

Cancer Association of South Africa (CANSA)



Research • Educate • Support

Fact Sheet on Nutritional Guidelines for Individuals Living with a Colostomy

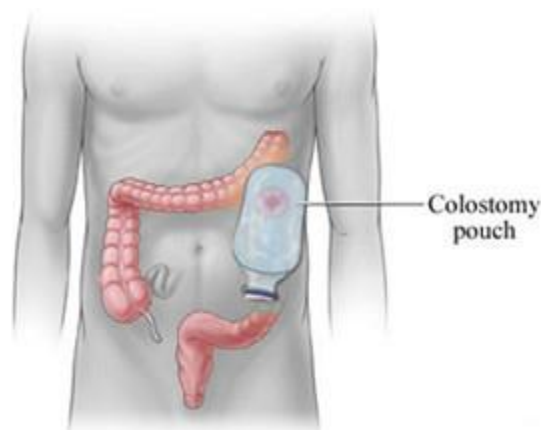
Introduction

Colostomy is a surgical procedure that brings one end of the large intestine out through an opening (stoma) made in the abdominal wall. Stools moving through the intestine drain through the stoma into a disposable pouch attached to the abdomen.

The procedure is usually done after:

- Bowel resection
- Injuries

A colostomy may be short-term or permanent.



[Picture Credit: Colostomy]

A colostomy may be done either with a large surgical cut in the abdomen or with a small camera and several small cuts (laparoscopy). The type of approach used depends on what other procedure needs to be done. The surgical cut is usually made in the middle of the abdomen. The bowel resection or repair is done as needed.

For the colostomy, one end of the healthy colon is brought out through an opening made in the abdomen wall, usually on the left side. The edges of bowel are stitched to the skin of the opening. This opening is called a stoma. A bag called a stoma appliance is placed around the opening to allow stool to drain into an attached disposable plastic pouch.

If a person has surgery on part of the large intestine, a colostomy allows the other part of the intestine to rest while the person recovers. Once the body has fully recovered from the first surgery, the patient will have another surgery to reattach the ends of the large intestine. This is usually done after about 12 weeks.

While still in the hospital after surgery, patients are educated about the care of their colostomy and given some tips for making the necessary adjustments. Living with a colostomy will require a modification of lifestyle. But with proper education and guidance, it can be manageable.

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April 2021

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Eating Tips Before, During and After Cancer Treatment

There is no way to know if one will have eating problems and, if so, how bad they will be. One may have just a few problems or none at all. In part, this depends on the type of cancer one has, where it is in one's body, what kind of treatment one has, how long treatment lasts, and the doses of treatment one receives.

Things to do and think about before starting cancer treatment

Until treatment starts one will not know what, if any, side effects or eating problems one may have. If you do have problems, they may be mild. Many side effects can be controlled. Many problems go away when cancer treatment ends.

- Think of the cancer treatment as a time to get well and focus just on self.
- Eat a healthy diet before treatment starts. This helps to stay strong during treatment and lowers one's risk of infection.
- Go to the Dentist. It is important to have a healthy mouth before starting cancer treatment.
- Ask the Doctor, Professional Nurse, or Registered Dietitian about medicine that can help with anticipated eating problems.
- Discuss fears and worries with the Doctor or Professional Nurse. He or she can discuss ways to manage and cope with these feelings.
- Learn about a colostomy and its care. Many people feel better when they know what to expect.

Ways to get ready to eat well

- Fill the refrigerator, cupboard, and freezer with healthy foods. Make sure to include items you can eat even when you feel sick.
- Stock up on foods that need little or no cooking, such as frozen dinners and ready-to-eat cooked foods.
- Cook some foods ahead of time and freeze in meal-sized portions.
- Ask friends or family to help you shop and cook during treatment. Maybe a friend can set up a schedule of the tasks that need to be done and the people who will do them.
- Talk with a Doctor, Professional Nurse, or Registered Dietitian about what to expect.

Ways to get the most from foods and drinks during cancer treatment

During treatment, one may have good days and bad days when it comes to food. Here are some ways to manage:

- Eat plenty of protein and calories when possible. This helps one keep up one's strength and helps rebuild tissues harmed by cancer treatment.
- Eat when one has the biggest appetite. For many people, this is in the morning. One might want to eat a bigger meal early in the day and drink liquid meal replacements later on.
- Eat those foods that one can, even if it is only one or two items.
- Stick with these foods until one is able to eat more.
- One might also drink liquid meal replacements for extra kilojoules and protein.
- One must not worry if one cannot eat at all some days. Spend this time finding other ways to feel better, and start eating when one can.
- Inform the treating Doctor if unable to eat for more than 2 days.

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- Drink plenty of liquids. It is even more important to get plenty to drink on days when no feeling like eating. Drinking a lot helps one's body get the liquid it needs.
- One should take between 30 and 35ml of fluid per kilogram of body weight per day. Environmental factors such as heat may affect the amount of fluid needed.

Taking special care with food to avoid infections

Some cancer treatments can make one more likely to get infections. When this happens, one needs to take special care in the way one handles and prepares food. Here are some ways:

- Keep hot foods hot and cold foods cold. Put leftovers in the refrigerator as soon as one has done eating.
- Scrub all raw fruits and vegetables before eating them.
- Do not eat foods (like raspberries) that cannot be washed well. One should scrub fruits and vegetable which have rough surfaces, such as melons, before cutting them.
- Wash hands, knives, and counter tops before and after preparing food. This is most important when preparing raw meat, chicken, turkey, and fish.
- Use a different cutting board for meat and one for fruits and vegetables.
- Thaw meat, chicken, turkey, and fish in the refrigerator or defrost them in the microwave immediately before preparing them. Do not leave them sitting out.
- Cook meat, chicken, turkey, and eggs thoroughly. Meats should not have any pink inside. Eggs should be hard, not runny.
- Do not eat raw fish or shellfish, such as sushi and uncooked oysters.
- Make sure that all of juices, milk products, and honey are pasteurised.
- Do not use foods or drinks that are past their freshness date.
- Do not buy foods from bulk bins.
- Do not eat at buffets, salad bars, or self-service restaurants.
- Do not eat foods that show signs of mould. This includes mouldy cheeses such as bleu cheese.

Special diets, vitamins, minerals and supplements

- Talk with the treating Doctor, Professional Nurse, or Registered Dietitian before going on a special diet or taking any vitamins, minerals or supplements.
- To avoid problems, be sure to follow their advice.

Nutritional and Diet Guidelines

Because each patient and type of surgery is different, no standard recommendations can be given for everyone. Most patients return to a fairly normal diet. Still, a trial and error pattern of eating is often necessary to identify those foods that may have an undesirable effect on the patient's stool. Then it is simply a matter of changing how much of these foods are eaten. Accessing advice from a registered nutritionist may sometimes be of assistance.

Making the healthiest choices possible to maintain good nutrition can help patients minimise the side effects of treatment, recover from surgery and/or maintain the best quality of life.

The following are general guidelines:

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Avoid all alcoholic beverages - Alcohol is a Group 1 cancer causing agent according to the International Agency for Research on Cancer (IARC) and is best avoided.

Eat 5 to 6 small meals or snacks throughout the day - Smaller amounts of food are easier for the body to digest and absorb. It will also help to minimise nausea. Make sure that meals and snacks are balanced, nutritious and include a source of protein. Eat the largest meal earlier in the day. Avoid eating too close to bedtime. Try eating the main dinner meal at noon and a smaller meal in the evening. This helps to reduce the stool output at night.

Eat foods that contain healthy fats - Avoid fried, greasy and fatty foods. These foods are hard to digest with an altered colon. Choose baked, broiled, or grilled foods instead. Healthy fats include monounsaturated and polyunsaturated fats such as canola oil, olive oil, and nuts.

Eat as healthy as possible as allowed by the digestive system - Fruits, vegetables, lean protein, and whole grains are all nutrient dense foods. Nutrient dense foods are foods that contain protein, complex carbohydrates, healthy fat, vitamins, and minerals all needed by the body to function optimally. Consult a registered dietitian for specific recommendations based on one's level of food tolerance.

No single food will supply all the nutrients a body needs, so good nutrition means eating a variety of foods. It is important to eat foods from each group at each meal every day.

Foods are divided into five main groups:

- Fruits and vegetables (oranges, apples, bananas, carrots, and spinach)
- Whole grains, cereals, and bread (wheat, rice, oats, bran and barley)
- Dairy products (milk, cheese, and yogurt)
- Meats and meat substitutes (fish, poultry, eggs, dried beans, and nuts)
- Fats and oils (oil, butter, and margarine)

It is important to eat foods from each food group at each meal every day. Meals and snacks should include starch/grains, protein, dairy, fruits, vegetables and fats. By eating foods from each food group at each meal, an individual ensures that the body has a proper balance of all nutrients it needs to function. Eating meals and snacks at regular times is also necessary for controlling blood sugar levels.

Introduce one type of food at a time to test how it affects bowel function. If it does not produce a good result, stop eating it. However, as the body heals and adjusts, the offending food may become easier to tolerate, so try adding it to the diet again on several occasions before giving up on it.

Eat whole grain foods when possible - Cereals, breads, brown rice, whole wheat pasta, and crackers are good whole grain choices. Whole grain foods will have "whole grain flour," "whole wheat flour," or "oats" as one of the first 3 ingredients. If diarrhoea is an issue, one may need to avoid whole grains due to their higher fibre content. Foods containing large amounts of fibre and bran should be avoided for 6 to 8 weeks after surgery. After that time, certain bulking agents may help firm the

stool. Only certain patients need to have a firmer stool, so do not use these agents without the physician's instructions.

A registered dietitian can provide guidelines for following a low residue diet for diarrhoea.

Eat slowly and chew food really well - Digestion begins in the mouth. Smaller food particles are much easier to digest and are less likely to cause discomfort during the digestion process. Chew foods completely to help the digestive process. Especially avoid swallowing large pieces of leafy vegetables since they can block the stoma opening on the abdominal wall.

Sit up after eating - Wait at least 1 hour before lying down. Lying down after eating encourages acid to flow from the stomach to flow back into the oesophagus leading to symptoms of heartburn. Stay in an upright position while food digests. This will keep the acid from the stomach in the stomach. It is not uncommon for cancer patients to have heartburn, gas, bloating, and belching. Ask a registered dietitian for guidance on which foods to avoid when experiencing heartburn, gas, bloating, and belching.

Be as active as possible - Exercise may help to stimulate appetite and endorphin production. Being able to eat more and having an enhanced feeling of wellbeing will make one's treatments more bearable.

Drink sufficient fluids to avoid dehydration - Choose beverages that contain nutrients and kilojoules. A good starting point is to strive for several glasses of nutritious beverages per day. Only take small sips with meals to avoid excessive bloating, gas or feeling too full to eat. The best time to drink fluids is an hour before or after a meal. Choose beverages that contain kilojoules and nutrients such as juices, smoothies, and liquid nutrition supplements.

A registered dietitian can provide recommendations for which liquid nutrition supplement and how much is best.

Keep a journal - Record eating times, foods consumed, and any effects to track and determine which foods are best tolerated.

Be observant of changes in bowel habits - Certain substances can change the appearance of the stool. Bile that cannot be reabsorbed in the intestine can cause a yellow or green stool colour, especially when diarrhoea or rapid bowel action occurs. Beets make the stool appear red - it is not blood! Broccoli, asparagus, and spinach, can darken, even blacken, the stool.

Take medication as prescribed – it is important to take medication regularly as prescribed by the treating physician.

Things that cause excess swallowed air and then gas

- Jittery or stressed personality and excessive saliva swallowing
- Poorly fitting dentures, smoking pipes or cigarettes, chewing gum or tobacco can cause increased salivation and swallowing
- Eating fast and swallowing large chunks of food or large amounts of beverages
- Using straws or drinking from a bottle or can
- Inactivity and lying down after eating

Foods that may cause gas or odour

Asparagus	Cauliflower	Grapes
Apples	Corn	Green pepper
Bananas	Cucumber	Melon
Broccoli	Dairy products	Onions
Brussels sprouts	Dried beans/peas	Prunes
Cabbage	Eggs	Radishes
Carbonated drinks	Fatty foods	Turnips

Foods that may help relieve gas and odour

Buttermilk	Parsley
Cranberry juice	Yogurt with active cultures

Foods that may cause blockage of stoma opening

Certain foods, if eaten in large amounts and not chewed well, may cause blockage. Use caution when eating these foods. Eat them in small amounts and be sure to chew them well.

Celery	Meat casings	Pineapple
Coleslaw	Mushrooms	Popcorn
Corn	Nuts	Salad greens
Dried fruits	Peas	Seeds

Foods that may cause loose stools

Alcoholic drinks	Coffee	Licorice
Apple juice	Dairy products	Prune juice
Baked beans	Grape juice	Spiced foods
Chocolate	Green leafy vegetables	Tomatoes

Foods that may help thicken stools

Applesauce	Cheese	Marshmallows
Bananas	Cream of rice	Mashed potatoes

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Peanut butter (creamy)
Rice

Soda crackers
Tapioca

Weak tea

Maintain a good mass (weight) - It is normal to lose some weight after being diagnosed with colon cancer and beginning on treatment. If losing more than ½ to 1Kg per week continuously, consult a registered dietitian immediately for recommendations on increasing kilojoule intake. Extra fat in the abdominal wall can make it difficult for the stoma to function properly.

If there are any specific questions regarding any of the guidelines, please contact a registered dietitian.

Consultation with a Registered Dietitian

Patients on any type of cancer treatment (oncology surgery, radiation therapy and/or chemotherapy) should, if at all possible, consult a Registered Dietitian (RD) whenever they experience any issues with nutrition or diet. The same applies to cancer survivors between cancer treatments and upon completion of their cancer treatment.

[Picture Credit: Ask the Dietitian]



For individualised nutritional advice, consult a Registered Dietitian (RD) in your area by visiting:
<http://www.adsa.org.za/Public/FindARegisteredDietitian.aspx>

Medical Disclaimer

These Nutritional Guidelines are intended to provide general information only and, as such, should not be considered as a substitute for advice, medically or otherwise, covering any specific situation. Users should seek appropriate advice before taking or refraining from taking any action in reliance on any information contained in these Nutritional Guidelines. So far as permissible by law, the Cancer Association of South Africa (CANSA) does not accept any liability to any person (or his/her dependants/estate/heirs) relating to the use of any information contained in these Nutritional Guidelines.

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ADDITIONAL SUPPORT

For individualised nutritional advice, consult a registered dietitian in your area by visiting:

<http://www.adsa.org.za/Public/FindARegisteredDietitian.aspx>



Sources and References Consulted or Utilised

Ask the Dietitian

<http://www.realfoodforfuel.com/blog/what-is-a-registered-dietitian-nutritionist>

Colostomy

www.phcsonline.com/blog1/colostomy-care-in-home-health-care/

Cancer Research UK

<http://www.cancerresearchuk.org/about-cancer/type/bowel-cancer/about/risks/food-types-and-bowel-cancer>

<http://www.cancerresearchuk.org/about-cancer/type/bowel-cancer/living/diet-after-bowel-cancer>

Cancer Treatment Centers of America

<http://www.cancercenter.com/colorectal-cancer/nutrition-therapy/>

Cleveland Clinic Wellness

<http://www.clevelandclinicwellness.com/conditions/coloncancer/Pages/EattoTreatColonCancer.aspx>

Colorectal Cancer Association of Canada

<http://www.colorectal-cancer.ca/en/nutrition/nutritional/>

Colorectal Cancer Image

<http://www.healthguru.com/topic/cancer/colorectal-cancer>

Medline Plus

<https://www.nlm.nih.gov/medlineplus/ency/article/002942.htm>

Medscape

http://www.medscape.com/viewarticle/773158_3

National Cancer Institute

<http://www.cancer.gov/types/colorectal>

Eating Hints: Before, During and After Cancer Treatment. US Department of Health and Human Services. National Institutes of Health. National Cancer Institute. January, 2011.

Susan Cohen Colon Cancer Foundation

<https://coloncancerfoundation.org/prevention/eatingWellDiet.html>

The World's Healthiest Foods

<http://www.whfoods.com/genpage.php?tname=disease&dbid=10>

United Ostomy Association of America

<http://www.ostomy.org>

University of Otago

<http://www.beatbowelcancer.org.nz/wp-content/uploads/2014/10/Healthy-Eating-After-Colorectal-Cancer.pdf>

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WebMD

<http://www.webmd.com/colorectal-cancer/guide/eating-prevent-cancer>

<http://www.webmd.com/digestive-disorders/picture-of-the-colon>

http://www.webmd.com/cancer/common-cancers-15/colorectal/colorectal-cancer-best-self?ecd=wnl_nal_061016&ctr=wnl-nal-061016_nsl-promo-v_1&mb=V5sz9QtzqOA6Pk2NX5VnXmdEpmNqbUHL1iiDHYwpneY%3d

<http://www.webmd.com/colorectal-cancer/guide/living-colostomy>

World Cancer Research Fund International

<http://www.wcrf.org/int/research-we-fund/continuous-update-project-findings-reports/colorectal-bowel-cancer>

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