Evaluation of Dietetic Service Provision to Patients readmitted with High Output Stomas (HOS) to an Acute Hospital in 2020.

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INTRODUCTION & AIM

Hospital re-admissions after creation of an ileostomy are common and come with a high clinical, financial and quality of life burden. Dehydration related to HOS is cited as a leading cause for re-admission after ileostomy formation. HOS was significantly associated with readmission within 30 days following proctectomy for rectal cancer in Beaumont Hospital (BH) in 2019[1].

This audit aimed to evaluate the nutritional status, dietetic input, and demand on health services of patients readmitted to BH with a HOS in 2020.

METHODOLOGY

Retrospective audit of patient records. Included all patients with new ileostomy and colostomies formed in 2020. Patients were identified by Stoma Care Clinical Nurse specialists from their patient records and included patients from January – December 2020.

RESULTS

Figure 1: Readmissions with HOS n = 39 (among 23 patients)

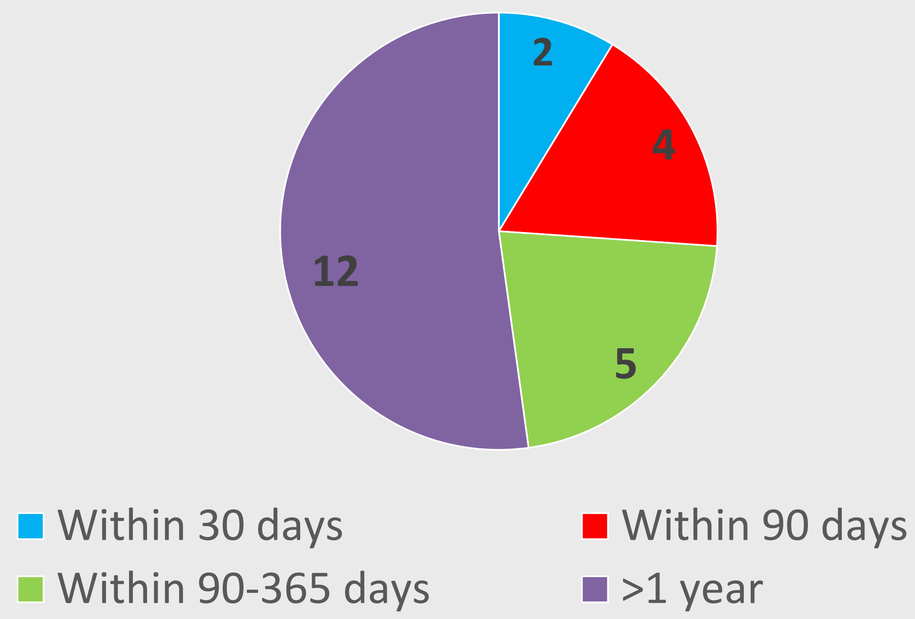


Figure 2 : % Weight Loss from Pre-Morbid Weight (Range 0-46%) n = 23

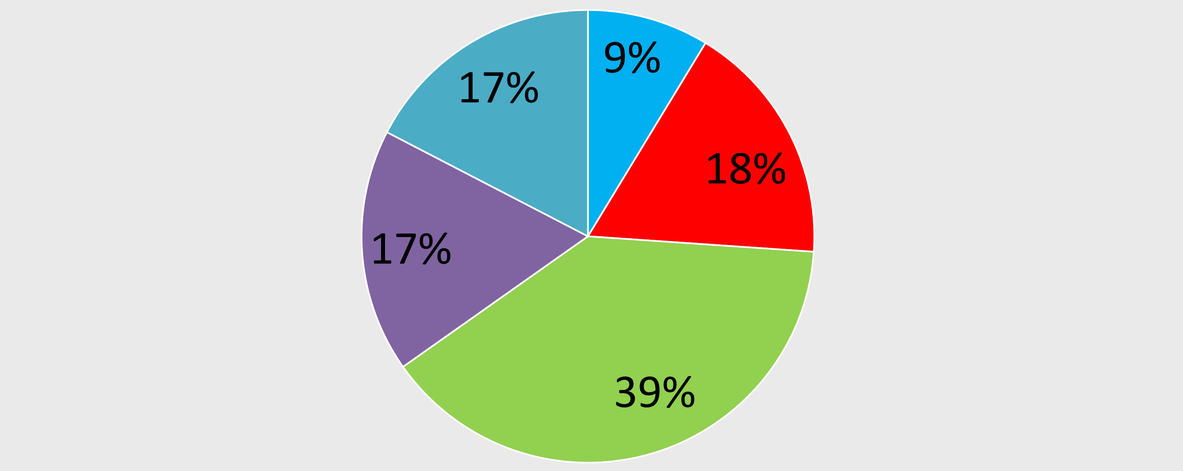
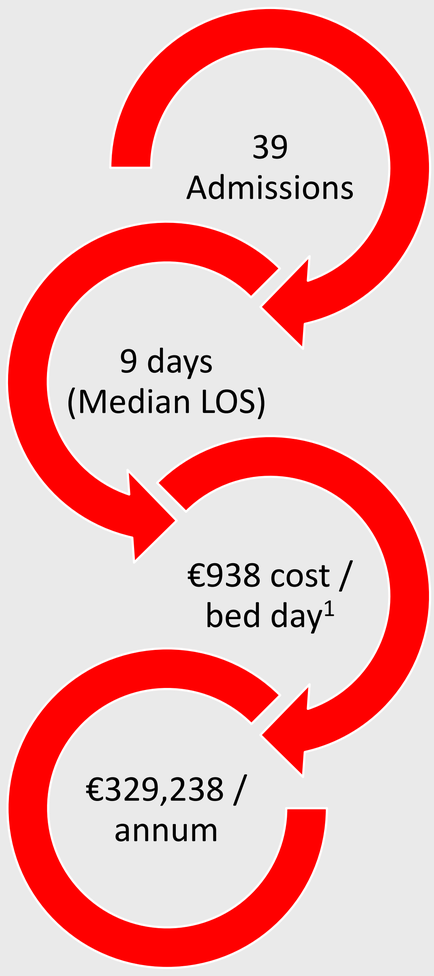


Figure 3: Financial Burden



DISCUSSION

Recent research has shown that early nutritional follow-up of ostomy patients after hospital discharge resulted in a significant reduction in the rate of HOS-related readmissions and is useful to identify patients with malnutrition[2]. Despite demand, there is currently no access to an outpatient dietetic service for nutritional follow up of ostomy patients in BH. Only 22% of the cohort had planned dietetic follow-up. This represents a missed opportunity to improve outcomes, improve patient experience and reduce readmissions.

The complex nature of this patient group is clear. Malnutrition augments this complexity. Of the 23 patients included in this study, 56% lost greater than ten percent of their total body weight from premorbid weight. 87% of the studied cohort was seen by a dietitian during their re-admission. This may have been their first nutritional consultation since stoma formation as previous work has shown up to 45% of patients with stoma formed are not assessed by the dietitian in BH.

CONCLUSION & FUTURE RECOMMENDATIONS

Accessible outpatient MDT input, including a specialised dietitian, can aid early discharge, maximise surgical outcomes and minimise readmissions in ostomy patients. Nutritional intervention should not be underestimated as it presents a unique opportunity to influence a modifiable risk factor at a low cost but with high impact.

References on request.

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