

Patient information

High Output Stoma

Digestive Diseases Care Group

This leaflet aims to provide you with information about stomas that produce large quantities of fluid, why this may have occurred and what treatments are available to help manage this.

What is a high output stoma?

A high output stoma is one that produces a larger amount of fluid than normally expected (above 1500 ml daily.)

What can cause a high output stoma?

Short term causes:

- The body adapting when the stoma is newly formed after surgery.
- Severe disease or damage to the small intestine.
- Infection.
- Certain medications.

Long term causes:

- Short bowel (Two metres or less).
- Severe disease or damage to the small intestine.

Short bowel:

Short bowel can occur after surgery for a stoma when a large amount of small bowel has been removed leaving only two metres (200cm) or less. The average small bowel is approximately six metres (600cm) long. Having only two metres (or less) means there is less bowel available to absorb the fluids and food that you drink or eat resulting in much of it passing straight through your bowel and contributing to the volume of fluid being lost by your stoma.

What problems can occur with a high output stoma?

- Your remaining bowel is not able to absorb enough fluid, which can lead to dehydration.
- Your remaining bowel is not able to digest and absorb the nutrients you eat or drink, which can lead to malnutrition.

As a result, some people may experience:

- Increased thirst.
- Dizziness.
- Headaches.
- Producing less urine.
- Cramps.

If your stoma output is higher than normal and you are showing any of these signs of dehydration, seek advice from your family doctor (GP), stoma nurse or nutrition team/dietitian.

Guidance on how to reduce your stoma output

Your stoma output may be reduced by:

1. Taking medication to reduce your output.
2. Drinking less normal fluids and replacing them with an oral rehydration solution (such as the St Mark's electrolyte mix). These drinks are referred to as glucose-salt drinks.
3. Reducing foods that may increase your stoma output and increasing your salt intake.

What medications can be used to help reduce my stoma output?

There are many different medications available to help reduce the volume of fluid from your stoma. Your prescriber or a member of the nutrition team will discuss which drugs are the most suitable for you.

Medication to help reduce the speed food and fluid travels through the bowel

You may be given loperamide and/or codeine phosphate. These help reduce the volume of fluid lost from your stoma by slowing the bowel down. They are usually taken four times a day. Try to take them half an hour to one hour before meals and before bedtime.

The capsules can pass through the bowel without dissolving. If you notice this happening the capsules should 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/fistula

You may be given a drug to reduce the volume of acid your stomach makes. The most common medications used to achieve this are called omeprazole, lansoprazole or ranitidine.

Fluid and a high output stoma

Normally the small bowel is responsible for absorbing nutrients and the large bowel (or colon) is responsible for absorbing fluids. The small bowel finds it hard to absorb normal fluids, which include water, tea or coffee, milk, soft drinks, juices, squash, soups and nutritional supplement drinks. Therefore these fluids are often restricted and replaced with glucose-salt drinks.

Glucose-salt drinks

These drinks have the correct concentration and right amount of salt to increase absorption from the small bowel.

Drinks that might be recommended are:

- **Double strength Dioralyte®** (Ten sachets of Dioralyte® in 1000mls of water)
- **St. Mark's solution.** This is an electrolyte mix you can make yourself (you will be given a separate recipe card for making up the St. Marks solution at home).

Note, ordinary Dioralyte® or sports drinks such as Lucozade® Sport are not suitable as they do not have the correct concentration for absorption from the small bowel.

With all high output stomas it is important you sip your oral glucose-saline solution, do not gulp it as this will mean it does not get absorbed as well.

Both oral glucose-salt solutions can be flavoured with sugary cordial to make them more palatable. They taste better chilled and drunk through a straw. Most people prefer to store the solution in sports bottles which can be put in the fridge.

Most of your fluid intake should be from a glucose-salt drink. A small amount of normal fluids are allowed for pleasure. The Nutrition Team will advise on suitable volumes for you.

Daily glucose-salt recommendation:	
Daily normal fluid recommendation:	

Tips to help you stick to your normal fluid recommendation

- Spread your allowance throughout the day.
- Use smaller glasses and cups for your drinks.
- Sip drinks rather than gulp.
- Let family and friends know that you can only drink a certain amount so they are not tempted to offer you lots of drinks.
- Brush your teeth regularly and use an alcohol-free mouthwash to freshen your mouth.
- You can track your fluid intake using fitness apps on your smartphone or tablet.
- Artificial saliva or gels can help if you have a dry mouth – prescribable products are available from your GP.

Remember, milk on breakfast cereal and soup should be counted as part of your normal fluid recommended amount.

Handy measures

Average cup	200 ml
Average mug	300 ml
Hospital tumbler	200 ml
Plastic cup (vending machine type)	150 ml
Pint	600 ml
½ pint	300 ml
One ice cube	20 ml
Can of fizzy drink	330 ml
One tablespoon	15 ml
One dessertspoon	10 ml
One teaspoon	5 ml
Milk on cereal	100 ml
Average soup portion (1/2 tin)	200 ml

What can I eat to help reduce my stoma output?

Foods that increase stoma output are high-fibre foods, drinks high in caffeine and food and drinks containing some artificial sweeteners, including chewing gum. To reduce your stoma output you may need to restrict these foods – you will be referred to a dietitian who can give you more advice.

How can I reduce my fibre intake?

Fibrous foods are difficult to digest and may increase your stoma output, especially if eaten in large quantities or if not properly chewed. Reducing your fibre intake may help decrease your stoma output.

Ways to limit your fibre intake:

- Use low fibre cereal products, for example white bread, white rice, white pasta, croissants. If having breakfast cereal, choose Cornflakes or Rice Krispies but be aware that any milk added will be included in your fluid allowance.
- Choose small portions of fruit and vegetables and remove skins, stalks, seeds and pips.
- Avoid nuts and dried fruit.
- Limit your intake of pulses (beans, chickpeas or lentils).

When your stoma output settles, you may want to re-introduce some of these foods but start with small portions, well-cooked and chew them carefully.

Other foods to consider

- You may find adding more salt to your food, or choosing higher salt food options, can help reduce stoma output.
- Avoiding certain sweeteners, specifically sorbitol and mannitol (usually found in chewing gum and diabetic or diet products) is recommended.
- It is recommended that you aim to follow a regular meal pattern and do not snack in between meals.

Suggestions and ideas for your food intake:

Feedback

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Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

Further information is available from the Nutrition Support Team of the Royal Liverpool Hospital.

Telephone: 0151 706 3650

Text phone number: 18001 0151 706 3650

NHS website: www.nhs.uk

NHS 111

For free advice and information on any health matter 24 hours a day, seven days a week, please telephone 111

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