

MANAGING BOWEL DYSFUNCTION

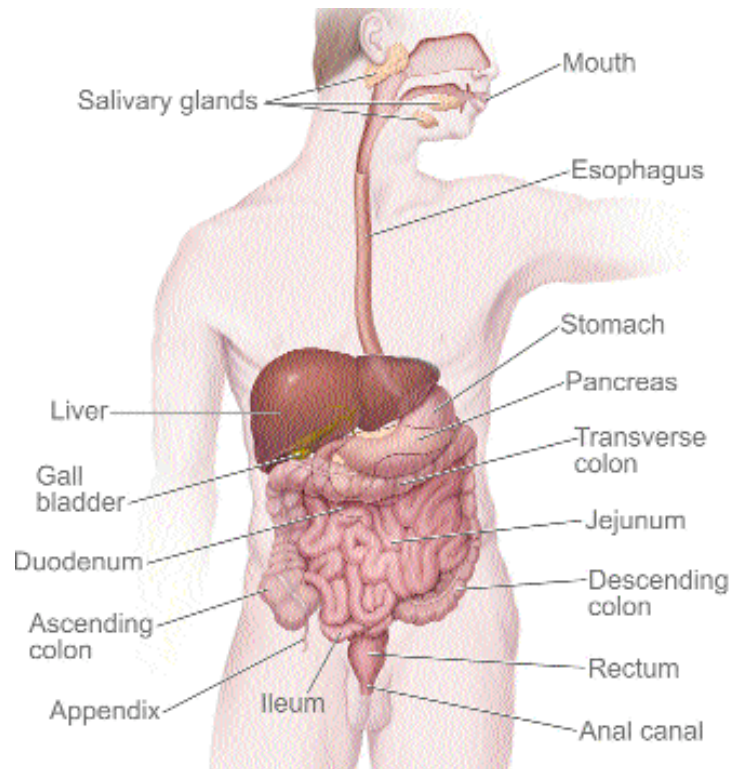
Bowel dysfunction refers to problems with the frequency, consistency and/or ability to control your bowel movements. Patients may have trouble with their bowel movements due to many factors, which include medications, diseases or treatments for disease(s), stress, or a change in eating and/or exercise patterns.

Depending on the causes of your problems, you may be able to prevent, manage and/or treat bowel irregularities. Your health care team prepared this booklet to help you manage bowel dysfunction. This booklet will provide information on how to lessen your discomfort and control your symptoms. There are also self-help groups that can provide assistance to people with bowel *incontinence*.^{*} Feel free to ask your nurse for information about these groups.

The digestive system

To better understand bowel dysfunction, it is helpful to know how the digestive system normally works. The primary function of the digestive system is to provide the body's cells with constant nourishment. The secondary function of the digestive system is to get rid of

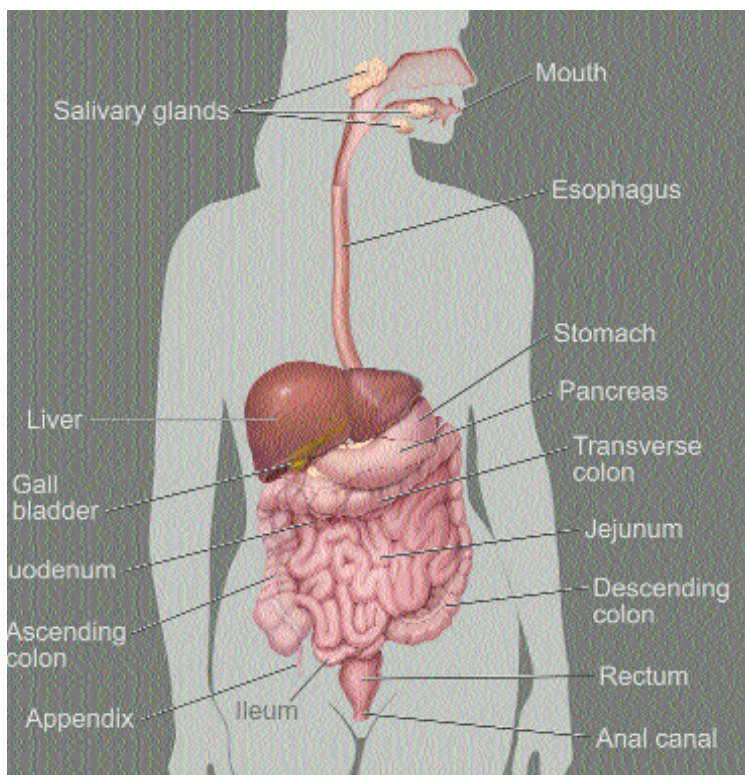
^{*}The glossary defines words in italics.



The male digestive system

waste products left over from digestion. These two functions, providing nourishment and ridding the body of waste, are carried out by *digestion*, absorption of food and fluids, and passage of waste products from the body through the *anus*.

The digestive system comprises the mouth, esophagus, stomach, and *small and large intestines* (bowels). The liver, gall bladder, and pancreas also help digest food. In the mouth, food is broken down mechanically when you chew



The female digestive system

and chemically by the substances in the saliva called enzymes. Food and fluid then move through the esophagus into the stomach. Enzymes are secreted by the stomach, pancreas, gall bladder, and liver to further break down food into its basic parts (protein, carbohydrates, and fat).

Broken-down food mixes with digestive juices and moves through the small and large intestines. The small intestine digests and absorbs nutrients. The large intestine stores undigested food and absorbs liquid. When undigested food and waste products from digestion enter the rectum, they are pushed to the anus and secreted from the body.

Normal bowel function

Normal stool (feces) is brown, soft, regularly shaped, and easy to pass from the body. Normal bowel movements (*defecation*) occur regularly in time intervals ranging from twice a day to three times a week.

The natural pattern of bowel movements can be changed by many factors such as infections, medications, and stress. The pattern can also be affected by changes in diet, liquid intake, and exercise. Knowing about these factors may help you understand how to manage your bowel problems.

Diagnosing bowel problems

In addition to a physical examination, your doctor will want you to have certain diagnostic tests that will provide information about your gastrointestinal tract, any abnormal organs, as well as infections, or diseases that are causing your bowel problems. Using a gloved finger coated with lubrication jelly, your doctor will give you a rectal examination and feel for any abnormality in your anal area.

The following list includes tests that your doctor may order. Your doctor will request that you have only those tests that will provide the information needed to diagnose, treat, or manage your bowel problems.

Radiologic or ultrasonic examination

- ▶ Barium swallow
- ▶ G.I. (gastrointestinal) series with small bowel follow-through
- ▶ Barium enema
- ▶ CAT scan

Laboratory studies

- ▶ Blood studies
- ▶ Fecal sampling for occult blood or organisms present in the G.I. tract

Special procedures

- ▶ Sigmoidoscopy
- ▶ Proctoscopy
- ▶ Endoscopy
- ❖ Colonoscopy

Your doctor will explain the need for each test. Your nurse will give you information on how to prepare for the test and what to expect during and after the procedure. Be sure to ask questions about anything you do not understand.

Fecal hemoccult blood sampling

Your doctor may want to obtain a fecal sample to see if there is blood in your stool. The doctor will take this sample during a routine rectal examination and put the sample on a hemoccult slide developer. You can have test results immediately. If another fecal sample is needed, your doctor or nurse will show you how to obtain it.

If your doctor requests a stool specimen, follow these directions:

1. Collect the stool in a dry, clean container. This container will be given to you by your nurse.
2. A freshly passed stool is preferred. Avoid putting toilet paper in the container. Do not collect a stool specimen that has dropped into the toilet.
3. If possible, collect one entire stool (or a size of stool that fits into the container provided).
4. Wash your hands after having a bowel movement.
5. Refrigerate the stool if it cannot be examined right away.
6. Give the specimen to your nurse or doctor.

If your doctor requests a stool specimen to test for the presence of bacteria or eggs from parasites, follow these directions:

1. Collect the stool in a dry, clean container. This container will be given to you by your nurse.
2. Collect a freshly passed stool. Avoid putting toilet paper in the container. Do not collect a stool specimen that has dropped into the toilet.
3. If possible, collect one entire stool (or a size of stool that fits into the container provided).
4. Wash your hands after having a bowel movement.
5. The stool should be taken promptly to the hospital laboratory.

Constipation

Constipation is a condition in which bowel movements occur less often than is normal for an individual, or when the stool is small, hard and/or difficult to pass. The most common causes of constipation include the following: (1) delaying a bowel movement due to lack of time, irregular work schedules, or lack of privacy; (2) a low-fiber diet; (3) limited fluid intake; (4) inactive or sedentary lifestyles, and (5) medications/illnesses.

Impaction

Impaction refers to the build up of stool in the intestine. This results when constipation persists and stool becomes so hard that it blocks the bowel. If an impaction occurs, normal bowel movements are impossible, and liquid stool may seep around the impaction.

Because an impaction can cause serious health problems, it must be removed. Do not use laxatives or cathartics. These can seriously injure the bowel. Your doctor may prescribe an oil-retention enema to soften the stool and a soap suds enema to produce a bowel movement. If these measures do not work, the hardened stool must be removed by hand. This is done by a medical professional who uses a gloved finger to break up the mass and takes out the hard pieces of stool.

You can prevent constipation and/or impaction by following a regular diet, exercise, and sleep pattern. Below is a list of guidelines to help you achieve regularity.

- ▶ When stool remains in the body, it can become drier and harder, which makes it more difficult to have a bowel movement. Therefore, the urge to defecate should not be ignored. Set a specific time aside every day to have a bowel movement. Choose a time of day when you feel relaxed and when you have the most privacy. A good time may be about 30 minutes after breakfast. Following a schedule helps the body become used to producing stool regularly.
- ▶ Gradually increase the fiber in your diet to the recommended amount of 25-35 grams per day. See the section below in “dietary guidelines for the treatment of constipation” for a list of high-fiber foods.
- ▶ Avoid foods that may be constipating. See the section below in “dietary guidelines for the treatment of constipation” for a list of such foods.
- ▶ Drink plenty of liquids, at least eight 8-ounce servings per day (unless your doctor orders otherwise). Fluids help move stool through your intestines.
- ▶ Aim for at least 30 minutes of physical activity every day. For example, try brisk walking, swimming, or aerobics.
- ▶ Avoid using laxatives or enemas. Constipation may be caused by other problems, and you may want to consult your doctor if constipation persists.
- ▶ Keep a record of the pattern, amount, and characteristics of your stools. This will help you and your doctor understand the problem.

In summary, to avoid constipation or impactions, establish a regular bowel movement pattern and maintain good dietary habits. See the following section, “Dietary guidelines for treating constipation” for more specific diet guidelines. Your doctor or dietitian can provide additional advice on preventing or correcting these problems.

Dietary guidelines for treating constipation

Below are some diet tips that might help you prevent and treat constipation.

1. Drink at least six to eight cups of liquid each day. A glass of prune juice or a hot beverage such as tea, coffee, or lemon water taken in the morning may help you achieve regularity.
2. Include high-fiber foods in your daily diet. Fiber helps to move foods through the intestines and out of the body.
High-fiber foods include:
 - ▶ Cruciferous vegetables, which include cabbage, broccoli, Brussels sprouts, rutabagas, turnips, and cauliflower
 - ▶ Fruits, such as apples, pears, grapes, and berries
 - ▶ Nuts and seeds
 - ▶ Peas, beans and lentils
 - ▶ Popcorn
 - ▶ Whole-grain products such as breads, cereals and pastas made with 100% whole wheat, barley, oats, corn, and rye
3. Eat at least three servings of raw vegetables or fruits every day. Select fruit with edible skins, such as apples, pears and potatoes.
4. Choose fiber rich grains such as brown rice instead of white rice and whole-grain bread instead of white bread.
Unprocessed bran is a dietary fiber supplement that may be added to your cereal, beverages, or baked goods to increase your fiber intake.
5. Gradually add high fiber foods, such as the ones listed above, to your diet. Add one additional serving of high fiber foods every 2-3 days to let your colon adjust and to prevent excess gas and stomach discomfort.
6. Limit foods that can contribute to constipation such as cheese, processed meats, and other low-fiber foods.
7. Consult a dietitian for recommendations specific to your needs.
8. See the sample diet for menu ideas.

SAMPLE MENU

To prevent and/or treat constipation

Breakfast

- 1 cup Bran Flakes
- 1/2 cup berries
- 1 cup milk
- 2 slices of Whole-wheat or multigrain bread
- 1 Tablespoon jelly
- 8+ ounces of juice
- Coffee or tea

Snack

- 1 Apple with 2 Tablespoons peanut butter
- 8+ ounces of water

Lunch

- 1 cup of chili or bean soup
- 1 baked potato (with skin)
- 1 side salad with dressing
- 1 cup ice cream or frozen yogurt
- 8+ ounces of water

Snack

- Whole-wheat pita bread
- 1/4 cup hummus
- 8+ ounces of water

Dinner

- Stir-fry with 3 ounces of grilled chicken, fish, or turkey,
- 1 cup mixed vegetables, served with brown rice
- 1 cup fresh fruit salad
- 8+ ounces of milk

This menu provides about 35 grams of fiber and at least 64 ounces of fluid.

Treating chronic constipation with drugs

Constipation can often be treated with the diet and lifestyle changes discussed above. If these methods fail, laxatives may be used temporarily to treat constipation. Laxatives help stool pass from the colon and rectum. Some laxatives are stronger than others, and it may be best to use a mild, bulk-forming laxative for one week before trying stronger medications. Stop using this laxative when regularity returns.

If you need to take prescription laxatives, use them with caution. These laxatives may prevent your body from absorbing other drugs you are taking. Regardless of the kind of laxative you take, check with your doctor, nurse, or pharmacist before you use any laxative.

Treating constipation with the bowel training program

The following bowel training program may be helpful for people who have bowel *incontinence* or for those who cannot control the muscle that allows stool to pass from the body. To achieve the best results, choose the same time each day to have a bowel movement.

Begin the program by drinking a warm beverage (prune juice or fruit nectar) after breakfast or another meal. About 15 minutes after breakfast, turn on your left side and insert a glycerin suppository (blunt end first). This suppository should be coated with water or a water-soluble lubricant (not Vaseline).

About 30 minutes after the suppository has been put in, sit on the toilet or use the bedpan. At this point, anal stimulation may be helpful. To do this, put on a fingercot (rubber finger cover) or glove, and gently insert a finger into the anus about 1/4 inch for about 5 to 10 seconds. Lean forward to help the bowel movement start.

Diarrhea

Diarrhea is the frequent passing of liquid or unformed stool. This condition is usually accompanied by an urgent need to use the bathroom and/or abdominal discomfort with cramps.

Acute diarrhea does not last long. The most common causes of this kind of diarrhea are chemotherapy, medication, stress, irritating foods, or gastrointestinal organisms. Symptoms usually go away in a few days or after the cause for diarrhea has been resolved.

Chronic diarrhea lasts longer than 3 days. It is often caused by intestinal surgery, digestive diseases, irritating foods such as dairy products, and/or radiation therapy.

Depending on the cause, you may be able to treat your diarrhea with dietary changes. See the list below for some suggestions that may help you manage or control your diarrhea.

Dietary guidelines for the person with diarrhea

1. It is very important to replace the liquids that are lost due to diarrhea. . Drink at least 1 cup (8 ounces) of fluid for every loose bowel movement. Pale, plentiful urine indicates that you are drinking enough fluids. Patients with severe diarrhea may need to have fluids replaced intravenously. Your doctor will discuss this option with you if necessary.
2. Choose liquids such as water, broth, jello, fruit ice, weak tea, sports drinks, and carbonated drinks. Carbonated drinks are better tolerated when they are “flat,” or they have lost their fizz.
3. Avoid beverages that have a lot of sugar, such as juices and fruitades. Also avoid caffeinated drinks such as coffee, strong tea, caffeinated sodas and chocolate. These beverages can make diarrhea worse.
4. It is also important to replace the nutrients that are lost due to diarrhea, specifically potassium. Choose foods that are high in potassium such as potatoes (without the skin), bananas, yogurt, citrus fruit, melon and meat.
5. Avoid foods that are very hot or very cold. Foods of extreme temperatures may aggravate diarrhea.
6. Avoid foods that are high in insoluble fiber. These foods include raw fruits and vegetables, whole-grain breads, whole-grain cereals, nuts and seeds.

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7. Choose foods high in soluble fiber. These foods include oats, barley, peeled fruits, and fiber products such as Metamucil and Benefiber. This kind of fiber acts like a sponge to absorb excess fluid, which helps control diarrhea.
 8. Limit your intake of sweets such as sugar, desserts, and candy. These foods can make diarrhea worse.
 9. Also avoid foods sweetened with the sugar-free alcohol, Sorbitol. Sorbitol is used in many sugar-free gums, candies and medicines. This sugar alcohol causes diarrhea for many individuals.
 10. Avoid fatty, greasy, and spicy foods. Foods should be prepared without added fats or spices.
 11. Avoid dairy products high in lactose, or “milk sugar.” These foods include cow’s milk, ice cream and soft cheese. The lactose in these foods is difficult to digest during period of diarrhea.
 12. Choose dairy products low in lactose, or “milk sugar.” These foods include yogurt, cottage cheese, and hard cheeses. Yogurt and hard cheeses also have probiotics, or healthy bacteria, that help heal your intestine and prevent diarrhea.
 13. Avoid gas-forming foods such as onions, cabbage, broccoli, cauliflower, Brussels sprouts, and baked beans.
 14. Eat small meals often, every 3-4 hours. Small meals reduce bloating and abdominal discomfort.
 15. Sit or lie down for at least 15 minutes after eating. By resting, you can slow the contractions which push food through your intestinal tract.
 16. As your symptoms lessen and you begin to feel better, gradually add bland, low-fiber foods like plain lean meats, cheese, eggs, yogurt, rice, potatoes, plain pasta, dry toast, crackers, hot cereal, canned fruits, apple sauce, and bananas.
 17. Consult a dietitian for additional recommendations to fit your lifestyle.
 18. Consult your doctor if your diarrhea continues. Severe diarrhea may require more therapy.
 19. See the sample menu below for menu suggestions.

SAMPLE MENU

To Reduce Diarrhea

Breakfast

- 1 cup oatmeal made with Lactaid milk
- 1 banana
- 8+ ounces water *

Snack

- 2 slices of white toast
- 1 tablespoon smooth peanut butter
- 2 tablespoons low-sugar jelly
- 8+ ounces low sugar drink such as Crystal Light

Lunch

- 1 can of tuna fish on 2 slices of white bread
- 2 tablespoons of low-fat mayonnaise
- 1 cup applesauce
- 8+ ounces of sports drink or flat soda

Snack

- 1 cup of canned peaches
- 1 cup of cottage cheese
- 8+ ounces water

Dinner

- Small baked potato without the skin
- Steamed green beans
- 3 ounces chicken breast
- 1 dinner roll with butter
- 8+ ounces low sugar drink

Snack

- 4 graham crackers
- 1 cup yogurt

* Drink another 1 cup (8 ounces) of fluid for every loose bowel movement.

Treating diarrhea without drugs

Diarrhea may be caused by many factors, and treatment for diarrhea may not cure the underlying cause of this health problem. However, diarrhea that is temporary and not caused by other physical problems is not difficult to control. Mild to moderately acute diarrhea that causes vomiting usually resolves on its own.

Treating diarrhea with prescription drugs

Diarrhea that does not resolve with diet changes may require medical treatment. See the list below for an explanation of the available medications.

Treating diarrhea with nonprescription drugs

Polycarbophil

This drug is an absorbent. It works by absorbing many times its weight in water. This product is used to treat diarrhea or constipation. Because excess fluid is absorbed, fewer bowel movements occur and stools become firmer. Polycarbophil is inert and does not harm the body.

Adsorbents

Adsorbents treat mild diarrhea. Antidiarrhea drugs containing adsorbents are taken after each loose bowel movement until the diarrhea is controlled. If you have many episodes of diarrhea and take the drug after each one, you may be taking a lot of adsorbents into your system. Taking high doses of products

containing adsorbents can cause constipation. Kaolin, pectin, and bismuth subsalts are examples of medications with adsorbents.

Bulking agents

These products contain the soluble fibers pectin, methylcellulose, or psyllium. Soluble fiber controls diarrhea by acting like a sponge and absorbing the extra water. As a result, stools are soft but formed. Since these fibers may increase the amount of stool, use them when the volume of stool is manageable.

Probiotics

Probiotics are “healthy” bacteria that help heal your intestine and prevent diarrhea. One example of a probiotic is *Lactobacillus acidophilus*, which is normally found in the digestive system. Certain prescription drugs, such as antibiotics, have a side effect of killing these bacteria, which results in diarrhea. You can replace the healthy bacteria and help manage diarrhea by consuming fermented products, such as yogurt containing active cultures. You can also take *Lactobacillus acidophilus* tablets or granules to replace the bacteria lost in your digestive tract. Examples of probiotic tablets include Bacid and Lactinex.

Supplies and equipment to manage incontinence

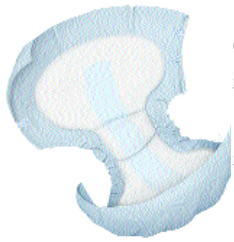
Special equipment and supplies are available to help you manage incontinence. Supplies may be obtained from a local medical/surgical supply store, some drug stores, supermarkets, or discount department stores. Since various qualities and designs are available, select the brand that best suits your needs, feels comfortable, and keeps moisture away from your body while keeping clothes dry.

Equipment such as commode chairs and bedpans may be borrowed from some health care organizations, or they may be bought or rented. Below is a list of the supplies available and the types of incontinence for which they are used.

Padding/diapers (to wear or to protect bed linens)

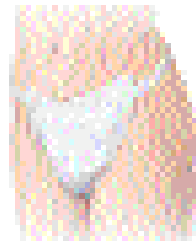
Padding must be checked every 3 to 4 hours depending on how often incontinence occurs.





contoured diaper

To avoid prolonged skin exposure to irritating stool, change wet padding as soon as possible.



undergarment

Select an absorbent brand of padding or diapers that does not hold moisture against the skin.

Some padding is designed specifically to wear as a disposable diaper. Other padding protects bed linens or furniture. Sometimes a diaper is adequate; at other times more padding is needed for a larger amount of incontinence at one time. We recommend using thinner padding that needs to be changed more often rather than using thicker padding that can prolong skin exposure to stool.

External collecting devices for stool

A special fecal incontinence collector may be attached to the anal area to collect stool. It is particularly helpful for collecting soft or liquid stool. The collector may be used for short periods of time, especially if the stool is passed at a predictable time. The device sticks to the anal area with a special nonirritating adhesive. Your nurse will help you decide if this device is right for you. You will also be given directions on how to use it.

Deodorizers

Many odor eliminators are available. Select one made specifically for biological odors (urine, feces, or vomitus). The deodorizer has a special ingredient to break down the bacteria or substance causing the odor. Household deodorizers work on airborne odors, but not on bodily fluids.

Follow the directions on the container for proper use.

Skin care

People unable to control bowel movements may develop skin irritation or skin breakdown. As part of your skin care program, good hygiene and adequate skin protection can help you maintain healthy skin.

Careful attention to skin care includes taking a daily bath, with special care to the genital area and the buttocks. Both areas are exposed to stool after each incontinence. Stool that remains on the skin may cause irritation and skin breakdown. If skin break-down develops, you will feel very uncomfortable and may develop bedsores and infections.

Many skin care products are available from medical/ surgical supply stores. There are also kits comprising three to four items that are used together to achieve the best results:

1. a liquid to cleanse
2. a cream to heal irritated skin
3. a moisture barrier to protect the skin from irritating body fluids

The liquid skin cleanser not only cleans but deodorizes the skin and eliminates odors caused by urine or feces. Most brands are pH balanced: they are less alkaline than most soaps and less irritating to the skin. Skin cleanser should be used after each incontinence. The cream is applied and gently massaged into the skin after the liquid cleanser has been used. The moisture barrier is then applied over this cream to protect the skin from irritating body fluids.

Recommended skin care program

- ▶ Cleanse the genital area and buttocks daily and after each incontinence. Dry the area thoroughly: pat dry, do not rub.
- ▶ Women should use liquid cleanser to wash from front to back to prevent fecal bacteria from contaminating the urinary meatus or vagina. Rinse this area well and gently dry thoroughly.
- ▶ To heal and moisturize, apply skin care cream to the entire area. Rub this cream in gently and thoroughly so that it is absorbed.
- ▶ To protect, apply a moisture barrier to the skin. Liquid barriers provide a clear protective film over the area. Ointment is a heavier lubricant that prevents stool from coming in contact with the skin. This moisture barrier is applied after the cream is rubbed in well.

- ▶ Check the perineal area every 3 to 4 hours. Skin must be cleansed after each incontinence, and soiled clothing or linen must be changed.
- ▶ Skin care for the elderly incontinent patient is also important. Since sweat gland function is decreased, less frequent bathing is suggested. “Sponge baths” can be taken between tub baths. Generously apply lubricating lotion to all body surfaces. Areas exposed to incontinence may need more frequent cleansing. Pay special attention to the perineal area and buttocks: apply proper skin care items to cleanse, heal, and protect the skin.

Coping with incontinence

Sometimes, despite your best efforts, bowel continence is not achieved. This does not mean that you have been negligent or that you have not tried hard enough. The underlying disease or disorder may not allow your bowel management program to work. Even when you try hard to control incontinence, accidents due to travel or illness may occur.

Incontinence affects your general feeling of wellness. Loss of bowel control affects not only you but family members and friends. When family members and friends accompany you on a trip or social event, they must be prepared to alter plans when accidents occur, let you have frequent bathroom stops, and help you carry incontinence supplies.

Bowel incontinence affects each patient differently. Some cope and adjust their needs, while others use humor to relieve their anxiety. Some retreat to their homes to avoid the embarrassment caused by their loss of control.

Many people find that counseling helps them cope with their embarrassment about being incontinent. If you feel the need for support or counseling, your doctor or nurse can give you information. There are self-help and support groups that work with people with incontinence. These groups offer psychological support and provide education and product information to keep people with incontinence informed about managing this condition. By learning techniques or methods to manage incontinence, you can feel good about yourself and continue to lead your life normally.

You may want to consider the following to help you maintain your usual life-style:

- ▶ If you wear adult diapers or special padding, you may need to wear loosely fitting clothes.
- ▶ Control odor by practicing good personal hygiene.
- ▶ Have enough supplies on hand for washing up and changing clothes.
- ▶ To help avoid accidents, follow your recommended bowel management program.
- ▶ Stressful situations may cause accidents: be prepared for these times.

- ▶ Select the most appropriate garments or padding to contain stool and avoid odor and embarrassment. (Refer to the section on supplies and equipment for hints and descriptions of incontinence supplies.)

Specialized surgical procedures for bowel dysfunctions

Colostomy or ileostomy

Certain bowel dysfunctions require surgical treatment. The surgeon may either take out the affected portion of bowel or do a more extensive procedure (fecal diversion) to create a new outlet for stool.

If a fecal diversion is necessary in the small bowel, an ileostomy (an opening in the ileum) will be made. A fecal diversion in the large bowel requires a colostomy (an opening in the colon). These diversions may be temporary or permanent depending on the type of dysfunction.

If a fecal diversion is planned for you, a Wound, Ostomy, Continence Nurse (WOCN) will work with you and your nurse to prepare you for this procedure and give you tips on caring for yourself at home. A booklet on caring for your ostomy is available from the WOCN.

After surgery, you will begin with a clear liquid diet, and then progress to a soft, low residue diet before resuming a regular diet. Your doctor, nurse and/or dietitian will provide specific instructions for each of these diets.

Below is a list of the general dietary guidelines for the first 6 to 8 weeks after ostomy placement, including a list of foods to choose and foods to avoid. Your dietitian can provide further information on when to introduce new foods to your diet.

Dietary guidelines for the first 6 to 8 weeks after ostomy placement

1. Choose bland foods high in soluble fiber, which help thicken stools. Examples:

- ▶ Angel food cake
- ▶ Applesauce
- ▶ Bananas
- ▶ Canned fruit
- ▶ Cooked carrots or squash
- ▶ Crackers
- ▶ Diluted, unsweetened juice
- ▶ Lean meat, fish, or poultry (baked, boiled or grilled)
- ▶ Oatmeal
- ▶ Potatoes without the skin
- ▶ Pretzels
- ▶ Pureed vegetables
- ▶ Smooth nut butters
- ▶ Yogurt
- ▶ White bread, pasta, or rice

2. Avoid foods that are high in insoluble fiber, such as those listed below:

- ▶ Apple or prune juice
- ▶ Chunky nut butters
- ▶ Dried fruit
- ▶ Fruit with skin and/or seeds
- ▶ Grapes
- ▶ Nuts, seeds, popcorn
- ▶ Raw vegetables
- ▶ Wheat bran cereal
- ▶ Whole-wheat products

3. Avoid foods that are high in fat, including all fried foods.

4. Avoid foods that cause diarrhea*.

See the heading, “Dietary guidelines for the person with diarrhea,” for a list of foods to choose/avoid.

*** Note: You may still develop diarrhea due to the flu or other causes.**

5. Avoid foods that increase gas, such as the ones listed below:

- ▶ Asparagus
- ▶ Beans and peas
- ▶ Beer
- ▶ Broccoli
- ▶ Brussels sprouts
- ▶ Cabbage
- ▶ Carbonated beverages

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- ▶ Cauliflower
 - ▶ High fat foods
 - ▶ Milk
 - ▶ Onions
6. Avoid foods that cause strong odors such as:
- ▶ Asparagus
 - ▶ Eggs
 - ▶ Fish
 - ▶ Garlic
 - ▶ Green pepper
 - ▶ Highly spiced foods
 - ▶ Mustard
 - ▶ Onions
 - ▶ Radish
7. Choose foods that reduce odors such as:
- ▶ Buttermilk
 - ▶ Cranberry juice
 - ▶ Parsley
 - ▶ Yogurt
8. Add one new food at a time to see which foods you are able to digest without pain or discomfort.
9. Keep a record of foods that bother you and the problems they cause. A food may disagree with you at first, but it may not present a problem after a few weeks. Food tolerances differ from person to person.
10. Eat regularly. Skipping meals actually increases gas which can cause abdominal discomfort.
11. Eat small meals every 3-4 hours. Small meals prevent bloating and abdominal discomfort.
12. Avoid behaviors that increase gas such as chewing gum, chewing tobacco, using straws, drinking carbonated beverages and smoking.
13. Drink liquids between meals instead of with meals. This will help prevent diarrhea and/or bowel movements immediately after eating.
14. Eat in a relaxed atmosphere. Emotional upset, tension, or travel may cause bowel problems, even if you eat foods that you are used to.
15. Chew foods well and eat slowly.
16. Eat in an upright position rather than lying down. Remain upright for at least 30 minutes after eating.
17. Eat a well-balanced diet that includes a variety of foods.
18. Drink extra fluids to replace fluids lost through your ostomy and to prevent dehydration.
19. See a dietitian for recommendations specific to your needs.
20. See the sample menu for menu ideas.

SAMPLE MENU

For patients with an ostomy

Breakfast

- 1 cup oatmeal made with Lactaid milk
- 1 banana
- 8+ ounces water *

Snack

- 2 slices of white toast
- 1 tablespoon margarine
- 2 tablespoons low-sugar jelly
- 8+ ounces low sugar drink or unsweetened citrus juice*

Lunch

- 1 cup puréed vegetable soup
- 4 Saltine crackers
- 1/2 turkey sandwich on white bread
- 1 cup applesauce
- 8+ ounces water, low sugar drink, or unsweetened citrus juice *

Snack

- 1 cup of canned peaches
- 1 cup of cottage cheese
- 8+ ounces of water*

Dinner

- Small baked potato without the skin
- Steamed green beans
- 3 ounces chicken breast
- 1 dinner roll with butter
- 8+ ounces water, low sugar drink, or unsweetened citrus juice *

Snack

- 4 graham crackers
- 1 cup yogurt without fruit or nuts
- 8+ ounces water, low sugar drink, or unsweetened citrus juice *

* *Note: Drink liquids after meals instead of during meals. Drink extra fluids as needed to replace the fluids you lose through the ostomy.*

Taking medications safely

- ▶ Take your medications as directed. It may be important to take drugs at specific times, such as before or after meals.

Try to take your medications at specific times during the day.
- ▶ Be sure you understand the directions on your prescriptions. The phrase “four times a day” may mean after meals and at bedtime or every 6 hours depending on the medication. If the directions are unclear, ask the doctor, pharmacist, or nurse to clarify them for you.
- ▶ If you miss several doses (two or more), do not try to make them up by taking all the doses at once. If you are concerned about missing two or more doses, call your local doctor or pharmacist.
- ▶ You may consider using a medication reminder container to help you stay with your medication schedule. Check with your local pharmacist for more information.
- ▶ Do not stop taking your medications when you begin to feel better. This may interfere with the proper treatment of your problem, and, in some cases, may worsen your condition. Be sure your doctor is aware if you stop taking your medications for any reason.

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- ▶ The NIH Clinical Center Pharmacy does not usually refill medication without a new prescription written by a Clinical Center doctor. The pharmacy can mail certain medications, but mail service requires more processing and time. If you must take medication for a long time, be sure you have enough to last until your next clinic visit, or contact your doctor about a month before your supply runs out.
 - ▶ Never share your medication with someone else or take someone else's medication. Your doctor has written a prescription strictly for you that takes into account your age, weight, sex, and physical condition.
 - ▶ Keep medications out of reach and sight of children. Because pockets or purses are easily accessible to children, avoid keeping drugs in such places. If possible, keep drugs in a locked cabinet. Avoid taking medication in front of small children who may try to follow your example.
 - ▶ When traveling, especially by plane, keep your medications in carry-on luggage to assure easy access and to prevent the medications from being lost.
 - ▶ If you are being treated by more than one doctor, make sure that each is aware of all the medications you take, including nonprescription drugs (antacids, pain relievers, laxatives) that are routinely taken. Inter-actions between prescription and nonprescription

medications can produce unwanted effects. Also, make sure that every doctor you see is aware of any allergies or bad reactions you have had to any drug.

- ▶ Store your medication properly. Do not store any medication at high temperature (85 degrees Fahrenheit or greater), high humidity (bathroom cabinets), or in direct sunlight. Make sure that the name of the medicine is on every container you receive. Do not remove medication from labeled containers and place it with other medication in another container.
- ▶ When prescriptions are changed, dispose of medications no longer used, unless you are told otherwise.
- ▶ Check all medication containers for an expiration date, and dispose of medications when they are outdated. The effects of medications may be decreased or altered when they are outdated or old.

Be prepared to answer questions about your medications. Below is a list of questions your nurse will ask you about your medication.

- ▶ What is the name of your medication?
- ▶ What dose do you take?
- ▶ When do you take it?
- ▶ Where will you keep your medication at home?
- ▶ How will you remember to take it?

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- ▶ How will you know if you remembered to take your previous dose?
 - ▶ What will you do if you miss a dose?
 - ❖ Can you name the possible side effects of your medication?
 - ▶ How will you get in touch with your doctor if you have any questions about your medication?

Questions to ask yourself about your bowel function

By giving the following information about your bowel habits, you can help your nurse and doctor provide you with the best care.

Constipation

- ▶ What is the normal pattern for your bowel movements?
- ▶ When was your last bowel movement?
- ▶ Describe your last bowel movement (color, consistency, and amount of stool passed).
- ▶ Do you allow time for having a bowel movement?
- ▶ Do you have enough privacy to have a bowel movement?
- ▶ Do you respond immediately to the urge to have a bowel movement?
- ▶ Do you have mucus in your stool?
- ▶ Do you have bright red blood in your stool, or is it dark?
- ▶ Do you have painful bowel movements?
- ▶ Do you have hemorrhoids?
- ▶ How often do you exercise?
- ▶ How many servings of fruits and/or vegetables do you eat in a day?
- ▶ Has your diet changed recently? If yes, how?
- ▶ Have your exercise habits changed recently? If yes, how?
- ▶ Has the amount of stress in your life changed recently? If yes, how?
- ▶ Do you think your constipation is related to diet, stress, or a lack of exercise?
- ▶ Do you take medications for other health problems?
- ▶ Are you taking medications for constipation (laxatives, suppositories, enemas, stool softeners)?
- ▶ How many cups of fluid do you drink in a day?
- ▶ Have you seen a doctor or dietitian to help you manage your constipation?
- ▶ Do you have a regular meal schedule or pattern? (I.e. do you eat meals at the same time every day? Do you ever skip meals?)
- ▶ Do you have difficulty chewing or swallowing?
- ▶ Do you have poorly fitting dentures or dental problems?

▶ Do you have abdominal pain or gas?

▶ Do you vomit often?

Diarrhea

▶ Describe your diarrhea (color, odor, frequency of stool).

▶ How long have you had diarrhea?

▶ Have you traveled outside the country recently?

▶ Have you had any medical procedures or treatments recently?

▶ Have you been hospitalized recently?

▶ Have you seen a nurse, doctor, or dietitian to help you deal with diarrhea?

▶ Do you feel tired?

▶ Have you lost weight? If so, how much have you lost in the last month?

▶ How is your appetite?

▶ Has there been a change in your diet?

▶ How much liquid do you drink every day?

▶ Do you have food allergies?

▶ Do any foods worsen your symptoms?

▶ Do you have bright red blood in your stool, or is it dark?

▶ What medications are you taking?

▶ Have you had a problem controlling your bowels?

▶ Do you often pass intestinal gas?

▶ Have you recently had constipation or an impaction?

▶ Do you have mucus in your stool?

▶ Do you have abdominal pain?

GLOSSARY

absorption

When digested food is taken into the blood to nourish the body.

anus

The outlet of the rectum that lies in the fold between the buttocks.

cruciferous vegetable

Plants of the Cruciferae or cabbage family. These vegetables include cabbage, bok choy, collard greens, broccoli, Brussels sprouts, kale, mustard greens, turnip greens, and cauliflower.

defecation

The passage of feces (stool) from the body.

digestion

Breaking down food into protein, carbohydrates, and fats.

duodenum

The first part of the small intestine.

enzyme

A protein, secreted by cells, that causes chemical changes in other substances. When this occurs, food is broken down by chemical actions.

feces, fecal matter

The contents of a bowel movement.

hemorrhoids

Swellings of the blood vessels inside or outside the rectum.

incontinence

The loss of voluntary control of feces or urine.

large intestine

An organ that absorbs liquid from the small intestine and stores food and waste from digestion.

metabolism

The complex physical and biochemical processes that maintain the workings of the body.

perineal, perineum

The area around the genitals and anus.

peristalsis

A progressive wave-like movement that occurs involuntarily in some organs (for example, the esophagus, intestines). This wave-like motion moves food through the digestive tract.

small intestine

An organ in the digestive tract that breaks down carbohydrates, proteins, and fats into smaller parts so that they can be absorbed and taken to the large intestine.

sphincter

A muscle that controls the opening of a tube or organ (for example, the anal sphincter).

stool (feces)

Waste discharged from the bowel through the anus.

This information is prepared specifically for persons taking part in clinical research at the National Institutes of Health Clinical Center and may not apply to patients elsewhere. If you have questions about the information presented here, talk to a member of your health care team.

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