STOMAS

surgically created opening in the abdominal wall that allows part of the intestine to be diverted outside the body. It enables waste to exit the body

Stoma type		Expected output post operatively (48-72hrs)	Post adaptation
Jejuno-stomy	opening in the jejunum (middle the small intest-ine). bypass stomach & upper small intestine. Where oral input isn't possible, but L.I functions.	<6L/d	<6L/d
Ileostomy	Opening in the ileum (the last part of the S.I) – bypass L.Intestine. **End:** ileum separated from colon and brought out to form stoma. **Loop:** a loop of small intestine pulled through abdominal incision, then opened and stitched to skin to form stoma	<2L/d Generally, will be functional within 24 hrs	600-80-0mL/day
Colostomy	Colon brought through abdomen	May have no output initially for up <72hours May need low insoluble fibre first few weeks are surgery, then re-introduce	200-60-0mL/d thick stool Rare to have high stoma output

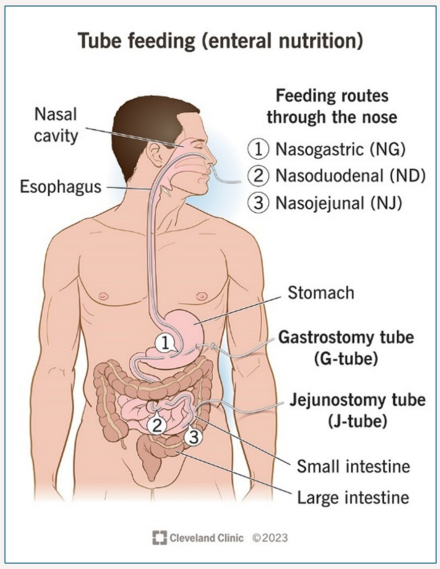
Stoma troubleshooting

Reduce output *High output = 1500ml/day+*	↑ salt
Thicken output	rice, potatoes, pasta, white bread, smooth peanut butter, cheese, oats
↑ output	caffeine, sugary drinks, artificial sweeteners, alcohol, spicy foods
Too much gas	avoid cabbage, onions, legumes, broccoli, cauliflower, asparagus, peas, sugary drinks, chewing gum, drinking through straw, smoking

Stoma troubleshooting

Reduce output *High output = 1500ml/day+*	↑ salt
Thicken output	rice, potatoes, pasta, white bread, smooth peanut butter, cheese, oats

Tube Feeding (EN)



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EN Feeding Routes

Tube	Notes	Risks
Nasogastric (Nose > Stomach)	>2 weeks. Normal GI function. ✓ Medications in tube. Bedside insertion. Common and preferred.	Aspiration risk. Discomfort.
Nasoduodenal (Nose > duodenum)	>2 weeks. Normal SI, abnormal stomach. Bedside insertion. ✓ Medications in tube	Discomfort. Requires pump
Gastrostomy "G Tube" (Straight into stomach) 2+ weeks. Normal GI function, bypass mouth.	Reduced risk of displacement. ✓ bolus feeds. x most medications in tube. Flush w/ water after each feed.	Surgery – risk of infection
Jejunostomy (PEJ) (Straight into jejunum)	2+ weeks. Normal GI function, but need to bypass parts of the GI tract. ↑ tolerance. Eg. pancreatitis.	Surgery – risk of infection. Requires pump administration. Risk of clogging smaller lumen of tube.

Feeding Rates (EN)

Continuous: nasoduodenal-jejunal	100-120mL/hour
Continuous: nasogastric	250ml/hour
Bolus	150mL for small/old people, 400-600mL for bigger people/young people

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