

## Ileostomy Guidelines to Avoid Dehydration

It is very easy to get dehydrated with an ileostomy, even more than a colostomy. Dehydration can cause problems with your electrolytes and your kidney function, possibly requiring readmission to the hospital. Some patients have no problems with their ileostomy and dehydration, and some have a lot of trouble. The more you urinate and the clearer and lighter your urine color is, the better hydrated you are.

### SIGNS OF DEHYDRATION:

- **URINE:**
  - Darker in color
  - Urinating in very small amounts or very few times per day
  
- **SYMPTOMS:**
  - weakness
  - nausea
  - loss of appetite or thirst
  - muscle cramps
  - increased heart rate
  - shortness of breath

### 3 TIPS TO AVOID DEHYDRATION: MEASURING, DRINKING & MEDICATIONS

#### 1. **MEASURING :**

Utilizing FCRS' *Output Chart*, measure and record your oral intake and output 7 times throughout each day for a minimum of 2 weeks (14 days): Measurement times should be consistent throughout (e.g., 8:00 AM- 8:00 PM).

- Oral Intake includes all fluids including frozen (e.g., popsicles)
- Output includes ileostomy contents and urine
  - Circle the best description of the contents of the ileostomy output on the Chart

#### **Daily Goals:**

- Oral Intake Goal: > 2000 mls (2 liters) per day
- Ileostomy Output Goal: < 1200 mls (1.2 liters) per day, "pudding" consistency
- Urine Output Goal: > 1500 mls (1.5 liters) per day

**Weight:**

- Record your weight at the 1<sup>st</sup> measurement of each day;
- If you lose 2 pounds in a day then IV fluids may be needed; contact our office at (703) 280-2841 Option 4

**Day 4:**

- On the morning of your FOURTH day home from the hospital, contact our office at (703) 280-2841 Option 4, and provide your recordings to one of our clinical staff members for review.

**2. DRINKING & DIET:**

- Again, *Daily Oral Intake Goal* is to drink more than 2000 mls (2 liters) per day
- Avoid caffeinated and alcoholic beverages; they cause dehydration
- Avoid drinking milk
- Avoid drinks with high amounts of sugar
- Due to increased loss of salt, remain on a normal to high salt diet until your ileostomy output normalizes
- Drinks high in salts are allowed (e.g., V-8)
- Adhere to Low Residue Diet for the first 2 weeks (see handout)
- Avoid raw fruits and vegetables
- Electrolytes are lost through ileostomy output, so fluids with electrolytes are good to drink:
  - Pedialyte and low sugar sports drinks such as Gatorade 2
  - Rehydration drink Ceralyte can be ordered online:  
<http://www.ceraproductsinc.com/productline/ceralyte.html>
  - Home Oral Rehydration Recipe:
    - 2 TBSP Sugar and ½ tsp Salt mixed with 1 quart water; add any flavorings.

**3. MEDICATIONS**

The ideal ileostomy consistency is like pudding: Very watery ileostomy output places you at a high risk of dehydration. If your ileostomy output is >1200 mls over 24 hours, or is very watery, you will need to add or increase medications/fiber supplement to slow down the output and help encourage the small bowel to absorb water. Time-release capsules and coated pills are not absorbed with an ileostomy. Avoid Diuretics (Water Pills such as Lasix or Hydrochlorothiazide); ask your doctor if you normally take these prescription medications

**• FIBER:**

The goal of the fiber is to absorb water to bulk and thicken up your ileostomy output. Dissolve the fiber in liquid or in applesauce; Benefiber can be sprinkled over food.

- People respond differently to fiber supplements (e.g. Metamucil, Benefiber): If the fiber supplement you started on is not helping you achieve your ileostomy output goals (consistency and volume), you may need to switch to a different fiber supplement.
- To avoid feeling gassy or bloated, slowly increase the amount up to 1 TBSP (or 1 scoop) twice day daily.

- **IMODIUM & LOMOTIL:**

*Imodium* and *Lomotil* are 2 medications that help slow down evacuation of your small bowel and should help thicken your ileostomy output: *Imodium* is an over-the-counter medication, and *Lomotil* is a prescription medication.

**Start with Imodium:**

- If you started *Imodium* in the hospital, continue taking as directed and increase as described below.
- If not, you may begin taking 1 pill at bedtime and 1 ½ pills before lunch, up to 8 pills per day
- Slowly increase the amount of pills over 2-3 days to help you achieve your ileostomy output goals (consistency and volume).
- If you are not reaching your ileostomy output goals with the combination of fiber and *Imodium*, *Lomotil* may be prescribed, please contact our office at (703) 280-2841 Option 4