



Ileostomy: Specific Post-Op Guidelines

Stoma Blockage

If you have a new ileostomy, you are at greater risk for a stoma blockage than someone with a colostomy for several reasons. First, the stoma created from the **ileum** (small intestine) is smaller in diameter than one created from the **colon**. In addition, post surgical inflammation of the bowel is normal, large particles of food don't break down easily. These particles can get stuck where the intestine comes through the abdominal wall (**stoma**), creating a blockage.

Signs of a stoma food blockage

- Abdominal cramps and pain
- Abdominal distention
- Watery stools with bad odor
- Stool released in spurts
- Absence of stool output
- Pressure at the stoma but little or no output of stool

Contact your doctor immediately if you feel you have a stoma blockage.

How to Avoid Food Blockage after Surgery

By following the guidelines in the [Food Guide: Low Fiber/Low Residue](#) chart and avoiding the foods mentioned in this section, you lower your chances of having a food blockage. In general, remember the following:

- Avoid high-fiber/high-residue foods
- Avoid vegetables and fruits with skins
- Avoid raw fruits and vegetables; cook them well or use canned
- Chew your food well; if you see visible chunks of food in your pouch, you are not chewing well

Foods to avoid for 4–6 weeks after surgery

See Food Reference Chart on Page 72

- Mushrooms
- Corn
- Celery
- Whole nuts and seeds
- Lentils and kidney beans
- Salad greens
- Dried fruit
- Coconut
- Grapes and cherries
- Brown and wild rice and whole grain breads

Warning:

After surgery, a blockage of the small bowel can also happen for many reasons including from scar tissue (adhesions). If stool is not coming out of your stoma, it is best to call your doctor or go to the hospital immediately to determine if you have a stoma blockage related to food, or a small bowel obstruction.

For more information on ileostomy stoma blockage visit www.ostomy.org/ileostomy-blockage

Preventing Dehydration

People with an ileostomy no longer have the large intestine to absorb water and fluids. As a result, **ileostomates** have a greater chance of becoming dehydrated. The best way to prevent this is to drink an average of 8–10 glasses of fluid a day. This can include many different types of liquid besides water. Be mindful, however, that caffeinated drinks can add to dehydration.

Follow the **Hydration, Fluid, and Electrolyte** guidelines contained in this guide to ensure you balance your intake. Also avoid the foods and liquids listed in the **Preventing Dehydration** chart below, which may cause high volume stool output.

What is a High Volume Stool Output?

- An ileostomy that produces 1,500 milliliters or more of stool per 24 hours
- Normal output is less than 1200 milliliters per 24 hours. The goal is to have an output between 600-900 mls/24 hours.

How to measure ileostomy output:

To measure your output, you can use a container from the hospital that fits on the toilet or any kind of container with a measuring guide. Another option is to fill your pouch with water half to $\frac{3}{4}$ full – the same amount of stool you would have in your pouch when you empty it. Empty the water and measure it. This way, you can calculate your output based on the number of times you empty your pouch in a day.

Preventing Dehydration Avoid the Following	To Help Thicken Loose Stool Add the Following	Stay Hydrated
Coffee	Bananas	Sip throughout the day.
Caffeinated tea (herbal is good)	Peeled potatoes	Drink one glass of fluid every time you empty your pouch.
Drinks high in sugar (juices, some sports drinks, soda/colas). Always read the label first.	White rice, bread, pasta, unseasoned crackers	Drink 8-10, eight-ounce glasses of fluids a day from the following list: <ul style="list-style-type: none"> • Water • Water-diluted juice and sports drinks • Jell-O, broth, and vegetable juice
Fried and/or spicy foods	Applesauce	
Alcohol	Marshmallows	
Chocolate	Creamy peanut butter	