

# An Overview of Ostomies and the High-Output Ostomy

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## KEYWORDS

- Stoma output • Ileostomy • Colostomy • Management of stomas • Nutrition support
- High-output stoma

## HOSPITAL MEDICINE CLINICS CHECKLIST

1. A high-output stoma (HOS) is defined as greater than 2 L of output from the stoma in a 24-hour period.
2. Jejunostomy is a HOS. Jejunum ranges in length from 200 to 300 cm, and greater than 90% of nutrient absorption occurs in first 100 to 150 cm of the intestines.
3. Clinical assessment of a patient with HOS focuses on identifying and correcting fluid and electrolyte disturbances, and optimizing nutritional status.
4. It is a common mistake to encourage patients with a HOS to drink large amounts of hypotonic fluids. Use Oral Rehydration Solution or other “isotonic” solutions for fluid replacement.
5. Greater than 50 cm of functioning bowel is required for absorption of an oral proton-pump inhibitor.
6. Dietary modifications play an important role in decreasing the stomal output.
7. Correction of sodium and water depletion, oral or intravenous supplementation of magnesium, and vitamin D analogue have been used to correct hypomagnesemia, which is a problematic complication of HOS.
8. A multidisciplinary team approach is vital to enhance the quality of life of patients with an ostomy.

## DEFINITIONS

1. *What is a stoma and what are the different types of stomas?*

An ostomy is a surgically made opening from the inside of an organ to the outside.<sup>1</sup> Stomas may be temporary or permanent. Temporary stomas are usually reversed at

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a later date, allowing the blind loop of intestine to be used once again and, more importantly, eliminating the need for an ostomy, allowing the patient to defecate normally.

Types:

- Gastrostomy and jejunostomy: openings between the abdominal wall and stomach or jejunum, respectively. These openings are used predominantly for enteral feeding tubes.
- Ileostomy: opening from the small intestine to the abdominal wall so that feces bypass the large intestine and the anal canal.
- Colostomy: opening from the large intestine to the abdominal wall so that feces bypass the anal canal.
- Urostomy: connection between the urinary tract and abdominal wall leading to a “urinary conduit” so urine passes straight into a stoma bag and thus bypasses the urethra.

## 2. What is the typical ostomy output/stool output in different types of resections?

- Jejunostomy: A jejunostomy is a high-output fecal stoma and can have up to 6 L/d of stomal output. The jejunum is a major organ for nutrient absorption (most fats, proteins, vitamins, and carbohydrates not already absorbed in the stomach and duodenum).<sup>2</sup> It is important to emphasize to patients that they should limit the oral intake of fluids or a vicious cycle may begin. A jejunostomy tube placed for feeding should be clamped when not in use, not left to drain.
- Ileostomy: Initially 1200 mL/d which then decreases to about 600 mL/d. During the early postoperative period and episodes of gastroenteritis, daily output can be 1800 mL or even higher.<sup>3</sup>
- Colostomy: 200 to 600 mL/d (**Table 1**).

## 3. What is a high-output stoma?

Normally in a healthy adult, about 4 L of intestinal secretions (0.5 L saliva, 2 L gastric acid, and 1.5 L pancreaticobiliary secretions) are produced in response to food and

<b>Type of Ostomy</b>	<b>Location</b>	<b>Type of Discharge</b>	<b>Patient Problems</b>
Ileostomy	Right lower quadrant	Liquid or paste like Continuous drainage Contains digestive enzymes	Skin protection Odorous Dehydration Food blockage
Ascending colostomy	Middle or right upper abdomen	Liquid or semisolid Contains digestive enzymes	Skin protection Odorous Dehydration Gas control
Transverse colostomy	Center of abdomen, higher side	Semisolid Frequent drainage May contain digestive enzymes	Skin protection Odorous Gas control
Descending colostomy or sigmoid colostomy	Left lower quadrant	Normal stool Odorous	Skin protection Odorous Gas control

Adapted from Hollister, Inc. Types of ostomies. Libertyville (IL): 1992.

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