

Patient information factsheet

Eating and drinking with a high output stoma

This factsheet provides information on how to manage your high output stoma. It includes advice on what fluids to drink, what types of food to avoid and what medications to take to help reduce your stoma output. We hope it will answer some of the questions you may have. If you have any further questions or concerns, please contact your dietitian.

What is a stoma?

A stoma is an opening on the front of your abdomen (tummy) which is made using surgery. It allows faeces (poo) or urine (wee) to be collected in a bag on the outside of your body.

What is a high output stoma?

When your large bowel (colon) is removed, your small bowel is not as efficient at absorbing fluid and you may experience a high output from your stoma. A high output stoma is when the output from your stoma is more than 1500ml in a 24-hour period (for more than two consecutive days).

A high output stoma can lead to severe dehydration and weight loss so it's important to know the steps to take to reduce your output where possible.

What causes a high output stoma?

There are lots of reasons for a high output stoma. After surgery, your bowel needs time to adapt and this process can take over a year. As a result, it is not uncommon for your stoma to produce a more liquid-like output after surgery. If you've had a large amount of your bowel removed, the high output may continue for longer because there is not enough of your bowel left to maintain its normal function. If this is the case, you will need to continue with the diet, medication and fluid treatment detailed in this factsheet. We will monitor you on a regular basis.

Fluids

It is very important to maintain your fluid and hydration balance when you have a high output stoma. The type and volume of fluids you drink will affect how much comes out of your stoma. Water and other normal fluids, such as tea, coffee, fruit juice, squash or fizzy drinks, do not contain the right concentration of sugar and electrolytes for your bowel to absorb them. Instead, they draw water from your body into your bowel, increasing your stoma output. This increase in your stoma output can put you at risk of becoming dehydrated. It is therefore important to limit your intake of normal fluids to reduce your stoma output.

Your dietitian will advise you on your daily fluid allowance.

Fluid allowance: _____ ml a day (24 hours)

Advice and tips for managing your fluid allowance

- Sip slowly throughout the day.
- Use a smaller cup.
- Be mindful - yoghurts, jellies, ice cream and soups also count towards your total fluid allowance.

St Mark's solution

The best way to rehydrate yourself if you have a high output stoma is to drink an oral rehydration solution (ORS) such as St Mark's solution (a salty, sugary drink). St Mark's solution contains the correct concentration of sugar and electrolytes and will help your body absorb fluid and reduce your stoma output.

We do not advise using sports drinks, such as Powerade, Gatorade or Lucozade, to rehydrate you. These drinks do not contain the correct mix of sugar and electrolytes to effectively rehydrate you.

St Mark's solution recipe

Ingredients

2.5g (one heaped 2.5ml spoonful) sodium bicarbonate (bicarb of soda)

3.5g (one level 5ml spoonful) sodium chloride (table salt)

20g (six level 5ml spoonful) glucose powder

The ingredients above can be bought from your chemist or your local supermarket. Please note that glucose powder is not the same as sugar. If you pay for your prescriptions, you may find it is cheaper to buy these powders, rather than get them on prescription.

Method

1. Mix the bicarb of soda, salt and glucose powder into 1 litre (1000ml) of tap water. It is best to weigh the amounts required. If you are unable to do this, you can use a 5ml spoon, which should be available from your chemist.
2. You need to make the solution up daily. If you have been asked to have 500ml a day, you can make up 1000ml and discard the left over solution down the kitchen sink. It is also important to do this with any solution you have not managed to drink after 24 hours.
3. It is best to store the solution in the fridge (covered) and drink it gradually throughout the day. Give it a stir each time you pour yourself a glass to mix it up again. Drinking the solution through a straw may help to improve the taste.
4. If you need to add squash, please use a sugar-free type. The squash used should be counted in the volume required to make the drink up to 1000ml. For example, if you use 100ml of squash then you will only need 900ml of water. Lemon and lime flavours work well as they give a sweet and sour taste.

St Mark's solution volume: _____ml per day

Double strength Dioralyte

Dioralyte is another type of oral rehydration solution. If we advise you to drink double strength Dioralyte, it is important that you make the solution up correctly. Measure the water accurately using a measuring jug and make sure you add the correct number of sachets. Add one Dioralyte sachet per 100ml water.

Dioralyte volume: _____ml _____sachets per day

Signs of dehydration

If you experience any of the symptoms below and they are not usual for you, you may be dehydrated.

Common signs of dehydration include:

- a dry mouth
- feeling more thirsty than usual
- feeling lightheaded or dizzy
- a headache
- passing less urine that is dark in colour
- muscle cramps

If you experience these symptoms for more than 48 hours, you should drink an additional 500ml of an oral rehydration solution (**St Mark's solution** or **double strength Dioralyte**), not more water.

Diet

What you eat can affect your stoma output. Insoluble fibre moves through the bowel quickly and can increase your stoma output. This means you lose fluid, salts and nutrients through your stoma. Soluble fibre can help thicken your stoma output.

Resistant starches

These mimic the effect that fibre has on your bowel.

Some people report that foods containing resistant starches can increase the output from their stoma. We therefore advise eating these foods with caution and avoiding them if you notice they are increasing your stoma output.

Resistant starches can be found in some foods, such as:

- seeds
- whole grains
- lentils
- beans
- green bananas

They can also be found in:

- foods that have been cooked and then left to cool (such as potato, rice and pasta)
- reheated, tinned or ready meals that include pasta, rice or potatoes (such as spaghetti bolognese, macaroni cheese, or shepherd's or cottage pie)
- part-baked and reheated breads (such as garlic bread or pizza bases)
- tinned milk puddings such as rice pudding
- oven chips
- pasta or potato salad

The table on the next few pages shows which foods to choose and which to avoid based on their fibre content.

Patient information factsheet

	Foods to choose (lower in insoluble fibre)	Foods to avoid (higher in insoluble fibre)
Breakfast cereals	<ul style="list-style-type: none"> • Puffed rice cereal, plain Special K, Coco Pops, Sugar Puffs, Cornflakes, oats, or plain oat-based cereal such as Oatibix 	<ul style="list-style-type: none"> • Wholegrain breakfast cereals, such as bran flakes, All-Bran, Weetabix, Shredded Wheat, muesli, Shreddies or granola, and cereals containing dried fruit or nuts
Starchy foods (bread, flour, rice, pasta and potatoes)	<ul style="list-style-type: none"> • Bread (made with white flour) • White bagels • Pasta (made with white flour) • White rice • Cornflour • Couscous, polenta, tortillas or tacos • Creamed, boiled, roasted or chipped potatoes (no skin) 	<ul style="list-style-type: none"> • Brown, wholemeal or granary bread • Pasta (made with wholemeal or granary flour) • Rye bread • Brown or wild rice • Currant or fruit loaves • Bread with added seeds, fruit or nuts • Potatoes (with skins)
Biscuits, cakes, crackers, sweets and chocolate	<ul style="list-style-type: none"> • White flour biscuits and cakes, such as Rich Tea biscuits, Morning Coffee biscuits, shortbread, sponge cake, plain scones or crumpets • Cream crackers or white crispbreads • Plain chocolate, toffee or fudge • Boiled sweets or pastilles • Any sweets that do not contain nuts, seeds or dried fruit • Plain flapjacks or oat biscuits 	<ul style="list-style-type: none"> • Wholemeal biscuits • Wholemeal crackers or crispbreads • Sweets, chocolate, biscuits, cakes and crackers containing fruit, nuts or seeds
Fruit	<ul style="list-style-type: none"> • Smooth fruit juice (no bits) - maximum of one small glass (150ml) per day • Tinned, stewed or fresh fruit with no skins or pips, such as apples, peaches, pears or plums • Honeydew, Cantaloupe, Charantais or Gala melons • Cherries, blueberries or seedless grapes (in small amounts) • Ripe bananas 	<ul style="list-style-type: none"> • Fruit juice with pulp or bits • All fruit with skins, seeds, pips and stalks, such as raspberries, strawberries, oranges, pineapple or grapes • Dried fruit • Green bananas • Rhubarb

Patient information factsheet

	Foods to choose (lower in insoluble fibre)	Foods to avoid (higher in insoluble fibre)
Vegetables	<ul style="list-style-type: none"> • Well-cooked vegetables with no skins, such as carrots, swede, squash, sweet potatoes, pumpkin or parsnips • Broccoli or cauliflower (not stems) • Ripe avocado • Tomato passata or skinned and deseeded tomatoes • Roasted and skinned peppers • Peeled and well-cooked courgette • Soft salad vegetables, such as lamb's lettuce, baby spinach, peeled cucumber or roundhead lettuce 	<ul style="list-style-type: none"> • Peas, sweetcorn or beans • Baked beans • Mushrooms • Stringy vegetables, such as celery or green beans
Meat, fish and protein alternatives	<ul style="list-style-type: none"> • All tender meat, poultry, fish and eggs • Tofu • Houmous (in moderation) • Seitan 	<ul style="list-style-type: none"> • Tough or gristly meat • Fish bones • Pulses, such as lentils or chickpeas • Nuts • Quorn • Jackfruit
Dairy and fats	<ul style="list-style-type: none"> • All types of milk, cream and cheese • All types of butter, margarine, oils, mayonnaise and salad cream • Smooth yoghurts (without fruit pieces), ice cream, milk puddings or mousses (be mindful when eating these as they will contribute to your fluid allowance) 	<ul style="list-style-type: none"> • Yoghurts or cheese with added fruit, nuts, seeds or cereals

	Foods to choose (lower in insoluble fibre)	Foods to avoid (higher in insoluble fibre)
Miscellaneous	<ul style="list-style-type: none"> • Seedless, rindless or jelly varieties of jam and marmalade • Smooth nut butters • Sugar, honey, syrup or chocolate spread • Ketchup or bottled sauces • Crisps • Meat or yeast extracts, such as Bovril or Marmite • Vinegar • Custard powder 	<ul style="list-style-type: none"> • Jam and marmalade with seeds or rind • Crunchy peanut butter • Chutneys and pickles • Twiglets and savoury snacks containing nuts or pulses such as Bombay mix

Food and drinks to limit

You should limit tea, coffee and other caffeine-containing drinks, as the caffeine in them can stimulate your bowel, which will increase your stoma output. Alcohol can also stimulate the bowel, so should be restricted. We recommend limiting sugar-free sweets as well, as the sweeteners used in them can stimulate your bowel.

Medication

There are lots of different medications that can help reduce your stoma output.

Drugs to slow your bowel down

These help you to absorb food and to absorb/reabsorb fluid and salt, by increasing the time it takes for food and fluid to move through the bowel. They also reduce the amount of stoma output or diarrhoea you may experience. The drugs used are usually antidiarrhoeal medications (help stop diarrhoea), such as loperamide and codeine phosphate.

Loperamide works best if taken 30 minutes before meals. The capsules can be opened onto jam or yoghurt to help absorption. We will give you specific instructions on what dose to take and how often to take it, if applicable.

Drugs to reduce the amount of fluid your bowel produces

These decrease the amount of digestive juices made by your gut. The drugs include omeprazole, lansoprazole or other antacid medications.

Monitoring

It is important that you monitor your weight to make sure you are not losing weight. We recommend you weigh yourself every couple of weeks to make sure your weight remains stable.

If you suddenly gain weight, check your ankles and hands to see if they are becoming swollen. If they are becoming swollen or you feel you are retaining fluid, contact your general practitioner (GP) or relevant healthcare professional.

If you're concerned you are losing weight, please contact your dietitian.

Patient information factsheet

Contact us

If you have any questions or concerns, please contact us.

Dietitian: _____

Telephone: **023 8120 6072** (Monday to Friday, 8am to 4pm)

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