

Welcome to the Intestinal Failure Unit

Digestive Diseases Centre
Information for Patients

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Introduction

The Intestinal Failure Unit is on Wards 42 and 43 at Leicester Royal Infirmary (LRI). They each have 8 side rooms and five 4 bed bays. Each side room is en-suite, and there is a toilet and shower room in each of the bays. Most of your care will take place on one of these wards, but sometimes it may be best for you to be cared for on one of our surgical wards.

The wards are between the Windsor and Sandringham buildings. There is a bridge linking these buildings on level 2. It is easiest to access this bridge from the Windsor building, which is the closest building to the public car park.

Ward phone numbers:

- Ward 42: 0116 258 6374
- Ward 43: 0116 258 6239
- Main switchboard: 0300 303 1573

Visiting times helps clinical care happen and gives patients time to rest. Please speak to the nurse in charge if you need to visit outside these times:

- Ward 42: 2pm to 8pm
- Ward 43: 2pm to 8pm

There are various cost saving payment options for the car park available through the car parking office for regular visitors, and the LRI is on the Enderby Park and Ride route.

The team

During your stay in hospital, there will be a large team looking after you. It can sometimes feel a little overwhelming how many people are involved in your care. Not everyone will be seeing you all the time and your consultants will make sure that the right people see you at the right time.

Dr Rogers and Dr Muhammad are Consultants in Gastroenterology, Clinical Nutrition and Intestinal Failure. They will see you on a regular basis together with our specialist dietitians and nurses. You will also most likely meet one of our Consultant Surgeons during your stay. You may also meet Consultants in Radiology, Biochemistry and Anaesthetics as needed while in hospital.

The ward nursing team is led by our Gastroenterology Matron. Each ward has a Ward Leader and team of Deputy Leaders who you will see regularly. During your time in hospital you may also meet our Nurse Specialists in Vascular Access, Stoma Care and Tissue Viability. Our Intestinal Failure Pharmacist will be there to talk to you about your medications.

What to do while in hospital and what to bring

It is important to keep busy while in hospital to help your recovery. Both of our wards have televisions in the bays and side rooms that are free to use, and Wi-Fi is available throughout the hospital.

Leicester Royal Infirmary is a large hospital. There is:

- a large restaurant with a children's seating area,
- a WHSmith which stocks a range of toiletries, books and magazines.
- 2 Royal Voluntary Service (RVS) Cafes,

The closest café is the RVS on level 0 in the Windsor Building. This is found in the conservatory off the lift lobby and there is an outside seating area. The Metro Newspaper is delivered daily to the LRI and can be collected from the Windsor Building entrance on Level 0.

Over in the Balmoral Building the restaurant can be found on level 0 and the RVS café and WH Smith on level 1. There is a cash machine in the restaurant.

It is nice to have familiar things while in hospital and we suggest bringing your own toiletries and nightwear. We can give nightdresses and pyjamas. Most patients prefer to wear their own. It is also useful to bring a dressing gown for when walking around the ward. We also encourage patients to get dressed into day clothes when their medical condition allows. We are happy for patients to bring phones and portable computers. We do not have any secure storage facilities for these and therefore they are brought at your own risk.

What is intestinal failure?

Intestinal failure is a rare condition where the small bowel cannot digest and take in the correct amount of nutrients. The body does not reabsorb fluids made normally by the intestines. This can lead to problems like weight loss, diarrhoea and malnutrition. The most common causes of intestinal failure are:

- Having surgical removal of a large part of the small bowel,
- A disease or injury that badly damages the small bowel,
- Complications after tummy (abdominal) surgery,
- Problems with the movement of food and fluids through the bowel,

Often patients with intestinal failure will have:

- a stoma (a surgically created opening of the bowel onto the surface of the abdomen),
- or a fistula (a connection between the bowel and skin surface),

In both cases most of the poo (digestive waste) will be collected in a bag. Patients with intestinal failure look well. Most people cannot tell that they are unwell.

What will happen during my stay?

Your stay may last several weeks, or in some cases months. You will be reviewed by the medical team daily and by the whole Intestinal Failure Team a few times a week. At first you may need daily blood tests to monitor your clinical condition, but this should be needed less often as you start to get better.

We must check how much fluid is leaving your body. Nursing staff will measure the output from your stoma or fistula and record this on your observation charts. We may also ask you to write down what you eat on a food chart. The nursing staff will weigh you regularly.

After being in hospital for a long time, some people feel low in mood. If this happens to you, please talk to the medical team. We can arrange for psychological support through our hospital liaison psychiatry team.

Abdominal wounds and fistulas can change over time. With your permission, we would like our clinical photographer to take photographs of your tummy for your medical records. These photos are often repeated throughout your stay and at outpatient clinics. They are very useful to help the team track your progress.

The medical staff will explain all the medical treatments you will need. They will talk to you about the best form of intravenous feeding line for patients who need feeding directly into the veins. You will see physiotherapists and occupational therapists as needed to help your progress towards returning home.

What treatments will I need?

There are many medicines that can help control the fluid in your body and the balance of salts in your bloodstream. Some of the common treatments are:

Fluid restriction:

The fluid you drink is too much for the bowel to cope with. Drinking less fluid is probably the most important step in controlling your stoma output. Any fluid that your body needs can be given directly into your bloodstream and your medical team will monitor your kidney function blood tests regularly.

St Mark's solution:

This is a sugar and salt drink that helps to keep you hydrated but creates less fluid output than other drinks. You should sip this drink throughout the day, and you can add a small amount of fruit cordial to the jug each day to improve the taste. Patients often find it helpful to drink their St Mark's through a straw. They find it easier to drink when it is kept cold. Use the fridge or ice cubes made with St Mark's solution, not with water, to do this. Patients are often prescribed 1 litre of St Mark's solution a day.

Anti-secretory medications:

Normally the stomach makes over a litre of gastric juices a day. When you have a short bowel this means a lot of extra fluid can pass through your stoma. Medicines such as Lansoprazole, Omeprazole or Esomeprazole are used to decrease the amount of gastric juices made. This lowers your stoma output. These medicines should be taken on an empty stomach, at least 30 minutes before food.

Loperamide and Codeine:

These medicines help slow down the movement of food and fluid through your bowel. They are best taken 30 minutes before your meal. The loperamide capsules should be opened and sprinkled on a small amount of moist food to help your body absorb them.

Parenteral nutrition (PN):

PN is a way of providing all the nutrition that you need when your gut is not working. It contains the water, energy, vitamins and minerals that you would normally get from your food. They are made up into a milky fluid that comes in a large drip bag.

See separate information leaflet on this. Visit: www.yourhealth.leicestershospitals.nhs.uk and search for 'When you need tube feeding through a vein - parenteral nutrition (PN)' or leaflet number 823.

More information

The Leicester Intestinal Failure Team (LIFT) have other information leaflets covering parenteral nutrition, home parenteral nutrition and high output stomas. All of our patient information is available on the ward and on our patient information website:

www.yourhealth.leicestershospitals.nhs.uk

Many people find patient support groups helpful as they can share experiences, ask questions and talk to people having similar treatments. PINNT is the support group for people having artificial nutrition. You can join the group by visiting: www.pinnt.com

If you are not sure about anything, please ask any member of the team.

The team are also very happy to advise your GP or other health care professionals if they have concerns about your intestinal failure. They can access our contact details and referral forms on our website: <https://www.uhleicester.nhs.uk/services/gastroenterology/leicester-intestinal-failure-team-lift/>

Health information and support is available at www.nhs.uk or call 111 for non-emergency medical advice. Visit www.uhleicester.nhs.uk for maps and information about visiting Leicester's Hospitals. To give feedback about this information sheet, contact uhl-tr.informationforpatientsmailbox@nhs.net

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ دوسرے زبان میں چاہتے ہو، تو 'ਵਿਰਧਾ' ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।
إذا كنت ترغب في الحصول على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો.

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email uhl-tr.equalitymailbox@nhs.net

We are a research hospital and you may be asked to take part in research