If you have a colostomy, you can eat a full and varied diet. Everyone is different with regard to food tolerance. You will need to experiment to find out which foods you can and cannot eat.

For the first six to eight weeks after surgery, your doctor may instruct you to follow a low residue diet to give the bowel adequate time to adjust and heal.

Afterwards, high fiber foods may be added to the diet one at a time each week to allow you to determine your tolerance. Examples include seeds, corn, celery, popcorn, nuts, coleslaw, Chinese vegetables, grapefruit, raisins, fried foods and apple skins.

In order to improve digestion and regularity:

- Eat at regular times
- Avoid foods that you suspect may be troublesome.
- Chew food thoroughly with the mouth closed to avoid swallowing excess air.
- Eat in a relaxed atmosphere.
- Do not wash food down with water. Chew food well, and then drink water if desired.
- Progress to a healthy diet containing a variety of foods.

Problem solving for the ostomy patient

- Foods that may cause gas:
  Dried peas and lentils; vegetables of the cabbage family (broccoli, brussels sprouts, cabbage, cauliflower, and turnip); eggs; melons; cucumber and peppers; onions and chives; pickles and sauerkraut; carbonated beverages and beer; chewing gun; alcohol; and, some fried foods.

- Foods that may produce odor:
  Dried peas, bean, and lentils; fish; garlic and onions; asparagus and turnip; eggs; some spices; some strong cheeses (e.g., Roquefort); some medications; and, some vitamin preparations.

- Foods that may help control odor and gas:
  Fresh parsley; yogurt; and, buttermilk.

- Foods that may contribute to diarrhea:
  Some raw fruits and juices; prune juice and licorice (contain natural laxatives); coffee; highly seasoned or fried foods; high sugar foods or alcohol; broccoli, cabbage, cauliflower and brussels sprouts.

- Foods that may help to control diarrhea:
  Applesauce; banana; tapioca; smooth peanut butter; soda crackers; potatoes; boiled rice, barley and pasta; oatmeal or oat bran; and, cheese or yogurt.

Colostomies

If a patient has a colostomy at the ascending colon, the diet is the same as the diet followed by a patient with an ileostomy.

If the colostomy is at the descending, sigmoid, or transverse colon, the patient is likely to produce a stool that is soft or formed. Some patients may experience constipation. A high-insoluble fiber diet with adequate fluids should be encouraged to promote bowel regularity.

Resources

Crohn’s and Colitis Foundation of America
800/932-2423
www.ccfa.org

National Digestive Diseases Information Clearinghouse (NDDIC)
301/654-3810
www.niddk.nih.gov/health/digest/niddic.htm

United Ostomy Association
800/826-0826
www.uoa.org