

January 2022 Newsletter by Jenny Sterns, BSN, RN, CWOCN

## Intro

Dietary fiber is a “mostly indigestible material in food that stimulates the intestine to peristalsis and promotes elimination of waste from the large intestine” (Merriam Webster Dictionary).

Starting with the definition helps us see the basic role of fiber in our diet which is to tell the bowels that they need to empty. With this in mind, fiber needs are different depending on whether you have a urostomy (no changes should be needed in fiber once healed from initial procedure), a colostomy (may need more fiber if struggling with constipation, but fiber principles remain the same), or if you have an ileostomy (the trickiest one! Fiber needs change post surgery). This newsletter will focus on patients with a colostomy or ileostomy and dietary changes pertaining to fiber.

Objectives:

1. Define Dietary Fiber
2. Explain the fiber needs for patients with colostomies
3. Explain the fiber needs for patients with ileostomies
4. Promote discussion of dietary fiber among ostomy support group members

## Colostomy and Fiber

### **The same colon, similar fiber needs**

- Even though part of the bowel is resected, the colon essentially functions the same as it did before.
- How fiber affects the bowel will depend on how much colon is resected.
  - For example, a colostomy located in the transverse colon will have mushier output than a colostomy located in the descending colon. This is because more water is reabsorbed into the body from the bowels the further down the GI tract you travel. The patient with a colostomy in the transverse colon may have lower fiber needs

than the patient with a colostomy in the descending colon (more water is removed by the descending colon making the stool more firm).

- Fiber is important to prevent constipation. Often, patients who struggled with constipation before surgery will continue to struggle after, making fiber very important! Fiber from the diet does not have any general restrictions as the diameter of the colon is large enough to accommodate the fiber bulk.

### **General “Rules”**

- If a type of food bothered your GI system before the colostomy, it will probably bother it after.
- Preventing constipation is important and similar to pre-op needs, so eating plenty of fibrous foods in combination with adequate fluid intake (at least 8-10 glasses per day) and activity will assist with regular bowel movements.
- Food journaling is a great way to keep track of any foods that impact regularity and to monitor for gas producing foods.

## **Ileostomy and Fiber**

### **No colon, different fiber needs**

- The ileostomy has a smaller lumen or diameter for stool to exit.
- Particularly during the first 6 weeks after surgery, the stoma is swollen and has an even smaller diameter.
- There are two types of fiber for ileostomy patients to be aware of: soluble and insoluble.
- Soluble Fiber= Dissolves in water
  - Soluble fiber can help slow down digestion, which means less ostomy output and better digestion of nutrients
  - Examples: pectin (in many fruits), bulk laxatives (e.g. Metamucil, Citracel)
- Insoluble Fiber= Does not dissolve in water
  - Remains intact throughout digestive system
  - Roughage in stringy vegetables, peels, nuts seeds, coconut, popcorn, olives, mushrooms, seeds etc.
  - Great for the colon, but difficult for the small intestine to pass through a small ileostomy

### **General “Rules”**

- Wait 6 weeks post- surgery to start adding INSOLUBLE fiber to diet. After 6 weeks post-op, swelling should resolve, allowing the stoma to accommodate more bulk to pass. Another tip is to wait until the stoma has not changed ostomy appliance sizes for at least 2 weeks.
- Foods with insoluble fiber should be added one at a time in small amounts. Drinking adequate fluids and chewing thoroughly will help prevent blockages.
- Keep a food journal to monitor for any changes after eating insoluble fiber. Look out for and document symptoms such as cramping or diarrhea.
- Everyone is different. There is no set list of “do’s and don’ts” as each person reacts differently. The main rule of thumb is to take fibrous foods one at a time with adequate fluid and journal the response.
- General fluid needs: 10-12 glass of fluids that include water, sodium and potassium such as sports drinks, vegetable juice, broth, tea+crackers. This is just a baseline. Needs change depending on climate, perspiration, etc.

## Discussion

- Do you keep a food journal? Has it helped?
- For those with colostomies, do you have any feedback on what fibrous foods help versus which give discomfort?
- For those with ileostomies, have you experienced a blockage and what were the circumstances? Are there insoluble fibrous foods that you are able to eat with no issues? Do you increase your fluids when you eat more fiber?

Any feedback is welcomed.

The general “rules” for fiber needs were adapted from content produced by Emory University’s Wound, Ostomy & Continence Nursing Education Program.