Patient Information

University Hospitals Coventry and Warwickshire NHS Trust

Nutrition and Dietetics

Nutrition Team: Short Bowel Syndrome - How to manage a high output stoma while in hospital

This information is for people who have a high output stoma while in hospital. This advice should only be followed with supervision from the Nutrition Team.

When part of your bowel has been removed or is not working correctly, your gut cannot properly absorb nutrients, electrolytes (salts), fluid and your body's own secretions. They pass through the bowel quickly and this produces the high output from your stoma.

High volumes of fluid from your stoma can lead to severe dehydration and electrolyte (salt) disturbance. Some patients with a high output stoma require intravenous (parenteral) fluid and nutrition to prevent dehydration and to maintain your weight.

This leaflet will give you practical advice on how to manage a high output stoma while you are in hospital.

Fluid restriction

You could become dehydrated if you have a large amount of liquid coming out of your stoma. Drinking too much fluid can make your stoma output increase. We therefore recommend restricting regular fluids.

If you become dehydrated, you will need intravenous fluids to correct this. Please **do not** drink more oral fluids.

You are advised to follow a fluid restriction of _____ml per day.

All fluids count towards your fluid restriction, including water, juice, squash, tea, coffee, soup, milk and custard.

Advice for managing a fluid restriction

- Sip drinks slowly throughout the day.
- Carefully suck ice cubes. These are approximately 25ml each.
- Use a smaller cup or only half-fill your cup each time you take a drink.
- Chewing gum or sucking boiled sweets can help if your mouth is dry as this will produce saliva.

Oral rehydration solution

This is made up of ___ **sachets of Dioralyte diluted in 1000ml of fluid**.

This fluid **does not** count towards your fluid restriction.

This solution tastes quite salty and it is used to help replace some of the salts you are losing through your stoma.

To help make this fluid more manageable, you could try:

- adding a small amount of flavoured squash; however, try to ensure your overall volume for this drink remains at 1000ml. You can add less water if you are going to add squash
- sip gradually throughout the day

- stir the solution regularly to make sure it has mixed well
- drinking through a straw

Diet

The food that you eat can also affect your stoma output.

We would recommend following a ‘low residue’ diet. These are foods that are low in fibre. There is a separate ‘low residue’ menu available on every ward and ward staff can provide this for you to choose your meals.

- Meals should be based around low fibre, starchy carbohydrates such as white bread, potatoes, white pasta, and a protein source such as meat or fish.
- High salt foods can also help to replace salt losses. Adding **salt** to your meals will help to replace some of the salts you are losing through your stoma. Salt sachets are available at mealtimes. Please ask for a sachet when your meal is served
- Try including salty foods such as sausages, bacon, sausage rolls, white bread and cheese. Your dietitian can arrange a cooked breakfast for you.
- If you are malnourished or at risk of becoming malnourished, it is important to make sure you are receiving enough calories and protein. Additional foods can be arranged to help meet your nutritional needs while you are in hospital. This can include additional snacks throughout the day or extra portions at mealtimes. Your dietitian can arrange this for you.
- **Avoid eating** salad, tomato, lettuce, cucumber, peppers, skins on fruit, pith, pips, seeded fruit such as raspberries, pomegranate, nuts, beans, chickpeas, dried fruit, vegetables such as cabbage, sprouts, lentils, spring onion, peas and sweetcorn.

  Highly spiced foods should also be avoided, for example, curry and chilli.

Medication

You may be prescribed medicine to help reduce your stoma output.

This could include:

- loperamide (an antimotility/antidiarrhoeal drug) – these capsules can be opened and are best taken 30 minutes before breakfast, lunch, evening meal and bedtime
- omeprazole to reduce the amount of gastric content your stomach produces
- codeine, which may be prescribed to help reduce intestinal motility (movement in your digestive system)

Your stoma output will be measured by being emptied into a jug. Ward staff will record this output on your fluid balance chart.

If you empty your own stoma, please inform the ward staff on the quantity of fluid so this can be documented.

The Trust has access to interpreting and translation services. If you need this information in another language or format, please contact 024 7696 7177 and we will do our best to meet your needs.

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