

# High Output Stoma Management

This leaflet is for patients who have had surgery and stoma formation. If you have any more questions, please speak to a member of the team looking after you such as your stoma nurse, dietitian, doctor or GP.

## What is a high output stoma?

It is important to monitor your stoma output. If your stoma becomes more watery, and exceeds 1L per day, you will lose water and salts which can lead to problems such as dehydration, kidney damage, malabsorption and re-admission to hospital. Whilst a high output stoma is technically 1.5 litres and above, anything exceeding 1L is likely to cause problems if left untreated, (Nightingale, 2022)

## What is the cause of a high output stoma?

- New stoma formation following surgery
- Short bowel
- Infection
- Post obstruction / blockage

It may take some time for your bowel to adapt and your stoma output to thicken up, (Nightingale, 2022)

## How to recognise dehydration

A high output stoma can cause dehydration. It is important to learn to recognise the signs of dehydration:

- Thirst
- Dry mouth / lips / skin
- Headaches
- You are producing less urine, and it is dark in colour - urine should be pale
- Dizziness, especially on standing
- Lethargy
- Cramps
- Rapid, low or weak pulse

(McDermott, 2023)

## Fluid and high output stoma

Drinking fluids that are low in salt can cause too much fluid to be lost from your stoma. These fluids low in salt are **hypotonic** and include water, milk, soft drinks, juices, squash, jelly, tea or coffee, (Speakman et al, 2025).

The main nutrients lost through the stoma fluid are 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 **hypotonic fluid allowance**, (Speakman et al, 2025). A fluid allowance may vary between 500ml and 1L per day and your surgeon, dietitian or stoma nurse will advise you on the required allowance, (McDermott, 2023).

On top of your fluid allowance, we recommend a minimum of 1L/24hours of an electrolyte drink. **Isotonic** solutions contain a similar concentration of salts than that found in body cells and helps to reduce the stoma output, (Nightingale, 2022).

If your output is **high** the recommended drinks are:

- **Double strength Dioralyte**: 10 sachets of Dioralyte in 1L of water.  
**or**
- **St. Mark's solution**: This is an electrolyte mix you can make up yourself. The recipe for St Mark's electrolyte mix is:
  - 6 level 5ml teaspoons glucose
  - 1 level 5ml teaspoon sodium chloride i.e. table salt
  - Half heaped 2.5ml teaspoon sodium bicarbonate i.e. bicarbonate of soda or baking soda
  - Stir all ingredients into 1litre of water

Sip on either solution throughout the day. Patients often prefer this chilled from the fridge, through a straw, with fresh fruit slices e.g. lemon or lime, or substitute a small amount of water with squash / cordial without exceeding 1L. Maximum squash recommendation is 25ml.

You can buy these powders from any pharmacy or some supermarkets. Alternatively, they can be prescribed by your GP.

If you ask your GP to prescribe them, the prescription is as follows:

- 20g glucose/dextrose powder e.g. dextrose monohydrate
- 3.5g sodium chloride
- 2.5g sodium bicarbonate

They are cheaper to buy than to get through a prescription if you pay prescription charges.

(Nightingale, 2022)

## Food and high output stoma

**General tips** for healthy eating with a high stoma output include:

- Take a varied diet for good health. Aim to include foods from all food groups: fruits and vegetables, protein, dairy, starchy carbohydrates (opting for lower fibre options as listed in the table on page 4). **Include low fibre fruit and vegetable options, as long as output remains a porridge consistency.**
- 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, **allow 30 mins either side**
- When you have a salty meal use the opportunity to have your favourite non-salty drink
- Take your time and chew food thoroughly
- Try white starchy snacks before bedtime
- You may require extra calories and protein. Your dietitian will advise you if this is the case

**Adding salt** into the diet is the main dietary change to adopt with a high output stoma:

- Cook your meals with salt and sprinkle salt on your meals
- 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 spreads made from 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, potatoes / sweet potatoes (no skins), green bananas, yam, plantains, white rice or pasta
- Cereals e.g. rice crispies, cornflakes, oats and porridge
- Dishes made with maize, millet or cornmeal

## Food and drinks 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.
- **Caffeine** containing drinks such as tea, coffee and cola. Avoid especially before bedtime if you notice they increase your stoma output.
- **High fermentable carbohydrate foods:** There are certain foods that are not well absorbed by the bowel, can cause extra gas to be produced and can cause a looser stoma output. See below for dietary changes you can make.
- **Spicy foods** such as chilli and curry may upset your stoma function. Initially, choose milder foods for the first few weeks post-surgery and then reintroduce whilst monitoring output.
- Some types of **alcohol**, such as beer, may increase your stoma output. It is recommended alcohol in moderation, no more than 14units of alcohol per week.
- **Some foods may cause blockage** of the stoma e.g. sweetcorn, celery and nuts, therefore cautious reintroduction is advised ensuring you chop and chew them well.
- **Artificially sweetened diet drinks** may cause your stoma output to increase.

(Nightingale, 2022)

## Fermentable carbohydrates

As mentioned, restricting fermentable carbohydrate foods may be indicated if you have a high stoma output. It is important to first ensure you have followed all the previous guidance on eating regularly, chewing your food well and being mindful of your fibre intake prior to decreasing the fermentable carbohydrates in your diet.

The main sources of fermentable carbohydrates come from fruit and vegetables. The following table shows fruits, vegetables and other fermentable carbohydrates to limit and suitable alternatives to choose.

	<b>Foods high in fermentable carbohydrates to limit (generally, all high in fibre)</b>	<b>Suitable alternatives low in fermentable carbohydrate and low in fibre to include</b>
<p><b>Fruit</b> Have up to 2 portions spread throughout the day. One portion is 80g fresh fruit.</p>	<p>Apple, pear, mango, dried fruit, peach, nectarine, plum, prune, watermelon, avocado</p> <p>Tinned fruit in apple/pear juice</p> <p>Fruit juice</p>	<p>Orange / satsuma / clementine (no pith), banana, grapes (no skin), kiwi fruit (no skin), cantaloupe melon, rhubarb (cooked / stewed)</p> <p>Although raspberries, strawberries, blueberries, grapes are low in fermentable carbohydrates, they are high in fibre and can be eaten when output consistency is a thick/mushy texture</p>
<p><b>Vegetables</b> 1-2 portions per day. One portion is 80g (~2 tablespoons).</p>	<p>Garlic, onion, leek, artichoke, asparagus, mangetout, mushrooms, cauliflower, broccoli</p>	<p>Peppers, courgette, potato (no skin), aubergine, carrots</p> <p>Well-cooked or mashed root vegetables without skins: carrots, parsnip, sweet potato, butternut squash</p> <p>Although sweetcorn, spring onion celery, spinach are low in fermentable carbohydrates, they are high in fibre and should be eaten with caution</p> <p>Note: -Asafoetida powder can be used to provide onion flavour. -Use garlic infused oil to provide garlic flavour.</p>
<p><b>Beans and Pulses</b></p>	<p>Chickpeas, soya beans, black eyed peas, butter beans, lentils, baked beans, kidney beans</p>	<p>If you are vegetarian and pulses are your main source of protein, have a small portion of well-cooked, smooth / pureed or mashed pulses without skins eg 20g hummus, ¼ cup green boiled lentils, ¼ cup canned chickpeas</p>

## Reintroduction of Foods

6-8 weeks post stoma formation, or once your stoma output is consistently well controlled (1L or less per day of porridge-like consistency), you can gradually relax the dietary recommendations above and introduce higher fibre foods whilst monitoring your stoma output. Try one food at a time, increasing your portion size over a few days. If your stoma output becomes more watery, you know that you do not tolerate that food very well, however if your stoma output remains porridge-like, you can continue to include that food in the diet. The aim is to have as much variety in your diet as possible, whilst maintaining good control of your stoma output. Remember, cooking foods and chewing foods well helps break down the fibre.

## Medicines used for patients with high output stomas

Your doctor is likely to have started you on medications to help manage your high output stoma.

### Anti-motility medicines

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

- Loperamide: many tablets or capsules can pass through the bowel without dissolving. Tablets are preferred, however if you see medications in your stoma bag, speak to your team about different formulations. Capsules can be opened and sprinkled on moist food such as full fat yogurt, custard or jam.
- Codeine Phosphate

These drugs are most effective when taken 30 minutes before meals and at bedtime. It is normal for you to be prescribed high doses of these medications, for example above 16mg per day.

### Anti-secretory medicines

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

- Omeprazole
- Lansoprazole

(Nightingale, 2022)

## Long 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 often very thirsty. You may need to have your blood or urine sodium content measured to help manage your condition.

Remember:

- Your weight will vary by a kilogram or two during the day and between days
- Weigh yourself when your stoma bag is empty
- The trend of your weight over time is more important than day to day fluctuations

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 in salt and would be included as part of your hypotonic fluid restriction.

If you are experiencing a high output stoma for more than 2 days, or you develop signs of dehydration, please call your stoma nurse, doctor or GP for further advice.

## Contact us

If you have any questions or concerns about your nutrition, please speak to your dietitian. If you do not have a dietitian, your nurse, doctor or GP can refer you.

The Department of Nutrition and Dietetics  
St George's Hospital NHS Trust  
Blackshaw Road  
London  
SW17 0QT  
0208 725 0485

Stoma Nurses  
St George's Hospital NHS Trust  
Ground Floor St James Wing  
stoma.nurse@stgeorges.nhs.uk  
0208 725 3916

**For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit [www.stgeorges.nhs.uk](http://www.stgeorges.nhs.uk)**

## Additional services

### Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9am and 5pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough Wing (near the lift foyer).

**Tel:** 020 8725 2453 **Email:** [pals@stgeorges.nhs.uk](mailto:pals@stgeorges.nhs.uk)

### NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

**Web:** [www.nhs.uk](http://www.nhs.uk)

### NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

**Tel:** 111

## **References List**

McDermott, B. (2023) *High-output ileostomy management- hospital setting*. Available at: [High-output-ileostomy-Hospital.pdf](#) (Accessed 22/12/2025)

Nightingale, JMD. (2022) 'How to manage a high-output stoma', *Frontline Gastroenterology*, 13(2), 140-151. Available at: <https://fg.bmj.com/content/13/2/140.citation-tools> (Accessed 30/11/2025)

Speakman, A. Farrer, K. Meade, U. Culkin, A. Nightingale, J. and the BIFA committee (2025) *The use of oral rehydration solutions for the management of high output stomas and fistulas*. Available at: [The Use of Oral Rehydration Solutions for the Management of High Output Stomas and Fistulas](#) (Accessed 18/12/2025)



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