

Ileostomy: Intake and Output

It is important that you have a well-balanced diet and adequate fluid intake to maintain your body's hydration. When you have an ileostomy, you are at greater risk of dehydration.

Ileostomy output

- The expected output of your ileostomy should be the consistency of toothpaste/porridge.
- On average you can expect to empty your bag 4 – 6 times a day (when it is 1/3rd to ½ full). This volume equals approximately 1 litre
- If your output is more than this your risk of dehydration is increased.

If your output is the consistency of water and has increased significantly, for more than 12 hours, consider the following:

- Throughout the day drink a variety of fluid (not just water) but avoid tea, coffee, and carbonated drinks as these increase fluid losses.
- Increase starchy foods e.g. white bread, pasta, potatoes.
- Snack between meals on foods high in salt e.g. cheese & crackers, pretzels, crisps.
- Reduce intake of fibrous foods e.g. green leafy vegetables, fruit and fruit juice
- Mix 1 teaspoon of psyllium husk or Metamucil in 1 cup (250mls) of water. Drink quickly before it forms a gel. (Psyllium husk or Metamucil can be purchased from a supermarket or pharmacy)
- Discuss with your Stomal Therapy Nurse (STN) about commencing medication to slow the gut movement e.g. Loperamide (Gastrostop). This should be taken ½ hour before meals and is more effective if capsule is opened before taking. (You can mix the contents with small amount of fluid).

If the above measures fail to thicken/decrease your output within 24 hours, consider the following:

- Replace some of your water intake with a re-hydration solution e.g. Hydrolyte or Gastrolyte. This can also be made at home, known as 'St Mark's Solution' (see recipe below)

Consult your GP or STN if you have symptoms of dehydration that are concerning you e.g. darker coloured urine, fatigue, headache, dizziness, dry mouth, thirst.
Seek medical review.

- *Discuss with your doctor, dietitian or STN if you have a medical condition that affects the amount of fluids you can drink e.g. heart condition or kidney disease*
- *Speak to your GP or pharmacist if you are on any slow-release medications as they may not be completely absorbed*

St Mark's solution recipe: Mix together

- 1 litre of water
- 1 level teaspoon salt
- 6 level teaspoons sugar/glucose powder (available in pharmacies)
- ½ teaspoon of sodium bicarbonate powder

(This tastes better cold and with a small amount of cordial/fresh lemon or lime juice)

To obtain further information or help with any stoma questions, contact your STN or to find your nearest STN, visit www.stomatherapy.com and click on **“Find a Stoma Nurse”**

References

1. Boutté, HJ., Poylin, V. (2023). 'High ileostomy output: A practical review of pathophysiology, causes, and management'. *Seminars in Colon and Rectal Surgery*. 2023; Vol.34(2).
2. Hayden et al. (2013). 'Hospital Readmission for Fluid and Electrolyte Abnormalities Following Ileostomy Construction: Preventable or Unpredictable?'. *Gastrointestinal Surgery*. Vol. 17, pp 298 -303
3. Nightingale, J. (2022). 'How to manage high-output stoma'. *Frontline Gastroenterology*. Vol. 13. pp 140-151.
4. Queensland Health, April 2022, Healthy eating with an ileostomy and output management, https://www.health.qld.gov.au/__data/assets/pdf_file/0026/152558/gastro-ileostomy.pdf