

## High Output Stomas

### What is the normal output from an ileostomy?

Approximately 1000mls (2 Pints) each day. This is equivalent to emptying your pouch (when half full) 5-6 times a day.

### What should the consistency of my stools be?

This will depend on how much functioning bowel you have left following surgery. As a general rule, we aim to get the output from an ileostomy to the consistency of porridge or toothpaste. People receiving chemotherapy may also develop loose stools. This should resolve once treatment is completed.

**If not already using: consider a drainable pouch.**

### Why is it important that I maintain this consistency?

If the stool is loose and watery, it means that the bowel is moving too quickly. As a result, you will not be absorbing valuable nutrients from your food and may also become dehydrated. Loose stools may also increase the risk of leakage from the appliance which can lead to sore skin around the stoma.

### How can I prevent this?

In the first instance, we would recommend you adjust your diet.

### Foods that thicken stools

- White bread
- Jelly babies
- Marshmallows
- Jelly/jelly cubes
- Cream crackers
- Cheese
- Pasta
- Potatoes
- Rice/rice pudding
- Ripe bananas
- Apple sauce
- Toast

### Try to separate meals and fluid.

If this is not successful, you may be prescribed medications to help slow down the bowel.

### What are these medications and how do I take them?

You may be prescribed Loperamide with or without codeine phosphate. (Loperamide is available over the counter at the pharmacy or on prescription from your GP).

### Loperamide

#### Most effective taken 1 hour before meals.

Please refer to the literature provided with the medication, but additional advice for high output stoma patients is as follows:

- Available in 2mg capsules. Initially try 4mg morning and night.
- If not effective, this can be increased to 4mg four times a day.
- If you see capsule residue in your stoma output, contact your stoma nurse or GP.

- You can remove the powder from the capsule or speak to your GP for an alternative form of this medicine.
- You may also be prescribed a “melts” version which dissolves in the mouth

## Codeine Phosphate

**(Please refer to the literature provided with the medication.)** Slows down the gut. 30-60mg three times a day.

## How can I tell if I am becoming dehydrated?

You may feel very thirsty, tired, light headed and have a headache. You may not be passing as much urine as usual and it may be darker in colour than usual.

## What should I do if I feel I am dehydrated?

Rehydration fluid will help replace sugars and salts lost through the stoma output and combat dehydration. A simple rehydration fluid can be made using the following recipe:

- **Glucose (sugar)** - 6 level 5ml spoons;
- **Table salt** - 1 level 5ml spoon:
- **Sodium Bicarbonate** - 1 level 2.5ml spoon
- Dissolved in 1litre (2 pints) of **water**
- **Add fruit squash (avoid juice and squash with sweeteners added as this can drive your output)** for flavour and store in the refrigerator for up to 24 hours.
- Sip throughout the day in preference to other fluids (like tea/coffee or plain water).
- Plain water can also drive your output – avoid where possible.
- Aim to drink the same amount of rehydration fluid as you are passing from your stoma.

**If symptoms persist, call your stoma nurse.**

## Hints and Tips

If your output is loose, you are at risk of losing salt. Try to add high salt foods such as salted crisps, bacon and salted biscuits/crackers.

If you are unable to eat meals, try taking salt in the form of meat extract drinks such as Oxo or Bovril.

*For more information and advice, contact the Stoma care department on **01392 402742** or email **rde-tr.stomacare@nhs.net**.*

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by Royal Devon staff undertaking procedures at the Royal Devon hospitals.

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