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## What Is The Normal Output For A Stoma?

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### ONGOING SUPPORT FOR ANY STOMA CONCERNS

Output will depend mainly on which type of stoma you have: colostomy, ileostomy or urostomy. Like all output, it can also be affected by diet, liquid intake etc. For all types of stoma, it is important to drink plenty of fluids, about 6 cups of liquid a day (8-10 if you have an ileostomy). This will help keep your digestive and urinary systems happy and healthy.

### Normal output for a colostomy

The colon usually absorbs water from the waste as it moves along towards the rectum, so the consistency of output will depend on where your stoma is sited: the further along the colon, the thicker the faeces coming out of the stoma will generally be.

The waste passed out from a colostomy is usually fairly firm, so a [‘closed’ or non-drainable stoma bag](#) is used. The [colostomy bag](#) is removed and replaced with a new one once or twice a day or as required.

However, if the waste is looser (and therefore in greater quantities), some colostomates wear a drainable stoma bag fastened shut at the bottom. The bag can be unfastened and emptied as often as necessary.

If you have just had surgery, it may take a few days for the bowel to start functioning normally again. Passing wind is the first sign that it is starting to work again. Faeces can be quite loose in the post-operative period, but should become thicker as your bowel recovers.

It's important to get into the habit of drinking plenty of fluids and gradually introducing fruit, vegetables and other high fibre foods into your diet, as you can still get constipation with a colostomy. If constipation persists, it may be helpful to take a mild laxative, but it is advisable to consult your stoma nurse or GP first. You should also seek medical advice if you experience no output coupled with severe pain, as this may be a sign of blockage.

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## Normal output for an ileostomy

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After bowel surgery output may be very loose. Over time, the small bowel gradually adapts and absorbs more water so your stoma output should thicken up (to a porridge-like consistency) and reduce to around 400-800ml per 24 hours. Ileostomates wear [drainable stoma bags](#), which are fastened shut at the bottom and can be unfastened and emptied as often as necessary during the day.

Make sure you eat regularly as this helps to regulate stoma function. Occasionally, some people have continuing problems with stool frequency or consistency in which case you may need to take medication to control it.

You may find the output becomes very watery. Should this persist, or if you need to empty your stoma bag very frequently, you may like to try tablets to thicken the output, and/or special thickening agents such as [Morform](#) to put in the bag. You should always ask for advice from your stoma nurse or doctor first. If the watery output is accompanied by abdominal pain, nausea or vomiting you should seek medical advice immediately.

## Normal output for a urostomy

When you first have your stoma surgery, the urine draining out of your stoma will be bloodstained. It will gradually clear, but can remain discoloured for two to three weeks.

You will need to empty your [urostomy bag](#) via the outlet tap several times a day, as urine flows from the urostomy continuously. To avoid getting up in the night to empty your bag, you may want to add on extra capacity by means of a 'night bag'. This is attached via a long tube to the tap at the bottom of your usual bag. You can either place the night bag on a stand or hang it out of the end of the bed, perhaps resting in a bowl or bucket. The night bag should be cleansed daily and changed every week. Some people prefer to use a leg pouch at night (and some also do this in the day).

It is usual to expect mucus in your urostomy bag, as your stoma is made from a piece of bowel. The amount should decrease over time but may be helped by taking Vitamin C or a daily glass of cranberry juice. (Warning: if you take Warfarin you should not drink cranberry juice.) You may experience either diarrhoea or constipation in the first few weeks after your operation; if so, speak to your GP. If the colour or smell of the urine changes or it becomes cloudy or if you feel unwell, you may be showing signs of a urinary tract infection and you should seek medical advice immediately.

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## Video transcript

What is the normal output for a stoma?

The normal output of a stoma is dependent on the type of stoma. For urostomies, it is urine. For an ileostomy the output is a liquid porridge consistency and with a colostomy the output is a more formed stool.

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