

## Antidiarrhoeal drugs

Loperamide hydrochloride p. 54 and codeine phosphate p. 293 reduce intestinal motility and decrease water and sodium output from an ileostomy. Loperamide hydrochloride circulates through the enterohepatic circulation, which is disrupted in patients with a short bowel; high doses of loperamide hydrochloride may be required. Codeine phosphate can be added if response with loperamide hydrochloride alone is inadequate.

## Digoxin

Children with a stoma are particularly susceptible to hypokalaemia. This predisposes children on digoxin p. 86 to digoxin toxicity; potassium supplements or a potassium-sparing diuretic may be advisable.

## Diuretics

Diuretics should be used with caution in patients with an ileostomy or with urostomy as they may become excessively dehydrated and potassium depletion may easily occur. It is usually advisable to use a potassium-sparing diuretic.

## Iron preparations

Iron preparations may cause loose stools and sore skin in these patients. If this is troublesome and if iron is definitely indicated, an intramuscular iron preparation should be used. Modified-release preparations should be avoided for the reasons given above.

## Laxatives

Laxatives should be used in children with stoma only under specialist supervision; they should be prescribed with caution for those with an ileostomy as they may cause rapid and severe loss of water and electrolytes.

Colostomy patients may suffer from constipation and whenever possible it should be treated by increasing fluid intake or dietary fibre. If a laxative is required, it should generally be used for short periods only.

## Care of stoma

Patients and their carers are usually given advice about the use of cleansing agents, protective creams, lotions, deodorants, or sealants whilst in hospital, either by the surgeon or by stoma care nurses. Voluntary organisations offer help and support to patients with stoma.