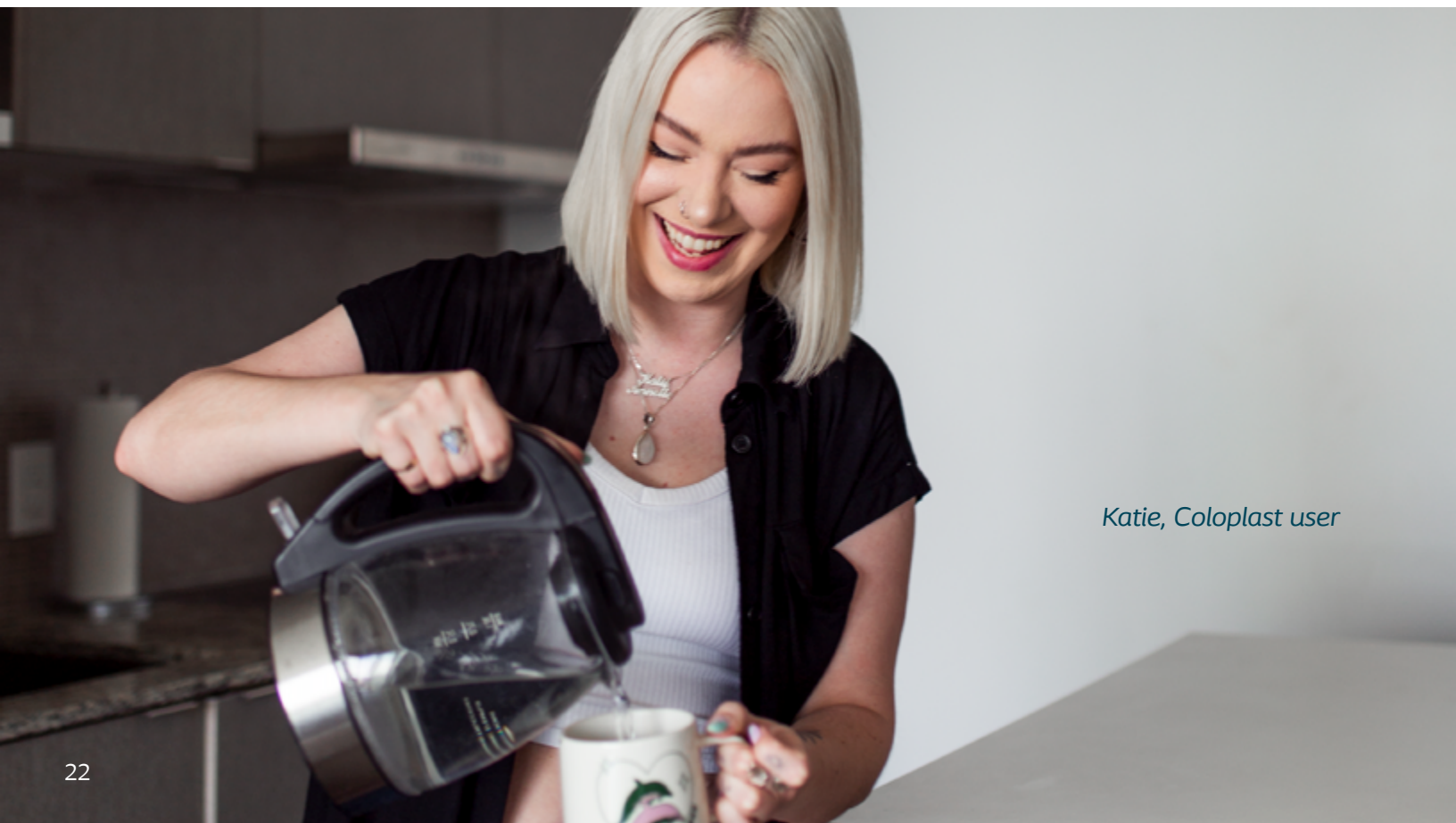


Shopping ✓ List Once You Have Healed

No diet restrictions are required unless otherwise instructed by your healthcare provider.

Vegetables	Fruits	Proteins	Starches	Fermented	Other
<ul style="list-style-type: none"> • Avocado 🍌 (raw) • Broccoli, Bok Choy, Cauliflower, Sweet Peppers (cooked until soft) • Crushed canned tomatoes • Parsnips 🍷, Carrots 🍷, Turnips 🍷 (cooked until soft) • Potato 🍠, yam 🍠, squash 🍠, eggplant 🍆, pumpkin 🍠 (remove skins) • Vegetable juice • Vegetable soups with mushrooms and/or spinach (pureed until smooth) <p>Reintroduce (small amounts and chew well)</p> <ul style="list-style-type: none"> • salads and other raw vegetables 🍃 • stringy vegetables 🍃 (artichokes, asparagus, celery) • vegetable skins and seeds 🍃 	<ul style="list-style-type: none"> • Applesauce 🍏 • Apples 🍏/pears 🍏 (peeled) • Banana 🍌 • Canned fruit 🍌 • Citrus such as oranges, lemons, limes and grapefruits (remove membranes) • Dates 🍌 (dice, moisten, and cook) • Kiwi (remove seeds) • olives • peaches • Raspberries (handful only) • Strawberries 🍓 (sliced and ripe) • Soft, ripe seedless melon 🍈 <p>Reintroduce (small amounts and chew well)</p> <ul style="list-style-type: none"> • Blackberries 🍷 • Blueberries 🍷 • Cherries 🍷 • Coconut 🍌 • dried fruit 🍌 • Grapes 🍷 • Mango 🍌 • Pineapple 🍌 • Rhubarb 🍷 fruit with skins and seeds 🍷 grapes 🍷 (chew well) pomegranates 🍷 (chew well) 	<ul style="list-style-type: none"> • Meats: chicken, turkey, beef, pork, wild game • Mushy lentils (hummus 🍷, dahl 🍷, lentil soup 🍷, split pea soup 🍷) • Other: tofu, cheese, yogurt, eggs, tempeh • Seafood: crab, mackerel, oysters, halibut, clams, sardines, salmon, scallops, shrimp, trout, tuna • Smooth nut butter <p>Reintroduce (small amounts and chew well)</p> <ul style="list-style-type: none"> • large whole legumes 🍷 (chickpeas, beans and nuts) • RAW or undercooked eggs • tougher grades of meat 🍷 	<ul style="list-style-type: none"> • Baked goods: smooth textured soft breads, pancakes, muffins, chapatti, roti, tortillas • Cereals: oatmeal, cream of wheat, and others made with buckwheat, corn, rice, quinoa, millet, tapioca 🍷 and spelt • Grains: white rice (any type), white pasta, barley 🍷, couscous, soft quinoa, amaranth 🍷, barley 🍷, buckwheat, farro 🍷, kamut and millet 🍷 <p>Reintroduce (small amounts and chew well)</p> <ul style="list-style-type: none"> • any baked goods with seeds/nuts and visible pieces of grains 🍷 • whole grain rice and flours 🍷 	<ul style="list-style-type: none"> • kefir (dairy or vegan) • miso • sour dough bread • yogurt (dairy or vegan) <p>Reintroduce (small amounts and chew well)</p> <ul style="list-style-type: none"> • fermented foods high in insoluble fibre 🍷 • dairy products if these were omitted 	<ul style="list-style-type: none"> • broth • coconut water, unsweetened • coffee, decaffeinated • fruit juices that are 100% juice (mixed with equal parts water) • tea, decaffeinated • water, 2 litres daily • Sweeteners, dark chocolate, maple syrup, rice malt syrup, table sugar <p>Reintroduce if desired (small amounts)</p> <ul style="list-style-type: none"> • alcohol • caffeinated and fizzy drinks • high-fat and high-sugar drinks • low calorie sugar alcohols found in some drinks like sorbitol, mannitol, and xylitol

<p>Goals</p> <p>✓</p>	<p>Goals that Remain Relevant</p> <ul style="list-style-type: none"> • Eat small, frequent and energy-dense meals to ensure caloric needs are met (even if your appetite is diminished). • Remember the 3 C's: CHEW your foods well, CUT them into smaller pieces and COOK to make the food soft. • Include more high soluble fibre , high-starch foods to help resolve high and/or watery ostomy output. • Eat smaller meals in the evening to slow ostomy output at night. • Try changing the ostomy system, in the morning before it becomes active again after the first meal of the day. • Adequate fluid intake is important to replace fluids lost in ostomy output. <p>New Considerations</p> <p>When you start adding new foods, try one food at a time and assess your tolerance. A food diary is a great tool to help you track what you eat and your experience. (A food diary template is provided in the section of this document called, 'Your Daily Food and Fluid Journal' along with a link to Coloplast's Goal Setting App).</p>
<p>Foods You May Continue to Avoid</p> <p>✓</p>	<p>Some foods have been associated with digestive difficulties.</p> <ul style="list-style-type: none"> • Foods with high insoluble fibre  may create ostomy blockages even after you have healed. • Capsaicin (the spicy compound in foods) can be an irritant to the stomach and may increase ostomy output. • Lactose intolerance is an inability to digest lactose, a sugar found in milk and milk products. As a result, you may have diarrhea, gas and bloating after eating or drinking dairy products. Try unsweetened fortified plant-based milks such as almond, soy or oat milk. Dairy products like firm cheeses (cheddar, swiss, parmesan) and yogurt are lower in lactose than milk and may be easier to digest. Look for lactose-free versions of your favourite dairy products (e.g. lactose-free yogurt or lactose-free milk) if lactose is a concern for you. • High-fat and high-sugar diets may have negative consequences for ostomy output assess your tolerance. • Avoid sugar alcohols if you do not tolerate them well. These have names like sorbitol, mannitol, and xylitol. They are used as low calorie sweeteners. • Alcohol may increase ostomy output.




Katie, Coloplast user

Your Daily Food and Fluid Journal

Keep a food and fluid journal. It can be a very effective tool toward understanding your body and how you tolerate certain foods while you adjust to your **colostomy**. Each person is unique and your responses to foods and drinks may also change over time.

Please scan the QR code to download the MyOstomy App



Try small quantities of one fruit/vegetable at each meal, chew the food well and watch for symptoms such as cramps, bloating, pain, nausea or vomiting, or changes in ostomy output. As foods are tolerated, continue to add others. If a food you tried was not tolerated, wait 1 week and then consider reintroducing the food again.

Commit to keeping a daily record of meals and snacks until you feel comfortable with your level of knowledge about what foods help you to feel your best. You can also track goals with the MyOstomy App.



Time	Food	Fluids	Symptoms (include physical symptoms, emotions and output)
Breakfast Time:			
Snack Time:			
Lunch Time:			
Snack Time:			
Dinner Time:			
Snack Time:			

Time	Food	Fluids	Symptoms (include physical symptoms, emotions and output)
Breakfast Time:			
Snack Time:			
Lunch Time:			
Snack Time:			
Dinner Time:			
Snack Time:			

Homemade Electrolyte Drink

- 1 teaspoon salt
- Orange juice – 4 ounces
- 1 teaspoon baking soda
- Water – 4 ounces
- 1 teaspoon of corn syrup or honey or pure maple syrup

Adjust this recipe to suit your preferences.

Replace with 1/2 a juiced lemon and 1-2 drops of stevia or to taste for a low sugar option

Place all ingredients in a jar and shake well.
Store in the fridge for up to a week.



Homemade Mediterranean-Style Chicken Stew

Ingredients

- 1 1/2 lb boneless skinless chicken thighs (8 thighs)
- Kosher salt and black pepper
- Extra virgin olive oil
- 1 yellow onion chopped
- 3 garlic cloves minced
- 2 carrots chopped
- 1 red bell pepper chopped
- 1 zucchini small diced
- 1 potato small diced
- 1 tsp paprika
- 1 tsp coriander
- 1 tsp dry oregano
- 2 sprigs fresh thyme
- 1 28 oz can whole San Marzano tomatoes, (or any quality canned whole tomatoes you like)
- 2 cups low sodium chicken broth
- 1 tbsp white wine vinegar
- 1 cup chopped fresh parsley

Low Fat:

replace the chicken thigh with skinless, boneless chicken breast

Gluten Free/Wheat Friendly:

serve over rice or quinoa

Vegan/Dairy Free:

use extra firm tofu instead of chicken, replace the broth with coconut milk (full or reduced fat)

FODMAP Friendly:

replace garlic and onion with garlic infused oil/onion infused oil

Instructions

1. Pat the chicken dry and season on both sides with Kosher salt and black pepper.
2. In a Dutch oven or large pot, heat 2 tablespoons extra virgin olive oil over medium-high heat until shimmering. Add the chicken and brown on both sides (about 6 to 8 minutes). Remove the chicken and set aside on a plate for now.
3. In the same Dutch oven, add the onions, garlic, carrots, bell peppers, zucchini and potatoes. Season with kosher salt and black pepper. Add the spices. Toss to combine and cook over medium-high heat, stirring occasionally, until the veggies have softened some, about 7 to 8 minutes.
4. Add the tomatoes and break them up with a wooden spoon. Add the chicken broth and the thyme springs. Raise the heat and bring to a boil. Add the chicken back and cook on high heat for 5 minutes, then lower the heat to medium-low and cover the Dutch oven part-way. Let the chicken stew simmer over medium-low heat for 30 minutes.
5. Turn the heat off. Remove the thyme sprigs. Stir in white wine vinegar and fresh parsley and serve.

This recipe is modified from
TheMediterraneanDish.com



Dairy-Free Blueberry Banana Smoothie

Ingredients

- 1 very ripe banana, broken into chunks
- 1 cup frozen blueberries
- ½ to 1 cup unsweetened plain or vanilla dairy-free milk beverage (soy, oat or nut)
- ½ cup fresh or frozen baby spinach leaves (optional, but do try!)
- 1 tablespoon ground flaxseed
- ¼ to ½ teaspoon ground cinnamon, to taste (optional)
- ½ cup ice (optional)
- Honey, agave nectar, or stevia, to taste (optional)
- For some extra protein, add 1 tablespoon of smooth nut or seed butter

Reduce the risk of blockage by blending these ingredients.

Instructions

1. Put the banana, frozen blueberries, ½ cup milk beverage, spinach, seed meal or seeds, and cinnamon (if using) in your blender. Blend until smooth, about 1 minute.
2. For a thinner smoothie, blend in up to ½ cup more milk beverage. For a frostier treat, blend in the ice.
3. Taste test and blend in sweetener, if desired.
4. Pour into 1 or 2 glasses to serve immediately.

This recipe is modified from
GoDairyFree.com



Navigate Restaurants and Take-out with Confidence

- Research restaurant menus ahead of time.
- Provide dietary restrictions to event organizers if needed.
- Aim to eat a small portion (less than you might typically eat) when out, bring leftovers home.
- Limit intake of potential trigger foods (high fat, alcohol, dairy) whenever possible.
- Consider meals you can assemble yourself, like fajitas, so you can choose ingredients.

Special Requests

- Sauces, dips and dressings on the side
- Well-cooked vegetables
- Substitute specific ingredients that you've identified as triggers

Did you know....?

Portion Sizes

Foods to be avoided may not cause symptoms when eaten alone. Often 'larger' portions may cause symptoms whereas 'smaller' portions may be well tolerated. As a reference, here are some examples of regular serving sizes: whole grain or whole wheat breads (1 serving = 1 slice), whole wheat pasta and brown rice ($\frac{1}{2}$ cup, cooked). Eating less than these serving sizes would be a 'smaller' portion. This is a starting point. Everyone is different, and you may tolerate larger serving sizes of certain foods at a later date.



Games and Strategies for Everyone

Games and strategies can help both children and adults practice helpful habits and maintain a positive outlook when it comes to eating and drinking with an ostomy. Here are some ideas:

1. Use a chart and add a sticker or check mark for every glass of fluid to encourage hydration
2. Count to 15 seconds when chewing food before swallowing by tapping it out clinking your glass or chew to music with a steady beat
3. Eat meals as a family, with friends or colleagues to connect with others and slow down eating. Some questions you might explore together at mealtimes:
 - What are you grateful for today?
 - What was difficult about your day and what did you learn about yourself as a result?
 - What is something you would like to learn to do? Where would you like to visit? Who would you like to meet?
4. Mindful eating can help you relax, enjoy and appreciate your food and the moment. A fun way to describe this activity to younger children is to say, 'let's try to eat in slow motion'. Here are some ways to make mindful eating part of your life.
 - Carve out enough time for meals, if possible, to reduce any feelings of urgency
 - Eat often enough that your appetite isn't driving you to eat more quickly
 - Use all your senses before you even bring food to your mouth: notice how the food looks, smells and feels. What thoughts arise about the meal?
 - Once the food is in your mouth, notice what it feels like before chewing. Is your mouth watering? What thoughts arise?
 - Chew slowly, (count to 15) and then notice as you swallow what that feels like. What thoughts arise now?
 - If sharing the meal with others, discuss your experience of eating in this way.

Did you know....?

Beliefs Can Drive Your Symptoms

When you believe that you will react poorly to foods, this may result in having a negative physical reaction, or an increase in the experience of stress and anxiety when you do eat those foods. Allow your curiosity to be stronger than your fears.

Resources:

Nurses Specialized in Wound, Ostomy and Continence Canada (NSWOCC)

<https://www.nswoc.ca/>

Wound, Ostomy and Continence Nurses Society

www.wocn.org

International Foundation for Gastrointestinal Disorders (IFFGD)

www.iffgd.org.

Or visit their dietitian locator: www.iffgd.org/dietitian-listing.html

Or visit their sister organization for information on kids and nutrition:

www.aboutkidsgi.org

Ostomy Canada Society

www.ostomycanada.ca/

Dietitians of Canada

www.dietitians.ca

Reading Labels

Understanding a food label can help you become a more informed consumer who can make healthier choices. The Canadian Food Inspection Agency provides information to help you make sense of label content:

<https://inspection.canada.ca/>

Glossary of Terms:

Bowel Obstruction: A blockage in the small or the large intestine that can be a potentially dangerous condition. Someone with a full obstruction will not pass stool or gas. Someone with a partial obstruction may have liquid stool and some gas pass. Signs that you may have an obstruction include abdominal pain, nausea, vomiting, swelling of the abdomen, and feeling like you don't want to eat.

Cellulose: Cellulose is made up of a series of sugar molecules linked together in a long chain. Since it is a fibre that makes up plant cell walls. When you eat food with cellulose, it stays intact as it passes through your small intestine.

Colon: Part of the digestive system, also called the large intestine or bowel. It absorbs water and some nutrients and electrolytes from partially digested food. The remaining material, solid waste called stool, moves through the colon to the rectum and leaves the body through the anus.

Colostomy: A surgical opening created in the abdomen where a portion of the large intestine is brought to the surface of the abdomen to create an ostomy or stoma where output can exit the body.

Crohn's Disease: A chronic inflammatory bowel disease (IBD) that causes inflammation of the digestive or gastrointestinal (GI) tract. It can affect any part of the GI tract from the mouth to the anus but is more commonly found at the end of the small intestine (ileum).

Dehydration: Occurs when you use or lose more fluid than you take in. It results in your body not having enough water and other fluids to carry out its normal functions. Feeling thirsty, tired and weak are some of the symptoms of dehydration.

Electrolytes: Minerals that carry an electrical charge, and have a number of important roles including hydration, regulating nerve and muscle function, balancing blood acidity and pressure and helping to repair damaged tissue. Electrolyte levels can be determined with a blood test.

Energy Density: This is the amount of energy in a particular weight of food (calories per gram).

FODMAPs: One of a group of compounds thought to contribute to the symptoms of irritable bowel syndrome and similar gastrointestinal disorders. The term is used mainly with reference to a diet that is low in these compounds (which are mainly types of carbohydrates).

Gut Microbiome: Refers to the community of microorganisms that live together in your gut, and is made up of trillions of bacteria, fungi and other microbes. They provide an important role in many aspects of your health including aiding in digestion and benefiting your immune system. Prebiotics and Probiotics play a role in keeping your microbiome in balance.

Hydration: Getting the right amount of water, fluids, and electrolytes to maintain health.

Ileostomy: A surgical opening created in the abdomen where an end or loop of the lower portion of the small intestine called the ileum is brought to the surface of the abdomen to create an ostomy or stoma where output from the small intestine can exit, into an ostomy pouching system.

Inflammatory Bowel Disease (IBD): Inflammatory bowel disease (IBD) is a term for two conditions (Crohn's disease and ulcerative colitis) that are characterized by chronic inflammation of the gastrointestinal (GI) tract. Prolonged inflammation results in damage to the GI tract.

Insoluble Fibre ≡: Helps to add bulk to waste in the digestive system and prevent constipation. People often think of this type of fibre as "roughage" as it does not dissolve in water. Refer to '[Food Choice ✓ List](#)' under potential digestive difficulties and note all foods marked as **Insoluble Fibre** ≡.

Irritable Bowel Syndrome (IBS): A widespread condition involving recurrent abdominal pain and diarrhea or constipation, often associated with stress, depression, anxiety, or previous intestinal infection.

Lactose-Free: Dairy products where the lactose has been removed.

Malnutrition: A condition that results when someone does not receive enough nutrition from their diet. It may result from not getting enough calories, protein, carbohydrates, vitamins, or minerals.

NSWOC: Nurses Specializing in Wound, Ostomy and Continence

Ostomy: A surgically created opening in the abdomen to provide an alternative path for urine (in the case of a urostomy) or stool (in the case of a colostomy or ileostomy) to leave the body.

Ostomy Blockage: When something obstructs the ostomy preventing stool from coming out. A blockage can be partial (a small amount of stool is able to come out) or complete (no stool is able to come out).

Ostomy Nurses: (Also commonly called Stoma Nurses) have expertise in ostomy management, including colostomy.

Pouch (Pouching System, Bag, Ostomy pouch): A prosthetic medical device that provides a means for the collection of waste (i.e. urine, stool). A pouch connected to a skin barrier or baseplate is worn over a stoma and is most associated with colostomies, ileostomies, and urostomies.

Pouch Ballooning: When air gets trapped in the pouch as your digestive system produces gas, causing the pouch to inflate like a balloon.

Prebiotics: Types of dietary fibre that feed the “good” bacteria (normal microflora) in your gut. They help the gut bacteria produce nutrients for colon cells, leading to a healthier digestive system. Chicory root, onions, garlic, oatmeal, and wheat bread are examples of foods high in prebiotics.

Probiotics: Live beneficial bacteria for your gut that are naturally created by the process of fermentation in foods such as yogurt and sauerkraut. They are intended to maintain or improve the “good” bacteria (normal microflora) in the gut. They can be found as a dietary supplement in pill form and as an added ingredient in foods such as health drinks and yogurt.

Registered Dietitian (Nutritionist) RD/RDN: Medical professionals who are credentialed experts in food and nutrition providing individualized dietary advice.

Resistant Starch: Resistant starch is a type of carbohydrate that doesn’t get digested in your small intestine. Instead, it ferments in your large intestine and feeds beneficial gut bacteria. This type of starch provides numerous health benefits and has fewer calories than regular starch.

Short Bowel Syndrome (SBS): A serious condition where patients are unable to absorb enough nutrients and fluids from the food they eat due to the surgical removal of a large part of their intestines.

Soluble fibre 🍷: Dietary fibre that absorbs water to form a gel-like substance inside the digestive system. It is found in foods such as oats and oatmeal, barley, beans, lentils, peas, and some fruits and vegetables. It is also found in psyllium, a fibre supplement, which may be used by people with an colostomy to help thicken the stool. Soluble fibre also helps to moderate blood glucose levels and lower cholesterol. Refer to ‘[Food Choice ✓ List](#)’ under ‘gentle, healing approach’ for a list of soluble fibre foods marked with 🍷.

Stoma: A portion of the large or small intestine that has been brought through the surface of the abdomen and then folded back like a sock cuff.

Ulcerative Colitis (UC): Is a type of inflammatory bowel disease that affects the large intestine (colon) and causes irritation, swelling, and sores called ulcers on the lining of the colon.

Vegan: A person who does not eat any food derived from animals and who typically does not use other animal products.

Vegetarian: A person who does not eat meat, and sometimes other animal products, especially for moral, religious, or health reasons.

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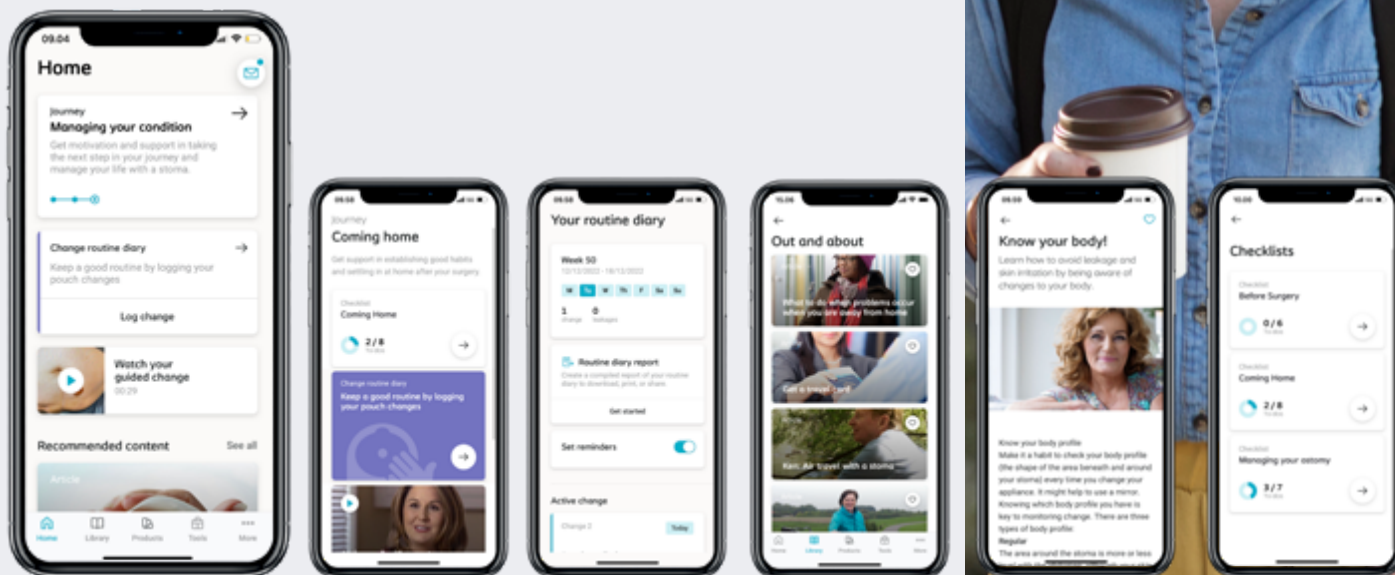
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