

## BÖLÜM 15

# STOMALI HASTANIN BESLENMESİ

Zeynep TEMİZ<sup>1</sup>

### GİRİŞ

Ostomi ameliyatından etkilenebilecek sindirim sistemi bölümleri, kolostomi veya ileostomi olup olmadığına bağlı olarak ince bağırsak, kolon, rektum veya anüstür. Ostomi varlığı, bireylerde yemek zevkinden vazgeçileceği anlamına gelmemektedir. Yemek yeme ve iyi beslenme, herhangi bir ameliyat sonrası iyileşmede ve genel sağlık durumunda önemli bir rol oynamaktadır. Yemek yeme, iyileşme sürecinin önemli bir parçasıdır ve bireylerin gıda toleransları büyük ölçüde değişebilmektedir. Ostomili bireyler normal beslenme düzenine ameliyattan sonra yavaş yavaş dönebilmektedirler (1).

Yeme alışkanlıkları ostomili bireylerin yaşamlarını ve stomaya uyum sürecini olumlu veya olumsuz yönde etkileyebilmektedir (2). Cronin (3) tarafından yapılan bir çalışmada, hastalara stoma ameliyatı öncesi ve sonrası özellikle ilk ayda verilen beslenme önerilerinin hastaların rehabilitasyonları için önemli olduğu vurgulanmaktadır. Kesitsel türde yapılan bir çalışmada da, kolostomili veya ileostomili hastaların zaman içinde uygun beslenme seçimlerini yapmak için bireyselleştirilmiş beslenme rehberliğine gereksinim duydukları belirtilmektedir (4).

Diyet planlaması, oral beslenmenin sürdürülmesinin önemli bir parçasıdır. Diyet yönetiminin amacı, ameliyat sonrası stoma tıkanıklıklarını önlemek, stoma yarasının iyileşmesini hızlandırmak ve rahatsız edici gastrointestinal semptomları en aza indirmektir. Diyet yaklaşımının amacı, aşamalı bir bakım yönetimi sağlamaktır (5).

Ostomi türü, besinleri, sıvıları ve elektrolitlerin emilmesini etkiler ve dışkının kıvamını belirler. Bu değişiklikler, vücut uyum sağladıkça geçici olabilir veya ne

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Diyet planlaması ve yönetimi, bu karmaşık hastaları yönetme konusunda deneyimli bir diyetisyen tarafından verilmelidir. Elektrolitlerin ve mikro besinlerin izlenmesi esastır ve multidisipliner bir beslenme destek ekibinin uzun vadeli takibi bunu koordine etmede çok değerlidir. Beslenme bozukluğu ya da riski olan stomalı hastalar, iyi organize olmuş multidisipliner bir ekip tarafından etkin bir şekilde yönetilirse, iyi bir yaşam kalitesi ve uzun süreli sağlığı keyfini çıkarabilirler (25).

Stoma hemşireleri, ileostomili bireylere en sık diyet önerisi veren sağlık bakım profesyonellerinden biridir ve bunu diyetisyenler ve kolorektal cerrahlar izlemektedir (63). Stoma hemşireleri, stoma yönetiminde uzmandır, diyetisyenler ise klinik beslenme ve bireyselleştirilmiş diyet tavsiyesi sağlama konusunda uzmandır. Yakın zamanda yapılan bir araştırmada, ileostomili bireylerin stoma hemşirelerinden daha fazla diyet önerileri istedikleri görülmüştür (63). Bu nedenle stoma hemşireleri ve diyetisyenlerin en uygun ve tutarlı diyet yönetimi sağlamak için birlikte çalışmaları önemlidir (6).

### KAYNAKLAR

1. UOAA. *Eating With an Ostomy: A Comprehensive Nutrition Guide for Those Living with an Ostomy* 2022. (31/05/2022 tarihinde [https://www.ostomy.org/wp-content/uploads/2022/02/Eating\\_with\\_an\\_Ostomy\\_2022-02.pdf](https://www.ostomy.org/wp-content/uploads/2022/02/Eating_with_an_Ostomy_2022-02.pdf). adresinden ulaşılmıştır).
2. Silva DG, Bezerra ALQ, Siqueira KM, et al. Influence of dietary habits in the social reintegration of a group of people with ostomy. *Revista Eletrônica de Enfermagem*. 2010;12(1):56-62
3. Cronin E. Dietary advice for patients with a stoma. *British Journal of Nursing*. 2012;21(16):32-34. doi:10.12968/bjon.2012.21.Sup16.S32
4. Oliveira AL, Mendes LL, Netto MP, et al. Cross-cultural adaptation and validation of the stoma quality of life questionnaire for patients with a colostomy or ileostomy in Brazil: a cross-sectional study. *Ostomy Wound Management*. 2017;63(5):34-41
5. Mukhopadhyay A, Maity D, Dey R, et al. Can Postoperative Nutrition be Favourably Maintained by Oral Diet in Patients with Emergency Temporary Ileostomy? A Tertiary Hospital Based Study. *Journal of Clinical and Diagnostic Research*. 2015 Dec;9(12):PC04-8. doi: 10.7860/JCDR/2015/15220.6879.
6. Mitchell A, England C, Perry R, et al. Dietary management for people with an ileostomy: a scoping review. *JBI Evidence Synthesis*. 2021 May 28;19(9):2188-2306. doi: 10.11124/JBIES-20-00377.
7. Burch J. Providing information and advice on diet to stoma patients. *British Journal of Community Nursing*. 2011;16(10):479-84. doi:10.12968/bjcn.2011.16.10.479
8. Mitchell A, Perry R, England C, et al. Dietary management in people with an ileostomy: a scoping review protocol. *JBI Database of Systematic Reviews and Implementation Reports*. 2019 Feb;17(2):129-136. doi: 10.11124/JBISRIR-2017-003764.
9. Arenas Villafranca JJ, Lo'pez-Rodríguez C, Abile's J, et al. Protocol for the detection and nutritional management of high-output stomas. *Nutrition Journal*. 2015;14(1):45. doi: 10.1186/s12937-015-0034-z
10. Martin ST, Vogel JD. Intestinal stomas: indications, management, and complications. *Advances in Surgery*. 2012;46:19-49. doi: 10.1016/j.yasu.2012.04.005.

11. Pine J, Stevenson L, On J. Intestinal Stomas. *Surgery*. 2019;38(1): 51-57
12. Toledano S, Sackey J, Willcutts K, et al. Exploring the Differences Between Early and Traditional Diet Advancement in Postoperative Feeding Outcomes in Patients With an Ileostomy or Colostomy. *Nutrition in Clinical Practice*. 2019 Aug;34(4):631-638. doi: 10.1002/ncp.10245.
13. Mohil RS, Narayan N, Sreenivas S, et al. Challenges of managing emergency Ileostomy: nutrition-a neglected aspect. International Scholarly Research Network. *ISRN Emergency Medicine*. 2012;2012:1-6. doi:10.5402/2012/968023
14. Akbulut G. Nutrition in stoma patients: a practical view of dietary therapy. *International Journal of Hematology and Oncology*. 2011;21(1):62-66. doi:10.4999/UHOD.10082
15. Mogos TV, Chelan CV, Dondoi CI, et al. The benefits of good nutrition in preventing post-surgical ileostomy complications. *Romanian Journal of Diabetes Nutrition and Metabolic Diseases*. 2015;22(4):433-7. doi:10.1515/rjdnmd-2015-0051
16. Kwiatt M, Kawata M. Avoidance and management of stomal complications. *Clinics in Colon and Rectal Surgery*. 2013;26(2):112-21. doi: 10.1055/s-0033-1348050
17. McDonough MR. A dietitian's guide to colostomies and ileostomies. *Support Line*. 2013;35(3):3-12
18. Gondal B, Trivedi MC. An overview of ostomies and the high-output ostomy. *Hospital Medicine Clinics*. 2013;2(4):542-51
19. Hanachi M, Floch M, Crenn P. Clinical management of a patient with enterostoma. *Nutrition clinique et métabolisme*. 2012;26(2): 82-8
20. Nagle D, Pare T, Keenan E, et al. Ileostomy pathway virtually eliminates readmissions for dehydration in new ostomates. *Diseases of the Colon & Rectum*. 2012;55(12):1266-72. doi: 10.1097/DCR.0b013e31827080c1
21. Saini P, Gaba R, Faridi MS, et al. Quality of life of patients after temporary Ileostomy for ileal perforation- a questionnaire based study. *Indian Journal of Surgery*. 2014;76(1):38-48. doi: 10.1007/s12262-012-0547-z.
22. Chaudhary P, Nabi I, Ranjan G, et al. Prospective analysis of indications and early complications of emergency temporary loop ileostomies for perforation peritonitis. *Annals of Gastroenterology*. 2015; 28(1):135-40
23. Lee YJ, Kweon M, Park M. Nutritional Management of a Patient with a High-Output Stoma after Extensive Small Bowel Resection to Treat Crohn's Disease. *Clinical Nutrition Research*. 2019 Jul; 8(3): 247-253. doi: 10.7762/cnr.2019.8.3.247
24. Hubbard G, Taylor C, Beeken RJ, et al. Research priorities about stoma-related quality of life from the perspective of people with a stoma: A pilot survey. *Health Expectations*. 2017 Dec; 20(6): 1421-1427. doi: 10.1111/hex.12585
25. Medlin, S. Nutritional and fluid requirements: High-output stomas. *British Journal of Nursing*. 2012 Mar 22-Apr 11;21(6):22-25. doi: 10.12968/bjon.2012.21.
26. Buckman SA, Heise CP. Nutrition considerations surrounding restorative proctocolectomy. *Nutrition in Clinical Practice*. 2010; 25:250-256. doi:10.1177/0884533610368708
27. Moraes JT, Melo AFE, Araújo C, et al. Anthropometric and dietetic evaluation of people with ileostomies. *Arquivos de Gastroenterologia*. 2019;56(1):34-40. doi: 10.1590/S0004-2803.201900000-07.
28. Arenas Villafranca JJ, López-Rodríguez C, Abilés J, et al. Protocol for the detection and nutritional management of high-output stomas. *Nutrition Journal*. 2015 May 9;14:45. doi: 10.1186/s12937-015-0034-z.
29. Barbosa MH, Alves PIC, Silva R, et al. Aspectos nutricionais de estomizados intestinais de um município de minas gerais (Brasil). *Rev. Enferm. Atenção Saúde*. 2013;2:77-87
30. Rocha JJR. Estomas intestinais (ileostomias e colostomias) e anastomoses intestinais. *Rev de Medicina de Ribeirão Preto*. 2011;44:51-6. doi: 10.11606/issn.2176-7262.v44i1p51-56
31. Cisler JJ, Buchman AL. Intestinal adaptation in short bowel syndrome. *Journal of Investigative*

- Medicine*. 2015;53(8):402. doi: 10.2310/6650.2005.53804
32. Messaris E, Sehgal R, Deiling S, et al. Dehydration is the most common indication for readmission after diverting ileostomy creation. *Diseases of the Colon & Rectum*. 2012;55(2):175–80. doi: 10.1097/DCR.0b013e31823d0ec5
  33. Fisberg RM, Marchioni DML, Colucci, ACA. Avaliação do consumo alimentar e da ingestão de nutrientes na prática clínica. *Arquivos Brasileiros de Endocrinologia e Metabologia*. 2009;53:617–24. doi: 10.1590/S0004-27302009000500014
  34. Goodey A, Colman S. Safe management of ileostomates with high-output stomas. *British Journal of Nursing*. 2016;25(22):4–9. Doi:10.12968/bjon.2016.25.22.S4
  35. Mountford CG, Manas DM, Thompson NP. A practical approach to the management of high-output stoma. *Frontline Gastroenterology*. 2014;5(3):203–7. doi: 10.1136/flgastro-2013-100375
  36. Tilney HS, Sains PS, Lovegrove RE, et al. Comparison of outcomes following ileostomy versus colostomy for defunctioning colorectal anastomoses. *World Journal of Surgery*. 2007;31(5):1143–52. doi: 10.1007/s00268-006-0218-y
  37. Robertson I, Leung E, Hughes D, et al. Prospective analysis of stoma-related complications. *Colorectal Disease*. 2005;7(3):279–85. doi: 10.1111/j.1463-1318.2005.00785.x.
  38. Krokowicz L, Bobkiewicz A, Borejsza-Wysocki M, et al. A prospective, descriptive study to assess the effect of dietary and pharmacological strategies to manage constipation in patients with a stoma. *Ostomy Wound Management*. 2015;61(12):14–22.
  39. Kuczynska B, Bobkiewicz A, Studniarek A, et al. Conservative measures for managing constipation in patients living with a colostomy. *Journal of Wound Ostomy Continence Nursing*. 2017;44(2):160–4. doi: 10.1097/WON.0000000000000318.
  40. De Oliveira AL, Moreira APB, Netto MP, et al. Cross-sectional Study of Nutritional Status, Diet, and Dietary Restrictions among Persons With an Ileostomy or Colostomy. *Ostomy Wound Management*. 2018; 64:18–29
  41. Memorial Sloan Kettering Cancer Center. *Diet Guidelines for People With a Colostomy* 2021. (20/06/2022 tarihinde <https://www.mskcc.org/cancer-care/patient-education/diet-guidelines-people-colostomy> adresinden ulaşılmıştır).
  42. UOAA. *New Ostomy Patient Guide* 2020. (16/05/2022 tarihinde <https://www.ostomy.org/wp-content/uploads/2020/10/UOAA-New-Ostomy-Patient-Guide-2020-10.pdf> adresinden ulaşılmıştır).
  43. Mo J, Thomson CA, Sun V, et al. Healthy behaviors are associated with positive outcomes for cancer survivors with ostomies: a cross-sectional study. *Journal of Cancer Survivorship*. 2021 Jun;15(3):461-469. doi: 10.1007/s11764-020-00940-5.
  44. Vasilopoulos G, Makrigianni P, Polikandrioti M, et al. Pre- and Post-Operative Nutrition Assessment in Patients with Colon Cancer Undergoing Ileostomy. *International Journal of Environmental Research and Public Health*. 2020 Aug 23;17(17):6124. doi: 10.3390/ijerph17176124.
  45. West MA, Wischmeyer PE, Grocott MPW. Prehabilitation and Nutritional Support to Improve Perioperative Outcomes. *Current Anesthesiology Reports*. 2017;7(4):340-349. doi: 10.1007/s40140-017-0245-2.
  46. Berti-Hearn L, Elliott B. Ileostomy Care: A Guide for Home Care Clinicians. *Home Healthcare Now*. 2019 May/Jun;37(3):136-144. doi: 10.1097/NHH.0000000000000776.
  47. Richbourg L. Food fight: Dietary choices made by people after stoma formation. *Gastrointestinal Nursing*. 2012;10(4):44-50. doi:10.12968/gasn.2012.10.4.44
  48. Prinz A, Colwell JC, Cross HH, et al. Discharge planning for a patient with a new ostomy: Best practice for clinicians. *Journal of Wound, Ostomy, and Continence Nursing*. 2015; 42(1):79-82. doi: 10.1097/WON.0000000000000094.
  49. Nightingale JMD. How to manage a high-output stoma. *Frontline Gastroenterology*. 2021 Mar 22;13(2):140-151. doi: 10.1136/flgastro-2018-101108.

50. Baker ML, Williams RN, Nightingale JMD. Causes and management of a high-output stoma. *Colorectal Disease*. 2011;13:191–7. doi: 10.1111/j.1463-1318.2009.02107.x
51. Takeda M, Takahashi H, Haraguchi N, et al. Factors predictive of high-output ileostomy: a retrospective single center comparative study. *Surgery Today*. 2019;49:482–7. doi: 10.1007/s00595-018-1756-2.
52. Hara Y, Miura T, Sakamoto Y, et al. Organ/space infection is a common cause of high output stoma and outlet obstruction in diverting ileostomy. *BMC Surgery*. 2020;20(1):83. doi: 10.1186/s12893-020-00734-7
53. Vergara-Fernández O, Trejo-Avila M, Santes O, et al. Predictors of dehydration and acute renal failure in patients with diverting loop ileostomy creation after colorectal surgery. *World of Journal Clinical Cases*. 2019 Jul 26;7(14):1805-1813. doi: 10.12998/wjcc.v7.i14.1805.
54. Iqbal A, Sakharuk I, Goldstein L, et al. Readmission After Elective Ileostomy in Colorectal Surgery Is Predictable. *Journal of the Society of Laparoendoscopic Surgeons*. 2018 Jul-Sep;22(3):e2018.00008. doi: 10.4293/JLS.2018.00008.
55. Justiniano CF, Temple LK, Swanger AA, et al. Readmissions With Dehydration After Ileostomy Creation: Rethinking Risk Factors. *Disease Colon Rectum*. 2018 Nov;61(11):1297-1305. doi: 10.1097/DCR.0000000000001137.
56. Wyer N. Dietary management of patients with a high-output stoma. *Nursing Standard*. 2022 Apr 6;37(4):71-76. doi: 10.7748/ns.2022.e11941.
57. Luo BJ, Qin HY, Zheng MC. Correlation between social relational quality and hope among patients with permanent colostomies. *International Journal of Nursing Sciences*. 2014; 1(4):405-409. doi:10.1016/j.ijnss.2014.10.007
58. Hall L. A guide to stoma care for sikh patients. *Gastrointestinal Nursing*. 2018;16(7):24–5. doi:10.12968/gasn.2018.16.7.24
59. Kirkland-Kyhn H, Martin S, Zaratkiewicz S, et al. Ostomy care at home. *American Journal of Nursing*. 2018;118(4):63–8. doi: 10.1097/01.NAJ.0000532079.49501.ce
60. Hall L. A guide to stoma care for hindu patients. *Gastrointestinal Nursing*. 2017;15(7):16–8. doi:10.12968/gasn.2017.15.7.16
61. Morris A, Leach B. Exploring individuals' experiences of having an ileostomy and crohn's disease and following dietary advice. *Gastrointestinal Nursing*. 2015;13(7):36–41. doi: 10.12968/gasn.2015.13.7.36
62. Persson E, Gustavsson B, Hellström A-L, et al. Ostomy patients' perceptions of quality of care. *Journal of Advance Nursing*. 2005;49(1):51–8. doi: 10.1111/j.1365-2648.2004.03263.x.
63. Mitchell A, England C, Atkinson C. Provision of dietary advice for people with an ileostomy: a survey in the UK and Ireland. *Colorectal Disease*. 2020;22(12):2222–31. Doi: 10.1111/codi.15268
64. Short V, Atkinson C, Ness AR, et al. Patient experiences of perioperative nutrition within an Enhanced Recovery After Surgery programme for colorectal surgery: a qualitative study. *Colorectal Disease*. 2016;18(2):74-80. doi: 10.1111/codi.13245.