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Summary

High-output stoma: How to stop the flood?

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A 45-year-old man with high output ileostomy following anastomotic leak after colectomy for slow transit constipation was successfully managed with GLP-1 analogues after maximal conventional therapy failed to reduce stool output below 3.5 litres daily.

KEY POINTS

- The patient developed anastomotic leakage two weeks after subtotal colectomy with ileum-rectal anastomosis for therapy-refractory slow transit constipation, requiring protective loop ileostomy, with stoma output exceeding four litres on day three then persisting at 3 to 3.5 litres daily despite maximal medical therapy.
- Maximal conventional management included pantoprazole 40mg twice daily, loperamide 10mg four times daily, codeine phosphate 60mg five times daily, oral fluid restriction, oral rehydration solution, low-fibre diet, and 2.5 litres of intravenous fluids, but the patient remained unable to wean from parenteral support.
- The speaker identified important red flags including the indication for surgery (slow transit constipation raising laxative concerns) and a psychiatric history of anorexia nervosa from over 20 years prior, though the patient confirmed he was not taking laxatives and had a healthy BMI above 19 at admission.
- The patient experienced rapid weight loss from 61kg at discharge to 55kg (almost 10kg below baseline), complicated by fluid overload from aggressive intravenous fluid replacement when urine output remained low despite up to five litres of daily IV fluids.
- The speaker reports that GLP-1 analogues produced a spectacular reduction in stoma output to below 1 to 2 litres within two weeks, allowing discontinuation of codeine and daily IV fluids before continuity surgery, though the speaker notes the medication is expensive and not reimbursed in Belgium for off-label use at approximately 80 euros per month.

– After continuity surgery in May the patient was weaned completely off all intravenous therapy and GLP-1 analogues, discharged on loperamide 6mg three times daily and pantoprazole 40mg twice daily, and at two-month follow-up had stable weight, 3 to 4 bowel movements daily, and good quality of life.

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