

ILEOSTOMY TIPS TO REMEMBER
Seton Healthcare Family
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1) FOOD DO'S and DON'TS

- Avoid Foods High in Non-Soluble Fiber and foods that do not breakdown during digestion (nuts, whole corn, popcorn, shell fish (see other more extensive lists)
- B-R-A-T diet will thicken stool: **B**ananas, **R**ice (white), **A**pples (NO SKINS!) and **T**oast.
- It is OK to use Lomotil or other anti-diarrheal meds to thicken stool.
- It is OK to use Beano, Gas-X, etc to decrease gas production.

2) HYDRATION AND ELECTROLYTES

- Drink Plenty of Water, Gatorade and similar fluids.
- A person with an ileostomy loses a great deal of fluid as it does not stay inside the body long enough for the fluids to be absorbed. Probably the most common cause for re-admission to the hospital within a week of going home is dehydration accompanied by electrolyte imbalance
 - Loss of Sodium can cause confusion, seizures.
 - Loss of Potassium and Magnesium can cause muscle cramps, irregular heart beat and even heart attacks.
 - Dehydration can also lead to kidney injury.
- If dehydration and electrolyte imbalance is suspected, attempt oral intake of food and water or electrolyte-based fluids to replenish. If unable to tolerate food/water or too confused: Have family/friend transport **OR** Call EMS TO TRANSPORT TO THE ER IMMEDIATELY.

3) MEDICATION PRECAUTIONS

- Avoid long-acting, enteric-coated, sustained release medications.
- Avoid large pills (Potassium, Vitamins).
- Bowel transit time is at best around 3-hours with an ileostomy so large hard pills or those w/coatings intended to dissolve over several hours will be excreted before they dissolve.

4) PERISTOMAL SKIN CARE

- Ileostomy stool contains digestive enzymes (bile and pancreatic fluids) that digest food. If they leak onto the skin, they will "digest" the skin causing severe irritation and pain. (See instructions on using Antifungal Powder and No Sting wipes for skin irritation around the stoma or ask your ostomy nurse for help if irritation develops on the skin around the stoma).
- DO NOT under any circumstances let your doctor prescribe ointments or creams to go on the peristomal skin. NO pouch will adhere on top of ointments and creams.
- To avoid skin problems from enzymatic erosion:
 - i. Change the pouch generally about every 3-4 days.
 - ii. Cut or obtain pre-sized wafer 1/8-1/4" larger than the stoma. If stoma is oval, you **MUST** custom-cut the wafer opening to protect the skin.
 - iii. Consider using a barrier ring (looks like a gasket and can be stretched or formed to any size/shape needed). Barrier rings will absorb and expand w/contact w/liquid stool (compared to stoma paste that gets eaten away from liquid stool and can cause leaks. The paste also leaves very sticky residue that is hard to get off, compared to barrier rings that leave very little residue on the skin.
 - iv. Call your ostomy nurse if you have frequent pouch leakage and start to develop skin irritation. The worse the skin gets, the harder it is to get ANYTHING else to adhere around the stoma.