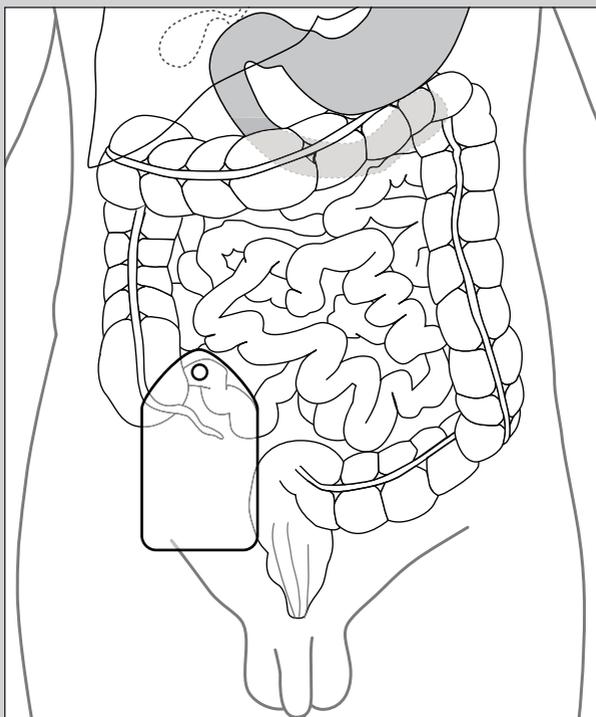


Managing with a high output stoma

Nutrition Nurse Specialists
Nutrition & Dietetics
Information for patients



University Hospitals of Leicester



NHS Trust

Caring at its best

Introduction

This leaflet is designed to tell you about stomas that produce large quantities of fluid, why this may have occurred and what medications we can recommend to help you manage this. If you do have any other concerns that are not addressed here please speak to a member of your Nutrition Team.

What is a high output stoma?

A stoma is bowel that is connected directly to your abdominal wall to allow the matter to flow into a bag without hindrance. They may be formed after removal of part of the small and large intestine, or to bypass damaged bowel. A high output stoma is one that produces larger amounts of fluid than normal (above 1500/2000ml daily). This can occur short term due to:

- The body adapting when the stoma is newly formed after surgery
- Severe disease or damage to the small intestine (bowel)
- Infection
- Certain medications.

How long will this carry on for?

In some situations your stoma function will settle down over time. Occasionally the high output stoma will continue – this is normally because very large amounts of bowel have been removed, resulting in the bowel being shortened. When it is shortened below 2 meters there may not be enough bowel left to have normal bowel function. In this situation you will need to continue the fluid, diet and drug treatment and have ongoing monitoring.

Problems that can happen with high output stomas

High output stomas put out large amounts of fluid and electrolytes (salts) from the body and this can lead to you feeling thirsty, dry and losing weight because:

- The remaining bowel is not able to digest and absorb the nutrients you take in
- The body is not able to re-absorb fluids which are normally produced by the intestines (such as saliva, gastric juices, bile).

This can make you feel thirsty, weak, dizzy, sick, and cause headaches.

It is very important to replace all the water and salt that your body is losing.

How a healthy gut works

Usually when your gut works well if you eat your body adds water and salts to the food as it travels through your small bowel. This allows your body to churn up the food allowing it to absorb nutrients and salts etc. When the watery mixture then reaches your large bowel then the water is absorbed back leaving firm faeces. If you drink fluid this travels through and is absorbed as needed in the small and large bowel.

What happens in a high output stoma

When you have a high output stoma most of the fluid you take by mouth is not absorbed, so drinking will result in more fluid lost in the stoma. Food may have water and salts added to it in the small bowel but travels too quickly for nutrients to be absorbed and faeces comes out diluted. Fluid simply rushes straight through and because you are losing more fluid and salt than you are taking each time you become dry and your blood salts may become difficult to manage.

Although you will probably feel thirsty, drinking lots of fluids such as tea, fruit juice or water, will just make the situation worse.

What can I drink then?

To replace both the water and salt you need to drink a glucose-salt solution (St Marks electrolyte solution) and limit or stop your intake of ALL other fluids. You will be given a separate recipe card for making up the St. Marks solution at home. With all high output stomas it is important you sip your St. Marks, do not gulp it as this will mean it does not get absorbed as well. Most patients prefer sports bottles which can be put in the fridge. St. Marks can be flavoured with sugary cordial to make it more palatable. The total volume should be made up to litre, so that the salt is not diluted by the addition of too much other fluid.

It is important that you do not drink an hour before and an hour after meals as this rushes the food through your stomach and nutrients cannot be absorbed.

What can I eat?

You may need to eat more than normal and restrict certain foods that can make your stoma output worse – you will be referred to a dietitian who can give you more advice. Occasionally, a few patients may need to have fluid, electrolytes and nutrition given into a vein, which bypasses your gut. This is rare and if you need this it will be fully explained and you will remain under the care of the nutrition team for as long as this is required.

Medications

There are many different medications available to help reduce the volume of fluid from your stoma. Your prescriber or a member of the nutrition team will discuss which drugs are the most suitable for you.

Medication to help reduce the speed food and fluid travels through the bowel

You may be given Loperamide (Immodium) and/or Codeine Phosphate. These help reduce the volume of fluid in your stoma/fistula. They are usually taken 4 times a day.

Try to take them ½ -1 hour before meals and before bedtime.

The capsules can pass through the bowel without dissolving so they should be opened up and sprinkled on moist food such as full fat yogurt, custard or jam.

Medication to reduce the volume of fluid in the stoma/fistula

You may be given a drug to reduce the volume of acid your stomach makes. Every day your body produces a large amount of fluid which is normally re-adsorbed back into your system. If you have a short bowel this fluid can increase your stoma output – drugs to reduce this fluid can help reduce your stoma losses. These are called Omeprazole (Losec) Lansoprazole (Zoton) or Esomeprazole (Nexium).

Your stoma medication regime

Medication	Dose	How often	Route	Other advice (delete as appropriate)
Loperamide			Oral	Open capsules into jam / yoghurt one hour before meals / bed or Take capsules whole 1 hour before food / bed
St Marks Electrolyte Mix			Oral	Sip slowly over the day. Try not to drink 1 hour before and after meals
Codeine Phosphate			Oral	Take one hour before meals / bed
Oesomeprazole			Oral	
Magnesium			Oral	
Forceval multivitamin and trace capsule	one	at night	Oral	

Contact

For more information contact: nutrition support teams on

Leicester Royal Infirmary 0116 258 6988

Leicester General Hospital 0116 258 4713

If you would like this information in another language or format, please contact the Service Equality Manager on 0116 258 8295

ਆਪਨਿ ਯਦਿ ਐ ਲਿਫਲੇਟੋਰ ਅਨੁਵਾਦ - ਲਿਖਿਤ ਚਾ ਅਡਿਓ ਟੇਪ' ਐ ਚਾਨ, ਤਾਹਲੇ ਅਨੁਗ੍ਰਹ ਕਰੇ ਸਾਰ੍ਵਿਸ਼ ਇਕੁਏਲਿਟੀ ਮਿਆਨੇਜ਼ਾਰ ਡੇਭ ਬੇਕਾਰ' ਐਰ ਸਾਥੇ 0116 258 8295 ਨਾਂਬਾਰੇ ਯੋਗਾਯੋਗ ਕਰਨ ।

यदि आप को इस लीफ़्लिट का लिखती या टेप पर अनुवाद चाहिए तो कृपया डैब ब्रेकर, सर्विस ईक्वालिटी मैनेजर से 0116 258 8295 पर सम्पर्क कीजिए ।

ਜੇ ਤੁਸੀਂ ਆ ਪਤ੍ਰਿਕਾ ਨੂੰ ਲੇਖਿਤ ਅਥਵਾ ਟੇਪ ਉਪਰ ਆਖਾਨੇਰ ਜੇਹੰਨੂੰ ਭੋਖ ਨੋ ਮੁਫੇਰਆਨੀ ਕਰੀ ਤੇਐ ਐਕਰ, ਸਰਵਿਸ ਈਕੁਏਲਿਟੀ ਮੈਨੇਜਰ ਨੋ 0116 258 8295 ਉਪਰ ਸੰਪਰਕ ਕਰੋ।

Haddaad rabto warqadan oo turjuman oo ku duuban cajalad ama qoraal ah fadlan la xiriiir, Maamulaha Adeegga Sinaanta 0116 258 8295.

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਲੀਫਲਿਟ ਦਾ ਲਿਖਤੀ ਜਾਂ ਟੇਪ ਕੀਤਾ ਅਨੁਵਾਦ ਚਾਹੀਦਾ ਹੋਵੇ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਡੈਬ ਬੇਕਰ, ਸਰਵਿਸ ਇਕੁਏਲਿਟੀ ਮੈਨੇਜਰ ਨਾਲ 0116, 258 8295 ਤੇ ਸੰਪਰਕ ਕਰੋ ।

Eğer bu broşürün (kitapçığın) yazılı veya kasetli açıklamasını isterseniz lütfen servis müdürüne 0116 258 8295 telefonundan ulaşabilirsiniz.