GI DREAM | Gastrointestinal Dietitians for Research, Education, Advocacy and Mentoring

Managing a high output stoma in Inflammatory Bowel Disease (IBD)

This dietary resource provides general dietary information for people with IBD. To find an IBD DIETITIAN for personalised nutrition advice ask your IBD team or visit gidream.org.

- Stoma outputs can vary for a variety of reasons
- If you have a high output stoma for more than 1-2 days seek prompt advice from your doctor or an IBD Dietitian
- An IBD Dietitian can provide advice on what to eat and drink to modify your stoma output and ensure you remain hydrated

The way your stoma behaves and your nutrition and hydration needs will depend on a where the stoma is located in the bowel, and the amount and types of food and drink consumed. This does not mean you should eat or drink less to reduce your stoma output. An IBD Dietitian can provide dietary recommendations to help manage your output, nutrition and hydration.

How much output should I expect from my stoma?

- Ileostomy: typically up to 1200ml per day of stool that is a toothpaste consistency.
- Colostomy: typically up to 600ml per day of thick semi-solid stool

Why is my stoma output much higher than a typical output?

Sometimes stomas output more than 1500-2000ml per day. This is called a high output stoma. The output is typically thin and watery and can increase after eating and drinking or first thing in the morning. A higher output can be common in the first few weeks after surgery and will usually thicken up and reduce as the remaining bowel adapts.

If prolonged, a high output stoma can lead to

- Dehydration dry mouth, dizziness, increased thirst, dark urine)
- Unintentional weight loss and malnutrition
- Micronutrient deficiencies due to malabsorption

Other causes of a high output stoma

- Inflammation in the bowel above the stoma
- Swelling (oedema) in the bowel wall
- Gastrointestinal infections
- Short bowel syndrome (after extensive resections)
- Small intestine bacterial overgrowth (SIBO)
- Bowel obstructions
- Fat / bile salt malabsorption due to previous surgery
- Medications

What can I do to reduce my stoma output to a usual volume?

- Separate your foods and fluids by ~1 hour
- Stay hydrated by drinking mostly oral rehydration solutions (see below)
- Eat 5-6 smaller, grazing-type meals across the day rather than large main meals
- Eat more salt to help replace the salt losses through the stoma
    - Adding salt to meals in cooking and at the table
    - Use stocks and sauces
    - Include salted snacks such as corn chips, potato chips, crackers
- Eat more starchy carbohydrates to help thicken up the output
    - Include grainy foods with meals e.g. rice, potato, pasta or noodles with meals
    - Snack on crackers, toast, crumpets, English muffins, fruit buns
- Some foods such as cheese, marshmallows and soluble fibre (e.g psyllium husk) may help thicken stoma output but these should be used as part of a balanced diet
- Limit some fibrous foods if any concerns these foods may be causing issues, e.g. nuts, seeds, fruit and vegetable skins, corn, celery. This is best discussed with your IBD Dietitian

If your stoma output is high for more than 1-2 days, contact your doctor or IBD Dietitian for advice.

What are oral rehydration solutions (ORS)?

An oral rehydration solution is an isotonic fluid which has a similar salt and sugar concentration to our body. Our bowel can absorb this fluid better which helps you stay hydrated when you have a high output stoma.

Try to sip on oral rehydration solution throughout the day (away from meal times), and limit "other fluids" to 2-3 cups per day. "Other fluids" are all usual fluids including water, mineral water, tea, coffee, soft drinks, juice, alcohol and milky drinks as these are not absorbed as effectively. You can purchase oral rehydration solutions from a pharmacy and make these up to a double strength or make your own at home (see recipe below).

Oral Rehydration Solution Recipes

1. St Mark's Solution

St Mark's solution can be made at home. Mix the following ingredients into a jug and keep in the fridge to sip on during the day:

- 3.5g (1 level tsp) salt
- 2.5g (½ heaped tsp) sodium bicarbonate
- 20g (6 tsp) glucose
- 1L tap water

2. Double Strength Oral Rehydration Solution

- 2 x Gastrolyte™ or Hydrolyte™ tablets
- 200ml tap water

Buy oral rehydration tablets from the pharmacy (e.g. Gastrolyte or Hydrolyte. These must be used at a double strength to achieve the correct ratio of salt, sugar and water. Add 2 tablets to one glass of water or make a 1L jug by adding 10 tablets to 1L of tap water.

Personalised Notes

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