

Melanie McGrice – NUTRITION PLUS www.melaniemcgrice.com.au

Dietitian

Melanie McGrice dietitian on Facebook www.facebook.com/MelanieMcGriceDietitian - feel free to post questions.

Works in public health and in private practice

Key areas where diet can make a difference:

We all have different personal issues – so not all information may apply to everyone.

You are not your condition – other life factors impact on what we eat. Own individual needs based on lifestyle, activity, family etc.

Hydration –

Impacts of hydration can cause headaches, migraines and include muscle cramps.

We need enough fluids so as not to become dehydrated.

Although we tell most people in the community to follow a low sodium diet, people with stomas often need more sodium.

E.g.: add salt to food; drinks with added salt (e.g.: sparkling mineral water and sport drinks; hydralyte)

Can we have too many sport drinks or too much salt?

Often sport drinks are high in kilojoules. Diet versions may have artificial sweeteners so read labels.

Fatigue –

Bowel surgeries or bowel conditions can increase nutritional deficiencies and increase fatigue levels.

Lifestyle adds to this and leads us to highly processed foods with limited nutrition.

We have higher levels of nutrition needs and need to consider this.

Consider blood tests at least annually – nutrition markers – iron, vit.D, folate, B12.

Multivitamins may be helpful to assist people with bowel conditions – choose depending on what nutritional needs are as resulting by annual or bi-annual blood tests.

Diet – reduce processed foods and cook fresh.

Food intolerances -

Research shows that people with bowel conditions (IBD) have increased rates of intolerances compared to the rest of the community.

Low FODMAP diet has good results for IBD or gastrointestinal surgery and ‘traveller’s diarrhoea’. The diet is strict and then slowly introduce some ‘challenges’ and reintroduce foods that are not causing problems, at a level that can be tolerated. Often more of an issue for people with an ileostomy than with a colostomy, but can differ with individuals.

Gold standard is to do the challenges under the supervision of a dietitian rather than just the hydrogen breath test.

How do we know when to see a dietitian?

If a person feels they have too many symptoms or changes with output that are not necessarily explained by doctors, it may be worthwhile to visit a dietitian.

If you have never seen a dietitian, it may be worthwhile having an assessment.

Team Care arrangement – available via the GP. Allows up to 5 Medicare rebates each year to see a clinician.

Rebates depend on the dietitian charges.

Dietitians Association of Australia www.DAA.asn.au – find an APD and this will give advice re a dietitian who specialises in IBD or gastro issues.

Stress –

Can impact on diet and lifestyle changes.

An acute medical episode can lead to patient being nil-by-mouth for investigations and this is not good in many ways for nutrition, fatigue, etc.

Nutritional supplements – available at some pharmacies, Superior Healthcare (see online) – can help with micronutrient intake.

Supplement types: Enlive; Resource Fruit beverage; Fortijuice.
Sustagen – can be good for protein in particular.

Smoothies – high in protein and not too high in fibre, but may impact on food intolerances.

Fibre – still needed in diet despite absence of the large bowel.

Soluble fibre – fibre that absorbs fluid and bulks up the motions. Can be good to thicken output. Different foods can have different impacts on different people e.g.: banana;

Insoluble fibre – are the parts that don't breakdown and this can block a stoma.

Nutribullet type use – because includes skins etc may be difficult for some people who need low fibre diet. May need to limit how many have per day. Benefit perhaps for people with slow transit who may need a liquid diet.

Nuts - Nutritional benefits from eating nuts – but need to be careful if personally it causes blockages etc. Can replace nuts with nut pastes etc.

Tablets & medications – can consider liquid versions

How to prevent blockages – reduce insoluble fibre intake, consider a liquid diet for a while, add Omega 3 to reduce inflammation (fatty acid in high doses for short-term, also available in liquid form, e.g.: 2g/daily during this time)

Meat -

meat is fibrous, but lacks fibre. Consider moist mince meats or fish (which will also help with Omega 3). All the similar nutrition from red meat can come from chicken/fish or vegetarian diet.

Salmon is particularly high in Omega 3.

Foods that help the healing process -

Nutritional supplements can help – specifically Arginaid (powder or drink form) can help with healing. Research suggests 2 Arginaid daily to assist with wound healing.

Tumeric -

anti-inflammatory benefits. Research does not give clear indications of doses that assist – could be quite high.

Probiotics can help with managing J-pouch and ileostomies / stomas. This is a growing area of research as not enough is known about which ones are most useful. Taking probiotics will not hurt in the case of this population. eg: Inner Health Plus; Yakult; VSL3 – available overseas.

How to treat an episode of gastro – hydration is the main way of management and bowel rest.

J-pouch – Omega 3 is most useful for pouchitis and consider probiotics.