

### 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
Jejunostomy	opening in the jejunum (middle the small intestine). 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. <b>End:</b> ileum separated from colon and brought out to form stoma. <b>Loop:</b> 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

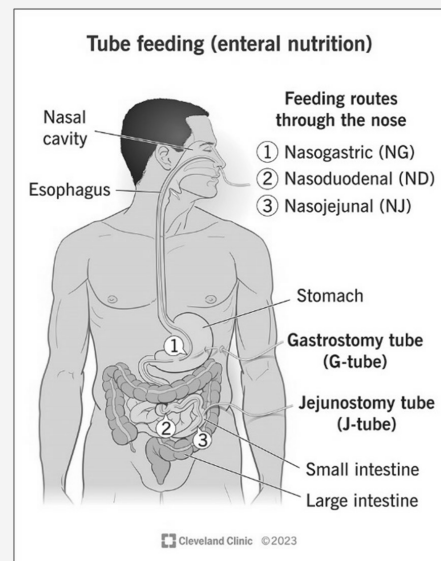
### Stoma troubleshooting

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

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### Tube Feeding (EN)



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Page 1 of 2.

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### EN Feeding Routes

Tube	Notes	Risks
<b>Nasogastric</b> (Nose > Stomach)	>2 weeks. Normal GI function. ✓ Medications in tube. Bedside insertion. Common and preferred.	Aspiration risk. Discomfort.
<b>Nasoduodenal</b> (Nose > duodenum)	>2 weeks. Normal SI, abnormal stomach. Bedside insertion. ✓ Medications in tube	Discomfort. Requires pump
<b>Gastrostomy "G Tube"</b> (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
<b>Jejunostomy (PEJ)</b> (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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Page 2 of 2.

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