

# IT IS IN THE BAG: WHAT TO DO WHEN WE HAVE A WATERY OUTPUT?

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#### WHAT IS A HIGH OUTPUT STOMA?

- When large bowel (colon) is removed the small bowel is not as efficient at absorbing fluid
- If your output is high and you are losing more than 1500ml per day from your stoma, you are at greater risk of becoming dehydrated.
- However, over time your small bowel (ileum) is usually able to adapt to maintain hydration.
- It may occur:
  - Newly formed stoma
  - Bowel is affected by disease or treatment
  - Bowel is shortened

## WHAT CONCERNS ARE ASSOCIATED WITH HIGH OUTPUT STOMAS?

- Watery or high output stomas lead to rapid dehydration
- Medications might not be absorbed
- Salt imbalances
- Malnutrition
- Weight loss
- Increased length of stay in hospitals
- Recurrent admissions
- Psychosocial factors, skin damage, poor quality of life



#### SIGNS AND SYMPTOMS OF HIGH OUTPUT STOMA

- Watery stoma output
- Changing your stoma bag more often than usual
- Possible leaking of stoma bags
- Signs of dehydration



#### ASCN UK ileostomy output chart



lleostomy output category	Amount in 24 hours	Image	Consistency descriptive	Advice (use in conjunction with the ASCN UK high output guidelines)
Normal ileostomy output	500 - 900ml	Brown	Digested food within a semi solid/thick liquid Porridge/ Dhal (Dal, Daal)	*Continue with stoma care plan *Usual emptying is 4-6 times per day (when appliance is a third to half full) *Consistency will fluctuate throughout the day
Concerning ileostomy output	900 - 1200ml	Yellow/brown	Semi-solid output as well as thin liquid with undigested food Custard / Smoothie	<ul> <li>*Assess: <ul> <li>fluid balance (continually monitor input and output volumes)</li> <li>patient for signs of dehydration/infection</li> <li>recent changes in general condition, medication or diet</li> </ul> </li> <li>*Refer and discuss with Specialist Stoma Care Nurse (SCN): <ul> <li>review of stoma care plan; frequency of emptying and change routine</li> <li>suitability of current appliance and peristomal skin condition</li> <li>diet and hydration manipulation e.g. low residue diet / rehydration fluids</li> <li>low dose anti-diarrhoeal medication (<i>as per local policy</i>)</li> <li>investigations e.g. renal function and/or infection (if symptomatic for 5 days)</li> </ul> </li> </ul>
High ileostomy output	Over 1200ml	Green/brown	Mainly liquid with undigested food particles Watery / Tea with sediment	<ul> <li>*Follow advice above re: concerning output</li> <li>*Re-iterate importance of rehydration fluids and low residue diet (as per local policy / ASCN UK 2021 high output guideline)</li> <li>*Discuss with SCN/doctor: <ul> <li>high output stoma appliance</li> <li>IV fluids and/or restriction of oral fluids (water, tea, coffee, juice, carbonated drinks) to 1 litre daily if using rehydration solution</li> <li>assessment for AKI (acute kidney injury) and blood tests</li> <li>additional tests e.g. magnesium levels and/or urine sodium</li> </ul> </li> </ul>

\*NOTE: it is not normal to see blood in the output from the stoma - refer to SCN

Ref: ASCN UK (2021) High output stoma management guidelines. ASCN UK. Edinburgh.

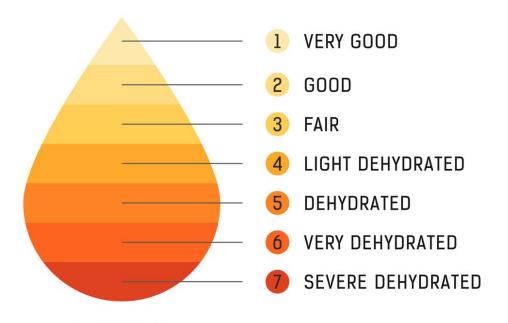
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#### **HOW DO I RECOGNISE DEHYDRATION?**

- If you are dehydrated, you may experience:
  - Dry, sticky mouth
  - Increased thirst
  - Light headedness or feeling dizzy especially when going from sitting to standing
  - Tiredness
  - Headache
  - Passing less urine which is dark or strong smelling
  - Muscle cramps

#### URINE COLOR

#### WITH MODERN STYLE



### WHAT SHOULD I DO?

- Your stoma output may be reduced by:
  - Drinking less fluid and replacing it with an oral rehydration solution
  - Increasing your salt intake
  - Reducing your fibre intake
  - Taking medication to reduce your output





#### WHAT NOT DO?

DRINK MORE WATER!



### **REHYDRATION SOLUTION**

- Rehydration solution:
  - 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)
  - $\circ$  1L of water



### **REHYDRATION SOLUTION**

- Rehydration can be prescribed by GPs
- You may find the solution tastes salty
- This can be improved by:
  - Storing the drink in the refrigerator and taking it chilled
  - It can also be frozen and taken as a slush
  - Sipping it through a straw
  - Adding a small amount of squash, fruit juice or cordial
  - Adding fresh lemon or lime juice



#### HOW CAN I INCREASE MY SALT INTAKE?

- Each day you lose a lot of salt (sodium) from your stoma
- You can increase your salt intake by:
  - Using salt in cooking and adding salt to your meals
  - Eating high salt foods like salty crisps, savoury biscuits and crackers, cheese, bacon, ham, smoked or tinned fish, sauces (for example tomato ketchup or brown sauce)



#### HOW CAN I REDUCE MY FIBRE INTAKE?

#### Ways to limit your fibre intake:

- Use white-based cereal products (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 you should include one portion a day for protein



#### **MEDICATIONS**





- Loperamide (capsule or orodispersible)
- Codeine
- Antisecretory agents omeprazole, lansoprazole
- 30 to 60min before food







#### WHAT IF I AM LOSING WEIGHT?

- Choose protein foods like meat, fish, eggs, quorn or tofu at each meal
- Choose full fat dairy products such as full fat milk, cheese and yoghurts
- Eat starchy foods like bread, cereals, potatoes, rice or pasta at each meal
- If your appetite is poor, take smaller meals with regular snacks
- Fortify your meals:
  - Add 4 tablespoons of skimmed milk powder to 1 pint of whole milk and use on cereals, puddings and beverages.
  - Add margarine, butter or grated cheese to vegetables, potatoes and soups.
  - Try adding custard, double cream or ice cream to puddings for extra energy

## **QUESTIONS?**



Celebrating all the lovely, positive, weird & wonderful things about being an ostomate

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