



High output stoma

This sheet answers common questions about managing a high output stoma / ileostomy. If you would like further information, or have any worries, please do not hesitate to ask your doctor, stoma nurse or dietitian.

What is an ileostomy?

An ileostomy is made by bringing out a part of the small bowel (ileum) to the skin surface to make an opening known as a stoma. The stoma may be permanent, where the large bowel (colon) has been removed, or it can be temporary, where some of the bowel is rested to allow it to heal. If temporary, the ileostomy can be reversed at a later stage.

What is a high output stoma?

When your large bowel is removed or bypassed, the small bowel is not as efficient at absorbing fluid and salt. Whilst the small bowel will usually adapt over time to maintain hydration, there may be times when you experience a high output from your stoma.

A high output stoma might be more prevalent when:

- The stoma is newly formed
- The bowel has been affected by disease or treatment

The output is considered high if you are losing more than 1200ml per day from your stoma, which puts you at a greater risk of becoming dehydrated. A high output stoma can mean that your body is not absorbing all the nutrients it needs.

Understanding your stoma output



It is important to get to know your stoma and the output so you can recognise when things might change. This can help prevent complications.

Normal	Caution	Seek Help
Output is porridge or toothpaste-like in consistency.	If your output has become more watery for more than 12 hours.	If your output has been watery for more than 24 hours.
Consistency can vary throughout the day, depending on what you eat. This is normal.	Consider following a low fibre diet.	Contact your stoma Nurse or Doctor.
You empty the pouch between four and six times a day.	Avoid drinking fluids with meals (try drinking before or after instead).	Be aware of the signs of dehydration (dizziness, headache, cramps, thirst, dark coloured urine).

Normal	Caution	Seek Help
	Observe the colour of your urine (ideally pale yellow).	Do not drink plain water - drink rehydration solution (read in next accordion).
	You may be given medication to help thicken the output.	

How to recognise and manage dehydration



High output stomas can lead to problems with your nutrition and can cause dehydration. Symptoms of dehydration are:

- Dry, sticky mouth
- Increased thirst
- Tiredness
- Light headedness or feeling dizzy
- Headache
- Passing less urine which is dark / strong-smelling
- Muscle cramps

The colour of your urine can be a useful indicator of how well-hydrated you are. A clear, pale yellow colour (straw-like) suggests good hydration whereas a more concentrated, dark yellow colour could indicate dehydration. It is advisable to check the colour of your urine every day. If you think that you are suffering any of the above symptoms and may be getting dehydrated, please contact your doctor or stoma nurse immediately.

How to reduce stoma output



Your doctor, stoma nurse or dietitian will give you information about how to reduce your stoma output. The following are common actions that can help to reduce the output from your stoma. These will be discussed in more detail:

- Drinking less fluid and replacing it with an oral rehydration solution
- Increasing salt in your diet
- Reducing fibre in your diet
- Taking medication to reduce your output

Fluids

Drinking the wrong types of fluids, such as tea, coffee, water, juice, and fizzy drinks will increase your stoma output and make you more dehydrated. You may be asked to restrict these fluids to one litre per day.

You may also be asked to drink a particular electrolyte mix such as Dioralyte or St Mark's solution, which are higher in salt and sugar. These drinks are better because they encourage fluid to be absorbed into the gut, rather than passing straight through your stoma bag.

St Mark's solution needs to be made up every day.

The recipe is as follows:

- 20g (six level 5ml spoonsful) of Glucose
- 2.5g (one heaped 2.5ml spoonful) of Sodium Bicarbonate (baking soda)
- 3.5g (one level 5 ml spoonful) of Sodium Chloride (salt)

These powders need to be dissolved in one litre of cold tap water and ideally consumed throughout the day. You can buy the ingredients from a pharmacy, some supermarkets or you can obtain them on prescription from your GP.

You may find the solution tastes salty. This can be improved by:

- Storing the drink in the refrigerator and having it chilled
- Adding a small amount of sugar-free squash / cordial to improve the taste. It is best to add this when making up the solution rather than adding it to each glass
- Adding a squeeze of fresh lemon or lime juice

Salt

Each day you lose a lot of salt (sodium) from your stoma. You might be asked to try and replace these losses by following a high-salt diet.

You can increase salt in your diet by:

- Using salt in cooking and adding salt to your meals
- Eating high-salt foods like salty crisps, savoury crackers, cheese, bacon, ham, smoked or tinned fish, sauces (for example tomato ketchup or brown sauce)

Please check with your doctor, stoma nurse or dietitian before following a high-salt diet.

Fibre

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 white-based cereal products, for example, white bread, white rice, white pasta, Cornflakes or Rice Krispies
- Choose small portions of fruit and vegetables and remove skins, stalks, seed, and pips
- Avoid nuts and dried fruit
- Limit your intake of pulses (beans, chickpeas, or lentils) unless you are vegetarian when it is important to include these in your diet

When your stoma output has reduced, you may want to re-introduce some of these foods but start with small portions, well-cooked and chew them carefully. Your dietitian can provide you with a detailed low fibre diet sheet.

Medication

You may be prescribed anti-diarrhoea medications like loperamide or codeine phosphate to thicken up the faeces and help reduce the stoma output. These are best taken up to 60 minutes before you eat.

You may also be prescribed anti-secretory medication such as omeprazole or lansoprazole to reduce the amount of acid produced by your stomach.

General tips for healthy eating with a stoma

Each person responds differently to surgery. You will have received advice after your surgery about what to eat and what to avoid, initially. It is important to give yourself time to recover from the surgery and settle back into a routine.

The following tips are to help guide you in healthy eating:

- Eat a varied diet for good health
- Stay adequately hydrated
- Eat regular meals and avoid overeating at one meal
- Eat slowly and chew your food well

- Avoid heavy meals or snacks before bedtime (as this may mean you have to empty your pouch during the night)
- On hot days or when exercising you may need to increase your fluid intake to avoid dehydration. Try to include extra high-salt foods in hot weather to replace the salt lost in your sweat

If you have a poor appetite, are struggling to eat or have noticed you are losing weight please ask to speak with a dietitian. A dietitian can provide advice regarding food fortification and ways in which you can increase your calorie and protein intake.

Contact us

If have any queries relating to this information, please contact the [Neurosciences](https://www.royalfree.nhs.uk/services/neurosciences) (<https://www.royalfree.nhs.uk/services/neurosciences>) service

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