

High Output Stoma

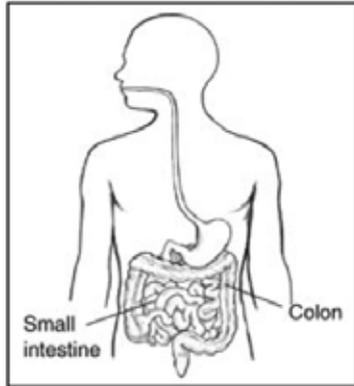


Nutrition and Dietetics

What is this leaflet about, and who is it for?

This information is designed to help any patient with a gastrointestinal stoma, also known as an ostomy, or a gastrointestinal fistula. The position of the stoma within the bowel forms the name. If you have had a stoma in your jejunum, it is a jejunostomy. In your ileum (small bowel), it is an ileostomy, or a colostomy if in your large bowel (Colon).

You may be given this leaflet if you have a gastrointestinal fistula as it acts like a stoma. A fistula is an opening that occurs between any two parts of the body.



What is a high output stoma?

A high output stoma is when the output from your stoma is high for two consecutive days (48 hours). It may be a temporary condition that will improve over time, or may resolve with further surgery. Losing high amounts of fluid and salts from your stoma or fistula can lead to dehydration.

- Normal output = less than 1litre
- Moderate = 1 to 1.5 litres
- Moderate to high = 1.5 to 2 litres
- High = 2 to 2.5 litres
- Very high output = 2.5 litres or more

(Over 1 day/24 hours)

What causes it?

There are a variety of reasons for a high output stoma. After having your surgery, your bowel needs time to adapt. Therefore, it is common for your stoma to act more frequently initially.

The level of fluids and nutrition that you can absorb from your food and drink depends on where in the bowel the stoma was formed and how much bowel you have left.

Other factors that increase the volume of fluid from your stoma are:

- Being unwell or having a temperature
- Chemotherapy
- Being malnourished
- Medications
- Particular foods and drinks

If your surgeon needed to remove more of your bowel than your body needs to maintain normal function, you will have been told you have a short bowel. A high output stoma is expected in this instance, as you do not have enough bowel to absorb your fluids and nutrition.

When a fistula forms it can act like a stoma. It will produce similar volumes of output to a stoma depending where it forms.

Does anything increase the risk?

You are more at risk of a high output stoma or fistula if this has been newly formed i.e. within the last three to six months.

Patients with inflammatory bowel disease or gastrointestinal cancer have an increased risk of having a high output stoma.

Stoma output can increase if you have certain cancer treatments. Radiotherapy to the bowel and some chemotherapy can cause diarrhoea. You can continue to follow the advice on what to eat and drink that is provided in this booklet. You may find that you need to take your medications more regularly during your cancer treatment. If you have concerns then speak to your stoma nurse, or ask for a referral to the oncology dietitians in St Luke's Cancer Centre.

What are the signs and symptoms?

The first sign of a high output would be an increase in the number of times you empty your stoma bag. You may also notice that the consistency of the fluid becomes thinner than normal.

The increase in fluid being lost in your bag can result in dehydration. Common signs of dehydration are:

- Feeling more thirsty than normal
- Passing less urine
- Urine becomes darker in colour and may smell
- Muscle cramps
- Dry mouth
- Dizzy/lightheaded

If your stoma output is high it is difficult to absorb all of the nutrients from your food. If the output is not controlled quickly, you may lose weight. Some people lose their appetite and find it difficult to eat and drink.

The above may make you feel tired and lacking in energy.

Do I need any tests?

Your GP or health professional will usually suggest taking some blood to check your sugar and salt levels. These tests can indicate the level of dehydration.

A urine sample may also be requested.

What can I do to help?

There are lots of things you can do to reduce your output. These include:

1. Medications to reduce the fluids your bowel produces
2. Changing the fluids you drink to aid absorption
3. Changing the types of foods you eat, to decrease the volume of water in the bowel

1. Medications

A combination of medicines are needed to reduce how quickly fluids and foods go through your bowel.

Loperamide (Immodium®) is a drug that lasts around six hours, and so you will be advised to take it four times a day, before each meal and before going to bed. Loperamide works best when a dose is taken 30 to 60 minutes before eating a meal. The effects of this drug do not sedate you, and it is not addictive therefore it is safe to take long term.

Codeine phosphate can add to the effect of loperamide by decreasing the amount of fluid you lose from your stoma. It is an opioid-based painkiller that reduces the movement of the bowel. It does have some side effects in some people therefore is usually taken short term.

Omeprazole is a drug that lowers the amount of acid and therefore fluid your stomach produces. It is recommended that you take a dose twice a day.

You may also be started on an injection three times a day called **Octreotide** or a long-acting version, **Lanreotide**. Your doctor or pharmacist will advise you on this.

2. Drinking to reduce a high output stoma

The type of fluid that you drink affects how much fluid comes out of your stoma. If you have an ileostomy or a jejunostomy, you will need to drink fluids that stop you losing fluid and salt through your stoma.

The best fluids to start with are ones that contain water, a small amount of sugar and some electrolytes (salts) e.g. isotonic sports drinks such as Gatorade®, Powerade®, Lucozade Sport® or other supermarket own brands.

You can make a homemade version by mixing the following ingredients:

- 200ml full sugar fruit squash
- 800ml water
- A level teaspoon of salt

When your stoma output is above 1500ml over 24 hours, you will need to start stronger oral rehydration solutions (ORS) to improve salt levels and rehydrate your body.

Fibre

Insoluble fibre moves through your bowel quickly and so increases fluid, nutrient and salt losses. Soluble fibre is a different type of fibre that can help to thicken stoma output.

Please see the table below for foods to eat and foods that are high in insoluble fibres which are best avoided when you have a high output stoma.

Try to choose a variety of different foods tolerated from all the food groups to get a variety of nutrients.

Foods to eat (Low in insoluble fibre)	Foods to avoid (High in insoluble fibre)
<p>Starchy Carbohydrates</p> <ul style="list-style-type: none"> -Puffed rice cereal, plain Special K®, Cornflakes® -Foods made with white or brown flour e.g. white/brown bread, bread products or pastries -All peeled potatoes (roasted, boiled, mashed) -All white or brown rice or pasta -Oats 	<ul style="list-style-type: none"> -Any wholegrain or wholemeal cereals e.g. Weetabix®, Shredded Wheat® - Any cereals with nuts, seeds, dried fruit e.g. muesli, granola, fruit and fibre, Crunchy nut cornflakes® -Any wholemeal, granary, seeded, multigrain bread or bread products -Potato skins -Wild rice
<p>Meat, fish, poultry, eggs, and meat substitutes (Protein)</p> <ul style="list-style-type: none"> -All meat, fish, poultry, eggs -Tofu, quorn and soya mince -Smooth nut butters -Smooth houmous 	<ul style="list-style-type: none"> -Skins and bones -Beans and pulses including lentils, kidney beans, chickpeas, houmous with whole chickpeas -Nuts and seeds
<p>Dairy foods</p> <ul style="list-style-type: none"> -All milks, yoghurt and cheeses (without dried fruit or nuts) -Ice-cream (without dried fruit or nuts), custard, rice pudding 	<ul style="list-style-type: none"> -Yoghurts, cheese and ice-cream that contain nuts or dried fruit

<p>Sweet and savoury snacks</p> <ul style="list-style-type: none"> -Cakes or biscuits made from white flour without dried fruit, seeds or nuts -Marshmallows -Jelly or hardboiled sweets -Chocolate (without dried fruits and nuts) -Crisps -Cheese straws or cheese snacks 	<ul style="list-style-type: none"> -Cakes or biscuits made from wholemeal or wholegrain flour with dried fruit, seeds or nuts -Cereal bars and flapjacks with nuts and seeds -Chocolate with dried fruits and nuts -Popcorn -Nuts -Bombay mix
<p>Fruit</p> <ul style="list-style-type: none"> -Fruit juice and smooth smoothies (without bits) -Fruits with the skins removed e.g. plums, pears, apples, peaches -Tinned suitable fruit without skins -Pureed, stewed or cooked fruits without skins, pips and stones -Mango, pineapple 	<ul style="list-style-type: none"> -Fruit juices and smoothies with bits -Fruits with skins, pips and seeds e.g. grapes, blueberries, raspberries, strawberries, kiwi, pomegranate, passion fruit -All dried fruits e.g. raisins, apricots, prunes
<p>Vegetables</p> <ul style="list-style-type: none"> -Well cooked vegetables e.g. carrots, parsnips, swede, broccoli, cauliflower -Smooth soups -Avocado, pumpkin, butternut squash -Peeled and deseeded tomato, cucumber and peppers -Well cooked spinach 	<ul style="list-style-type: none"> -All skins, pips and seeds -Stalks of vegetables -Raw vegetables e.g. stir fry, salad -All types of onions, leeks, garlic -Beans, peas and sweetcorn -Mushrooms -Asparagus, aubergine
<p>Condiments</p> <ul style="list-style-type: none"> -All smooth sauces -All dried herbs and spices -All syrups -All mayonnaise and salad cream 	<ul style="list-style-type: none"> -Avoid chutneys, pickles, relishes -wholegrain mustard -Jams/marmalade with seeds -Fresh herbs

If the medical and dietary advice above does not result in improvement in your stoma output, or you have a newly formed stoma, you may need to further restrict your fibre intake. Please ask for a referral to a dietitian for more advice. Your GP, stoma nurse or ward staff can refer you to your local dietetic department.

Salt

Adding extra salt when cooking and to cooked foods helps to replace salt lost from your stoma. Include salty foods in your diet such as cheese, crisps, bacon, ham, sauces. Aim for up to 1 teaspoon of additional salt a day.

High protein and energy

Eating foods that are high in calories and protein will help to provide you with enough energy. Aim to have regular meals and snacks.

If your appetite is low and/or you are losing weight:

- Eat smaller meals more often throughout the day
- Avoid diet foods, choose full fat versions of dairy e.g. yoghurts, milk, cheese
- Fortify your food by adding oil, cheese, cream, and creamy sauces to soups, vegetables and meat. Or by adding sugar, cream, ice cream, custard and condensed milk to fruit and puddings
- Have puddings and snacks
- Try to include protein and starchy carbohydrates at each meal (See table above)

If you are not able to eat enough to meet your energy and protein needs, you may need nutritional supplements in the form of puddings or drinks. If your symptoms persist and you are concerned about a low appetite and/or weight loss you may benefit from seeing a dietitian.

What are the next steps?

If your symptoms persist it is important to contact your doctor or stoma nurse for help and further advice.

You can find more information at the following websites:

The Ileostomy and Internal Pouch Support Group. Freephone 0800 018 4724.

<http://www.iasupport.org/>

NHS Choices – Ileostomy. Website <http://www.nhs.uk/conditions/ileostomy/Pages/Introduction.aspx>

NHS Choices – Colostomy Website
<http://www.nhs.uk/conditions/Colostomy/Pages/Introduction.aspx>

Stoma Wise Website
<http://www.stomawise.co.uk/>

References

Advanced Nutrition and Dietetics in Gastroenterology 2014, Wiley Blackwell, Edited by Miranda Lomer ISBN-10 0470671327

Manual of Dietetic Practice, fifth edition 2014. Wiley Blackwell, edited by Joan Gandy in conjunction with The British Dietetic Association. ISBN-978-0-470-65622-8

If you have any questions about the information in this leaflet you can contact:

The Dietetic Department;
Switchboard Telephone: 01483 571122 ext: 4202
Direct Line: 01483 464119
Email: rsch.dietitians@nhs.net

Or;
Stoma Care Department
Switchboard Telephone: 01483 571122 ext: 2558
Email: rsc-tr.StomaCNS@nhs.net

PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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