



Let's talk food and poop

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Objectives

- Increase awareness of how nutrition impacts bowel movements
- Provide additional resources for patients/caregivers on bowel management
- Review surgical changes and effects on BMs and nutrition
- Discuss ways a dietitian can assist in the care of colorectal patients

Getting to know poo

What color are stools ?

Do you feel like your bowels completely emptied ?

Are they formed, loose, or watery ?








How long after eating do bowel movements occur ?

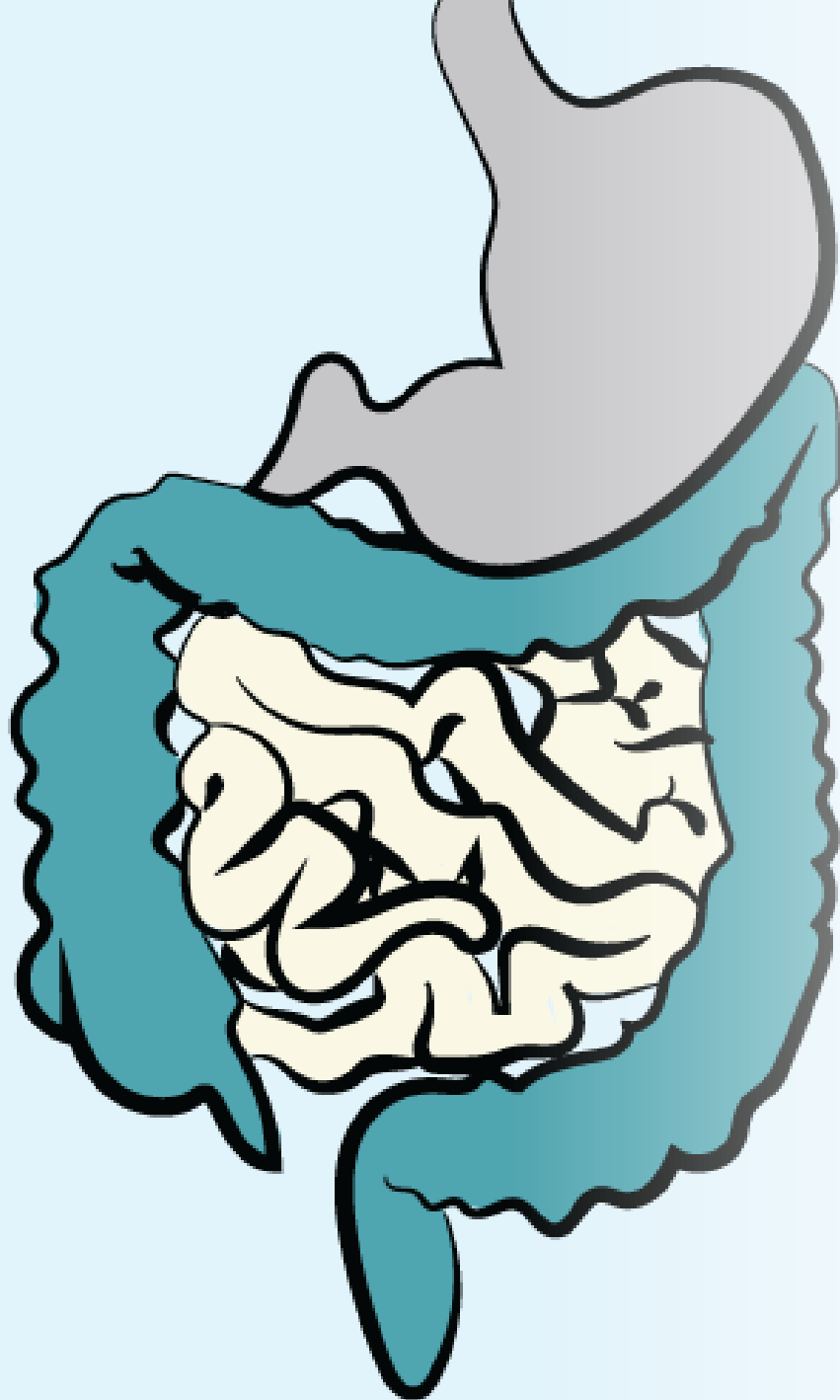
Do you have bloating, gas, burping ?

Are you having bowel movements in the middle of the night ?

Do your stools ever burn ?

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid



Factors that affect bowel movements

- Fiber
- Fluid intake
- Physical activity
- Effects of treatment
- Surgical interventions

Fiber

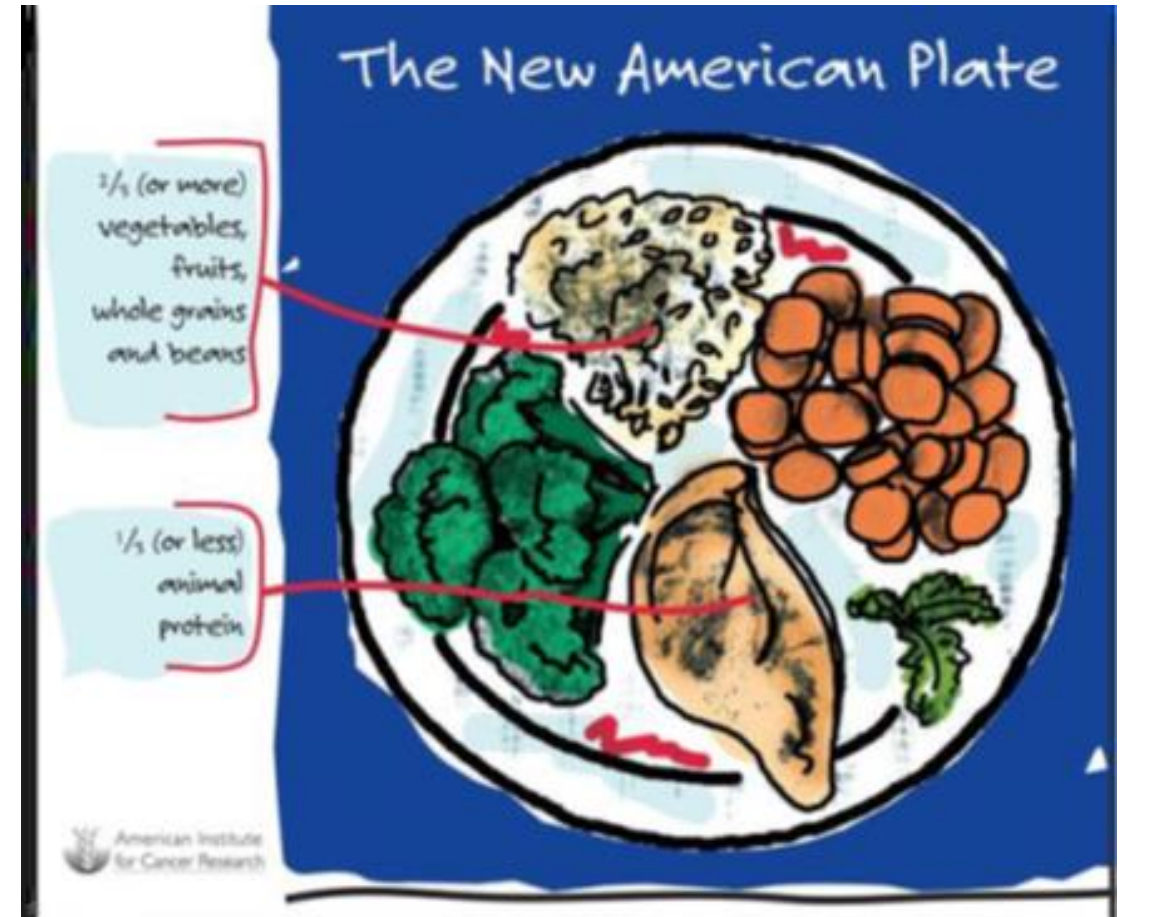
- Soluble- adds moisture, forms a gel in the colon, helps stools move more slowly. Ex: oat bran, barley, applesauce
- Insoluble- “roughage”, helps stools pass more quickly. Ex: wheat bran, thick skins of fruits and vegetables

- Both types are needed to support a healthy gut and more functional bowel movements
 - Gradually increase fiber.
 - Don’t start increasing fiber until you are able to increase fluid intakes as well
 - Metamucil/Citrucel can help slow down transit time and bulk stools. **Discuss with your team first before trying.**



Plant-based diet

- 2/3 of plate from a plant-based source
 - Vegetables
 - Fruit
 - Whole grains
- Choose plant-based sources of protein
 - Beans
 - Lentils
 - Nuts
 - Tofu
- 1/3 lean protein source (chicken, fish, and turkey)
 - Limit red meats to 18 oz/week or less



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Fluids

- Aim for at least 64 oz/day of non-caffeinated beverages.
- If consuming more than 1 cup of coffee or alcoholic beverage increase non caffeinated beverages 2:1 (Ex 1 cup coffee: 2cups water)



Physical Activity

- Helps to strengthen the abdominal core
- Aim for at least 30 mins of physical activity 5 day/week or total of 150mins/week
- Reduced risk for re-occurrence
- Maintain lean body mass



Effects of treatment

- Diarrhea
 - Small frequent meals, soluble fiber, increase intakes of electrolytes
- Constipation
 - Increase fluids, may need to also increase insoluble fiber intakes
- Bloating
 - Small meals, BRAT Diet , low fat foods, adjust fluid intake regimen

Surgical Interventions

- Ileostomy/ Colostomy
- Colon resection
- Lower Anterior Resection Syndrome (LARS)



Reducing re-occurrence

- Change your diet now it's not too late
 - Mediterranean Diet
 - Limit intakes of red meat (beef, pork, lamb) and processed meats
- Increase fiber intake
 - Kale, spinach, cauliflower, brussels sprouts, cabbage, bok choy
 - Berries, cherries, kiwi, apples, pears
 - Oatmeal
- Miscellaneous
 - Garlic, onions, ginger, tree nuts
 - Coffee

Healthier Eating After Gastrointestinal Changes

Outlined below are tips to promote optimal health and weight during and after treatment. You may have changes in your gastrointestinal (GI) tract and the way you digest food. Changes often result from:

- Surgery (esophageal, stomach, pancreas or bowel)
- Bowel obstruction
- Ostomy
- Diarrhea
- Absorption problems

Follow these guidelines to help manage nutrition-related side effects and reduce symptoms. Please speak with a dietitian if you have treatment side effects or sudden, unexplained weight changes.

Additional resources

- Clinical Dietitian 713-563-5167
 - We're here to help 😊
- Bowel Management Class (Video)
 - Available in Pt Ed Videos → Side effect management → Bowel Management
- Booklet
 - Available in Pt Education or patient can pick up a copy from the Learning Center

**Bowel Problems:
Prevention and Treatment**

Thank you !!!