

## ACUTE CARE EMERGENCY SURGERY MANAGEMENT OF HIGH OUTPUT OSTOMY OR FISTULA

### Objective:

Management of high output (>2L/day) ostomy or fistula resulting in dehydration or electrolyte imbalance

**Rationale:** Prevent sequelae of high levels of GI losses in the setting of high output ostomy, fistula or short bowel syndrome >2L/day

Dehydration

Renal impairment

Electrolyte abnormalities

Malnutrition

>2L/day output from ostomy or fistula



Rule out infectious causes



Stop all lactose, alcohol and high-osmolar supplements/feeds

Gastric preferred over jejunal if delivering enteral feeds

High carbohydrate/low fat diet +/- fiber

Treat dehydration with:

- Volume expanded TPN
- 1:1 IV replacement

Consider restricting hypotonic (water, tea) and hypertonic (fruit juices, colas) oral fluids to <500mL/day initially  
Strict I/O



High dose PPI (Protonix 80mg BID) and Banatrol TID



Reassess 12-24 hours later



Imodium 4mg every 6 hours



Reassess 12-24 hours later



Diphenoxylate/Atropine (Lomotil) 2 tabs or 10mL every 6 hours



Reassess 12-24 hours later



Tincture of Opium 0.6mL Q 6 hours  
Pancrelipase 1-2tabs QAC or Q 8 hours  
Cholestyramine 4mg 1-2 times daily  
Consider Octreotide 100mg subcut Q8 hours