

Managing a high output stoma

Nutrition & Dietetics

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Information for Patients

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Introduction

This leaflet is designed to

- tell you about stomas that produce large amounts of fluid,
- why this may have happened and
- what medications or changes to your diet might help you manage this.

If you have any other concerns please speak to a member of your medical team, your dietitian or the LIFT Nutrition Team.

How a healthy gut works

As well as the food and fluid that you take in through your mouth, your body also produces lots of fluid and salts that are released into the bowel to help digest and absorb your food. This watery mixture travels through the bowel until it reaches the large intestine where fluid and salts are reabsorbed back into the body. If some of your bowel has been removed, it will reduce how well your body can reabsorb this fluid and salt, but its impact depends on how much bowel you have left.

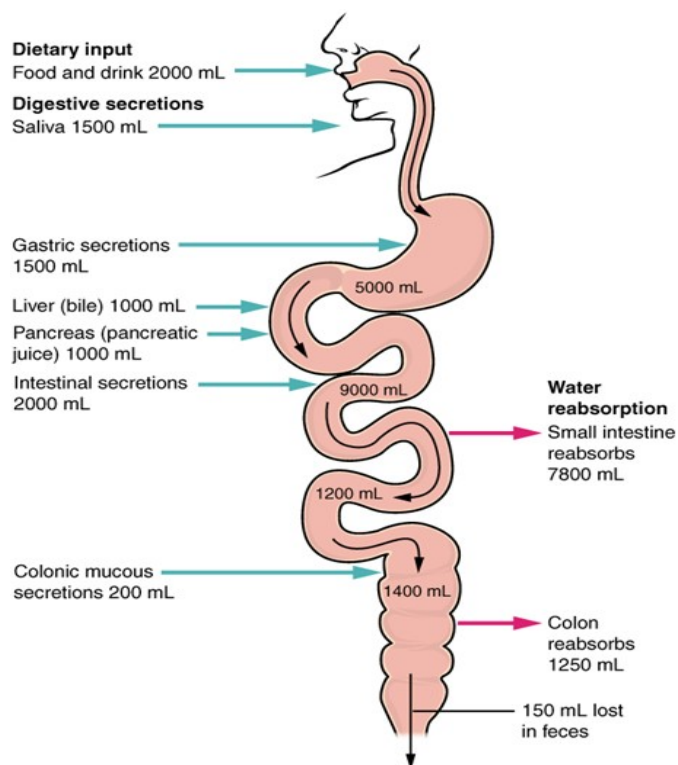


Image: <https://openstax.org/books/anatomy-and-physiology/pages/1-introduction>

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What is a high output stoma?

A stoma is a section of bowel brought out through an opening on your stomach area (abdomen). Your poo is then collected in a pouch or bag attached to the skin around your stoma. They may be formed if part of your small and/or large intestine has been taken out, 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 happen due to:

- the body adapting when the stoma is newly formed after surgery
- severe disease or damage to the small intestine
- after surgery where large amounts of small intestine are removed (known as short bowel syndrome)
- certain medications
- infection

How long will this carry on for?

Your stoma output may settle down over time, depending on what is causing it to be high. Sometimes the high output stoma will continue; this is often because very large amounts of small bowel have been removed. If there is less than 2 metres of bowel remaining, this may not be enough to digest and absorb all of your food and drink. We will continue to support you with this using the fluid, diet and drug treatment.

Problems that can happen with high output stomas

High output stomas can mean your body is not able to absorb vital nutrients, electrolytes (salts) and fluid. This can put you at high risk of dehydration, electrolyte imbalances and weight loss. Therefore, your weight and blood tests need to be monitored closely.

How will I know if I am dehydrated?

Dehydration is 1 of the most common reasons to return to the hospital after surgery and can be life threatening if severe. If you are dehydrated you may experience:

- A dry, sticky mouth
- Increased thirst
- Light headedness or dizziness especially when going from sitting to standing
- Tiredness or fatigue
- Headaches
- Passing less pee and your pee may be dark or strong smelling
- Muscle cramps

The colour of your pee (urine) is a good guide to see how well hydrated you are. A clear, pale yellow colour suggests good hydration whereas a more concentrated, dark yellow colour may mean you are getting dehydrated. Please check the colour of your pee every day.

Do I need to drink more fluid?

Although you may feel thirsty, drinking lots of fluids such as tea or coffee, fruit juice or water, will just make the situation worse. This is because the extra fluid will flush more salt and fluid out of your body through the stoma and make you more dehydrated. Because of this, you may be advised to limit how much of these fluids you drink and consume an oral rehydration solution (for example St Marks electrolyte solution or double strength Dioralyte) that has the correct balance of salt and sugar to help you reabsorb the fluid and salts back into your body.

Your fluid allowance

You should drink up to _____ litres each day.

All fluids (apart from the oral rehydration solution) need to be included in your fluid allowance. You can drink any type of fluid up to your total fluid allowance. But, be aware that alcohol and caffeine may speed up how quickly things move through your bowels.

Keeping to your fluid allowance

These tips may help you keep to your fluid allowance:

- Use a smaller cup or have only half a cup of fluid at a time.
- Sip drinks more slowly.
- Use an ice-cube instead of a drink. 1 ice cube is about 25ml of fluid (remember to include this in your fluid allowance).
- Chew gum or suck on a boiled sweet if your mouth is dry.

As a rough guide a small tea cup holds about 150ml of fluid and a mug holds 250ml of fluid.

Even if you feel very thirsty, do not drink more water, tea or juice. Instead, have more oral rehydration solution (an extra 500ml) but discuss this with your medical team or dietitian.

Tips on taking oral rehydration solution

The measured ingredients should be added to **1 litre** of water and stirred until they dissolve as per the guidelines provided to you.

- Sip the solution throughout the day.
- Remember to stir the solution before each drink to make sure that the powders are mixed well.
- Store the prepared solution in the fridge as this can make it more pleasant to drink.
- Make a fresh solution each day. You can store it in the fridge for 24 hours.
- You can take your oral rehydration solution out and about with you in a sports bottle.
- If the solution is unflavoured, a **small** amount of squash or cordial may be added to flavour the solution. Lime, grapefruit or blackcurrant seem to flavour it best. The total amount of fluid added to the powder should be 1 litre, so add less water if you are going to use squash or if you add extra ice cubes.

- If you struggle with the taste, try sipping it through a straw as this will bypass some of your taste buds.
- Avoid drinking an hour before and an hour after meals as this rushes the food through your stomach and nutrients cannot be absorbed.
- When it is hot, we sweat and lose more salt and fluid from the body. This is more likely to make you dehydrated, so you may need to drink more oral rehydration solution to replace these losses.

What can I eat?

You may need to eat more than normal and eat foods that are high in calories (such as biscuits, crisps, cheese, pastry etc.). Eating less fibre and increasing your salt intake can help reduce your stoma output. You will be referred to a dietitian who can give you more advice.

Quick tips on how to increase your salt intake

- Use salt in cooking and add table salt to your meals.
- Eat high salt foods like salty crisps, savoury crackers, cheese, bacon, ham, smoked or tinned fish, sauces (for example tomato ketchup or brown sauce).

Quick tips to reduce your fibre intake

- Use white based cereal products, for example white bread, white rice, white pasta, cornflakes or Rice Krispies.
- Limit how much fruit and vegetables you eat. Take off skins, stalks, seed and pips.
- Avoid nuts and dried fruit.
- Try not to eat pulses (beans, chickpeas or lentils) unless you are vegetarian when you should include one portion a day for protein.

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 LIFT Nutrition Team for as long as this is needed.

Medications

There are lots of different medicines that could help. Your doctor or pharmacist can talk to you about which might be suitable for you.

Medication to slow down the speed of food and fluid travelling through the bowel

You may be given loperamide (Immodium) or codeine phosphate:

- These help reduce the volume of fluid in your stoma.
- They are usually taken 4 times a day.
- Try to take them 30 minutes before meals and before bedtime.
- If the capsules pass through the bowel without dissolving they can 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

You may be given a drug to reduce the volume of acid your stomach makes. These are called omeprazole (Losec), lansoprazole (Zoton) or esomeprazole (Nexium).

Magnesium tablets

Magnesium is a mineral found in the blood. It is common to have a low magnesium level if you have a high output stoma, and this can make you feel tired and weak or have jerky muscles. If it is severe it can cause heart problems.

- If you are given magnesium supplements to take by mouth, it is best to take these at bedtime as you are more likely to absorb the magnesium when your stoma is less active.
- If your magnesium level becomes very low you will need to have an infusion given directly into your vein (IV). You will usually come into hospital for the day to have this.

Where can I find more information?

Please feel free to ask your doctor, nurse or dietitian if you have any further queries.

For more information contact Leicester Intestinal Failure Team (LIFT):

Leicester Royal Infirmary: 0116 258 6988

You can contact the dietitians on 0116 258 5400.

Your medication

Medication	Dose	How often	Route	Other advice
Loperamide			By mouth (oral)	Open capsules and mix with jam / yogurt. Take 30 minutes before meals or bedtime
Oral rehydration solution			By mouth (oral)	Sip slowly over the day. Try not to drink an hour before and after meals.
Codeine phosphate			By mouth (oral)	Take 30 minutes before meals or bedtime.
Omeprazole			By mouth (oral)	
Magnesium			By mouth (oral)	Take at bedtime
Forceval multivitamin and trace capsule			By mouth (oral)	

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