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|   | **DIETARY MANAGEMENT OF****OSTOMY**  |
| **Made by Sarah Saleem on 28th April, 2012 as a part of course no. 614 Of BS HE****under the guidance of Prof. Dr. Rubina Hakeem (RH)** |

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| **INTRODUCTION** A surgical procedure creating an opening in the body for the discharge of body wastes.

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| 1. Colostomy:

Colostomy is the surgically created opening of the colon (large intestine) which results in a stoma. |  |
| 1. Ileostomy:

Ileostomy is a surgically created opening in the small intestine, usually at the end of the ileum. |  |

**Types Of Ostomy:** |
| **CAUSE** Certain diseases of the bowel (intestine) or urinary tract involve removing all or part of the intestine or bladder. This creates a need for an alternate way for feces or urine to leave the body. An opening is surgically created in the abdomen for body wastes to pass through. The surgical procedure is called an ostomy. The opening that is created at the end of the bowel or ureter is called a stoma, which is pulled through the abdominal wall. |
| **NUTRITIONAL CONSIDERATIONS*** **PROTEINS:** N/R
* **FATS:**

In patients who had ileal resections, if steatorrhea and diarrhea occurs then it is necessary to restrict the fat. If weight loss occurs due to reduced fat intake, medium chain triglycerides and low fat oral supplements can be used.* **CARBOHYDRATES:** N/R
* **FIBER:**

If high fecal output occurs, foods high in insoluble fiber should be eliminated from the diet instead a higher-soluble-fiber diet should be taken. Foods that are high in insoluble fiber should be used by patients with end colostomies by 6-8 weeks after surgery. The addition of foods high in water soluble fiber may help reduce fluid losses. * **VITAMINS:**

Fat soluble Vitamins supplementations and B12 injections are recommended for patients who had ileal resection.* **MINERALS:**

Adequate intake of sodium and potassium is recommended.* **FLUID REQUIREMENTS:**

2000-2500 ml/day of fluids is recommended. Additional fluid should be consumed daily to prevent diarrhea and dehydration. Ostomates should not try to control stomal output through fluid restrictions. An oral electrolyte solution is indicated if outputs are greater than 1000 ml/day.* **ENERGY REQUIREMENTS: N/R**
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| **DIETARY CONSIDERATIONS*** The diet should begin with fluids, juices should not be thick. Drink fluids with meal.
* This diet can be advanced slowly with small portions of well-cooked/soft food at regular intervals, initially 4 to 6 small meals per day.
* From 6 to 8 weeks after surgery, a well balanced regular diet should be started**.**
* Patients should chew all the food thoroughly.
* The diet should provide 8-10 cups/day.
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| **Foods that are avoided** | **Foods that are preferred** |
| * Dried peas, beans and lentils
* Vegetables of cabbage family
* Eggs, strong Cheese, Nuts, Seeds and Fish
* Raw fruits and juices especially Prune juice
* Raw Carrot, Corn, Cucumber, Lettuce, Olives, Peas, Spinach and vegetable seeds.
* Onions and Garlic
* Pickles and some Spices
* Coffee and Carbonated Beverages
* Chewing gum and Pop corns
* Fried Foods
* High sugar foods
* Some Medications and Supplements
 | * Fresh Parsley
* Yogurt
* Butter Milk
* Apple Sauce
* Banana
* Peanut Butter
* Potatoes
* Boiled Rice, Barley and Pasta
* Oatmeal and Oat bran
* Cheese
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| **FOOD AND OSTOMY INTERACTIONS ORTREATMENT SIDE EFFECTS: N/R** |
| **References:**Manual of Clinical Dietetics-6th Edition By American Dietetic Association |
| **Sources of further information:**United Ostomy Association-www.uoa.org |



