



High-output-ileostoma

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During your hospital admission, you underwent an operation due to the formation of an ileostomy. Our stoma care nurse has already provided you with extensive information about this. We would like to refer you to the information brochure 'Living with an ileostomy' that you have already received (also available on the website via: www.uzleuven.be/en/brochure/700672).

This brochure has been developed for the timely detection of a high-output stoma. A high-output stoma is a common complication after the surgical formation of an ileostomy.

This brochure informs you about the development of a high-output ileostomy and the necessary measures to take.

WHAT IS A HIGH-OUTPUT ILEOSTOMY?

For an **ileostomy**, the ileum (a portion of the small intestine) is diverted through an artificial opening in the abdomen in order to discharge stools.

The stool output of an ileostomy is more liquid in consistency. This is normal.

If, however, the quantity of stool exceeds 1200 ml within 24 hours, a person has developed a **high-output ileostomy** and measures must be taken.

HOW DO YOU DETECT A HIGH-OUTPUT ILEOSTOMY?

You can detect a high-output ileostomy by observing the stoma output.

Stoma output refers to the quantity of stool in the stoma bag each time you empty it.

Every time you empty this bag, note the quantity (in ml) of stool. To obtain the total output (over a 24-hour period), add up the quantities per day (24 hours).

Monitoring the output will allow you to detect issues at an early stage.

In case of excessive stoma output, you will have to take certain actions

Upon your hospital discharge, you will be given a journal. Use this journal to record your daily stoma output for two weeks after your operation.

POSSIBLE COMPLICATIONS WITH A HIGH-OUTPUT ILEOSTOMY

A high-output ileostomy can lead to various complications. That is why it is important to not only detect a high-output ileostomy, but also to take the necessary actions.

The main complications include the following:

- **Dehydration/drying out:** Losing significant quantities of intestinal fluid may result in dehydration. In which case, you are losing more fluid than you are taking in. Your body can only function properly when it maintains steady levels of water and salts.
- **Impaired renal function:** The kidneys act as a filter for excess waste products and water. A high-output stoma results in disrupted renal function and lower urine production.

- **Electrolyte imbalance (salts):** The small intestine has an important resorption function: the small intestine absorbs various nutrients, including sugars, fats, proteins, and electrolytes. A high-output ileostomy can disrupt your intake of electrolytes, such as potassium and sodium. These electrolytes are important for regulating your blood pressure and for maintaining the fluid levels in your body.
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- **Under nutrition/weight loss:** Due to the rapid loss of a lot of fluid, it may be difficult for your body to absorb nutrients, if at all. Weight loss after the formation of an ileostomy is normal, but this may amount to no more than approximately 10% of one's body weight.
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- **Skin problems around the stoma:** Due to overproduction, the stoma baseplate may loosen or the stools may leak underneath the baseplate. Either of which typically lead to localised irritation, pain, redness and itching.
Even in the absence of a high-output ileostomy, skin problems can still develop. In the event of serious problems, it is a good idea to contact a stoma care nurse or a doctor. For the contact details, consult the information pack that you were given upon your hospital discharge.
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- **Hospital readmission:** Should any of the aforementioned complications arise, you may need to be readmitted to hospital in order to restore the fluid levels in your body.
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ALARM SIGNALS

The stoma output provides an indication of whether you have developed a high-output ileostomy. With excessive stoma output, you will need to empty the stoma bag abnormally frequently (more than 8 times per day, also at night) and the stools will have a watery consistency.



Pay close attention for the following alarm signals:

- General lethargy, feeling weak, fatigue
- Dizziness or vertigo upon standing
- Weight loss (greater than 10% of one's body weight)
- Thirst
- Less frequent urination, dark-colored urine

WHAT TO DO IN CASE OF A HIGH-OUTPUT ILEOSTOMY?

STOMA OUTPUT < 1200 ML/DAY

Although this amount is acceptable, it is still important to observe the following tips:

- Drink sufficient liquids: In principle, all drinks are allowed. In total you should drink at least 1.5 to 2 liters according to your thirst. Sports drinks are limited to a maximum of 0.5 liters per day.
- Be careful during warm weather: The risk of dehydration is greater because you sweat more.
- Follow a high-salt diet and eat the occasional ripe banana.

STOMA OUTPUT FROM 1200 ML/DAY

You have developed a high-output ileostomy it is necessary that you follow the following guidelines carefully:

- **Follow a high-salt diet and limit your fiber intake.**
Eat salty crisps and crackers. Use extra salt with your meals. Place an extra salt shaker on the table.
Limit your fiber intake: do not eat too many wholegrain products or raw fruit and vegetables.

- **Drink no more than 1 - 1.2 litres of fluids per day.**

The more you drink to compensate for the loss of fluids, the worse the problem will be.

After all, the fluids will end up directly in your stoma bag, which only perpetuates the problem. In this case, you can drink 0.5 liters of a drink of your choice: water, tea, coffee, sports drink ... We recommend that you consume mainly salty drinks for the remaining 0.5 liters, via a salty broth, instant soup or possibly St. Mark's solution.

- **Begin by taking Imodium® (2 mg) 30 minutes before every meal**

Take Imodium® 3 times daily. If necessary, increase this to 4 mg before each meal (up to 8 tablets per day), unless your doctor has prescribed a higher dose.

When your stools thicken and the amount is significantly reduced, you can gradually phase out the Imodium®.

- **Track your weight every day.**

Do not start taking other or additional medication on your own. Always consult your doctor or GP first.

Have you taken these measures but there is no discernible improvement in the quantity and consistency of your stools?

Are you experiencing one or more of the alarm signals listed above (see pg. 7)?

If so, contact the stoma care nurse or the nursing specialist (see the contact details located on the back).

HOSPITAL DISCHARGE

Upon your hospital discharge, you will receive:

- 'Living with an ileostomy' information brochure
- 'High-output stoma' information brochure
- 'Ileostomy output journal' instruction sheet
- 'Ileostomy output' journal
- Imodium prescription
- Stoma care consultation 2 weeks after hospital discharge

One week after your hospital discharge, the nursing specialist will telephone you to go over your journal together. You may contact him or her with any questions you have about stoma care and/or any potential issues. The nursing specialist will do his or her best to answer your questions and to take the necessary actions.

Two weeks after your discharge, you will be expected at the stoma care consultation. Please bring the journal you have kept to this consultation and submit it to the stoma care nurse.

IMPORTANT TELEPHONE NUMBERS

Nursing specialist: +32 (0)16 34 29 22

Abdominal Surgery attending physician +32 (0)16 34 0599

Abdominal Surgery Department: +32 (0)16 34 44 40 for unit 444
+32 (0)16 34 44 50 for unit 445

Stoma care nurse: +32 (0)16 34 37 75

Abdominal Surgery case manager: +32 (0)16 34 34 58

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