High Output Stoma Management
Your Dietitian: ............................................................
Contact No: ...........................................................
Bleep: ....................................................................
Stoma department – 020 8725 3916

Picture on cover taken from Dansac Website

Your details

Weight: _______________ kg
Height: ________________ m
Body Mass Index: ______kg/m²
Target weight if applicable: ____________kg

Weight trends

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Longer term monitoring

You should ensure you receive long term follow up with your doctor, surgeon, dietitian, stoma nurse and pharmacist until your stoma is stable.

You should weigh yourself regularly and check back with your GP or dietitian, particularly if you find it hard to maintain your weight, or if you are very thirsty all of the time. You may need to have your blood or urine sodium content measured to help manage your condition.

Remember that your weight will vary by a kilogram or two during the day and between days. Remember to weigh yourself when you stoma bag is empty. The trend of your weight over time is more important than a day to day fluctuation.

If you continue to lose weight your dietitian may decide that you require nutritional supplements on prescription. Your dietitian will decide how many you need to take per day and request a prescription from your GP. Remember that supplement drinks are low salt and would be included as part of your fluid restriction. You may be advised to take salt tablets as mentioned on page 3 with your supplement drinks, your dietitian will advise you if this is necessary.

Introduction

This information is for patients who have had surgery and stoma formation.

What is a high output stoma?

If a stoma is created high in the bowel then there is not enough space to allow the body time to reabsorb nutrients and fluid, therefore this can result in large volumes of fluid coming out of the stoma. High output stomas can lead to problems with your nutrition and can cause dehydration.

A high output stoma may be a temporary condition that will improve over time or may only resolve with further surgery.

High amounts of fluid from your stoma can lead to dehydration and problems with salts in the body because too much fluid is lost from the stoma. There are steps you can follow to help manage this.

Once your stoma starts to settle after the surgery the output may reduce and slow down, this can take up to several weeks.
**Fluid and a high output stoma**

The main nutrients lost in the stoma fluid are sodium (salt), potassium and magnesium which are all important for normal bodily functions. To minimise the loss of these nutrients it is recommended that you follow a fluid restriction. This may vary between 500ml and one litre per day and your Surgeon, Dietitian or Stoma nurse will advise you on the required restriction.

Fluid includes water, milk, soft drinks, juices, squash, jelly, tea or coffee. Drinks low in salt increase the amount of fluid your bowel produces and will increase your stoma output.

On top of your fluid restriction you can drink **electrolyte solutions** freely. Using salty drinks means your bowel does not produce as much of its own water and therefore reduces the stoma output.

The type of electrolyte solution you drink will depend on the volume of your stoma output. As a general rule you can use the following as a guide (all are volumes per 24 hours):

- **‘Normal’ output** = less than 1 litre
- **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

If your output is **moderate** you can use electrolyte drinks such as Lucozade or Gatorade. If your output is **high** you should then drink **hypertonic** drinks. A **hypertonic** solution contains a higher concentration of salts than that found in body cells and helps to reduce the stoma output. Drinks that might be recommended are Double strength Dioralyte (2 sachets of dioralyte in 200mls of water) or a special drink called St. Mark’s solution.

**Medicines used for patients with high output stomas**

Your doctor is likely to have started you on medications to help manage the two main problems with stoma

**Anti-motility medicines**

These medicines help to slow down the passage of food and fluid through your bowel. Common medicines are

- Loperamide
- Codeine Phosphate

These drugs must be taken 30 to 60 minutes **before** every meal. It is normal for you to be prescribed high doses of these medications.

**Anti-secretory medicines**

These reduce the amount of acid produced by your stomach and so helps to lower the amount moving through your bowel. You will still digest your food with these medicines.

- Omeprazole
- Lansoprazole
- Ranitidine

It may be necessary for you to have vitamin B12 injections if your bowel cannot absorb it well. Please discuss this with your doctor or dietitian if you are not sure.
Other hints and tips

General Tips
- Take a varied diet for good health.
- Develop a regular eating pattern for better stoma function.
- Smaller more frequent meals may be better tolerated, particularly in the first few weeks.
- Avoid fluids around mealtimes.
- When you have a salty meal use the opportunity to have your favourite non-salty drink.
- Take your time and chew food thoroughly.
- Avoid heavy meals or snacks before bedtime.

Tips to avoid food and drinks that may irritate the bowel and increase stoma output
- Fibre in foods can make your output more liquid, so you may need to limit your intake of wholemeal bread, wholegrain cereals, pulses, leafy green vegetables, raw vegetables, sweet corn, fruits and nuts. Try these foods in small amounts initially, and then increase to find your tolerance.
- Avoid caffeine containing drinks (tea, coffee, cola), especially before bedtime if you notice these increase your stoma output.
- Moderate fruit juices, smoothies and other sugary drinks.
- Moderate alcohol consumption.
- Avoid spicy foods.

Recipe for St Mark’s electrolyte mix:
- 6 heaped 5ml teaspoons glucose
- 1 level 5ml teaspoon sodium chloride (salt)
- Half heaped 2.5ml teaspoon sodium bicarbonate
- Stir all ingredients into 1litre of water and chill overnight.
You can add a small amount of cordial to improve the taste or add a slice of lemon or lime.
You can buy these powders from any pharmacy or some supermarkets. Alternatively they can be prescribed by your GP. Sodium chloride is table salt and sodium bicarbonate is also known as bicarbonate of soda or baking soda. If you ask your GP to prescribe them they need to be prescribed as follows:
20g glucose
3.5g sodium chloride
2.5g sodium bicarbonate

You may also be offered salt tablets to take with low salt fluids such as water, tea, coffee or juice. You need to take 1 Slow Sodium tablet for every 100ml of low salt fluid. This usually means swallowing 2 salt tablets for each cup/mug of low salt drink. If you don’t take the salt tablets, then your stoma bag volumes will increase and you will become dehydrated.
The ONLY time you can get away with this is if you have a salty meal or salted snacks such as crisps/ nuts/ pretzels at the same time as your drink, as the salt in the food will have the same effect when it mixes with the drink in your tummy.

DEHYDRATION
Learn to recognise the signs of dehydration:
- Thirst.
- You are producing less urine.
- Dizziness, especially on standing.
- Lethargy.
- Cramps.

If you start to experience a higher than normal stoma output and you are showing signs of dehydration (see box on page 3), seek medical advice from your GP, stoma nurse or dietitian.
Food choices with a high output stoma

The main dietary change to adopt with a high output stoma is to add salt in to your diet as much as possible.

Ideas to help you eat more salt:
- Cook your meals with salt.
- Sprinkle salt on your meals – half to one teaspoon a day.
- Eat salty foods such as cheese, soup, bacon, ham, sausages, smoked fish like kippers, shellfish, canned fish in brine (tuna, sardines, salmon), meat and fish pastes.
- Use Oxo, Bovril, gravy granules or stock cubes to make sauces.
- Try yeast extracts like Marmite or Vegemite.
- Include salty snacks such as salted crisps, savoury or salty biscuits.
- Use soya sauce when able.

Choose starchy carbohydrates to help thicken the stoma output:
- White bread
- Chapattis
- Low fibre cereals like rice crispies and cornflakes
- Oats and porridge
- Potatoes (no skins), sweet potatoes
- Green bananas, yam, plantains
- Dishes made with maize, millet or cornmeal
- White pasta or rice

Foods that may help thicken the stool are applesauce, bananas, buttermilk, cheese, marshmallows, milk, noodles, smooth creamy peanut butter, rice, tapioca pudding, toast and yoghurt.

Fruit and Vegetables

It is important to include fruit and vegetables in your diet as they provide a range of vitamins and minerals that are essential for good health. However they may effect your stoma output.

If some fruits and vegetables upset you, then try:
- peeled fruits
- tinned fruits in natural juice
- stewed, baked or pureed fruits
- fruit juices (unsweetened). Will count towards your fluid restriction
- well cooked or pureed vegetables
- vegetables in soup or casseroles, pureed if necessary.

When your stoma has settled (after six to eight weeks) you may want to reintroduce fibre but always in small quantities, ensuring that the foods are well cooked and chewed.