

This leaflet has been written to help you develop a greater understanding of intestinal failure. It has been written by members of the Intestinal Failure Team at Rana Hospital, which is one of 2 centres in the country who specialise in caring for patients with this condition.

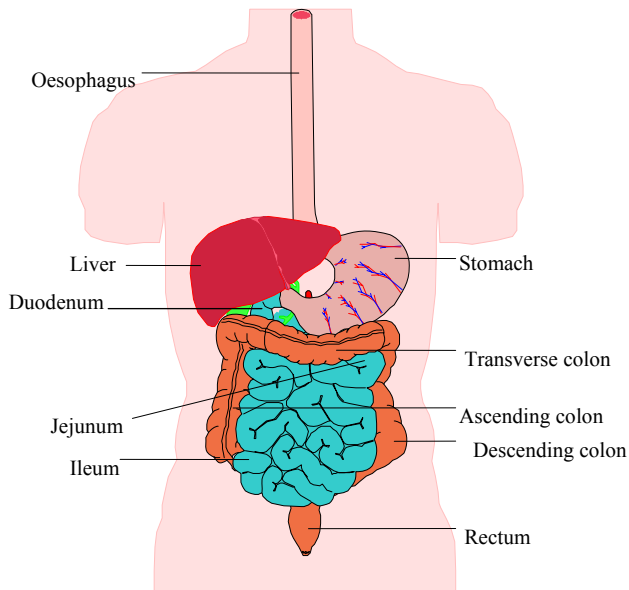
What is intestinal failure?

Intestinal failure is a rare condition in which:

1. The small intestine is unable to digest and absorb the correct amounts of nutrients
2. The body does not reabsorb fluids produced normally by the intestines, such as digestive juices.

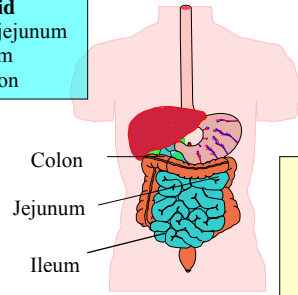
This can lead to problems such as weight loss and diarrhoea, which can result in malnutrition and dehydration.

To understand why this happens, it is important to consider what happens in a person without intestinal failure. (See picture below).



Movement of fluid and nutrients through the intestine

Transit of fluid
Most rapid in jejunum
Slower in ileum
Slowest in colon



Nutrient absorption
Most nutrients absorbed within first 150-200 cms jejunum
Ileum absorbs bile acids and Vitamin B12

Absorption of fluid
Between 7-9 litres of nutrient containing fluid enter the small intestine daily
Only 100-200 mls are excreted with the stool

Common causes of intestinal failure

- Removal of a large amount of small intestine
- Severe disease of, or damage to, the small intestine
- Complications following abdominal surgery
- Problems with movement within the intestine

Some people with intestinal failure may have a stoma (an opening of the bowel onto the surface of the abdomen) – it depends on the reason why intestinal failure developed. The treatment may differ slightly for people who have a stoma and those who do not.

Eating

Eating helps keep the inside lining of your intestine healthy and is an important social activity.

When you have had a large part of your intestine removed your body finds it difficult to absorb all the nutrients you need to keep healthy. You may need to eat a lot more food than you used to. Your dietitian will advise you.

It is important that you avoid drinking at meal times, as this will help your intestine absorb as much as possible and will reduce your output.

Some people with intestinal failure will need to have extra nutrition in the form of a liquid feed through a tube into the stomach (enteral nutrition), or liquid feed directly into the vein (parenteral nutrition).

Drinking

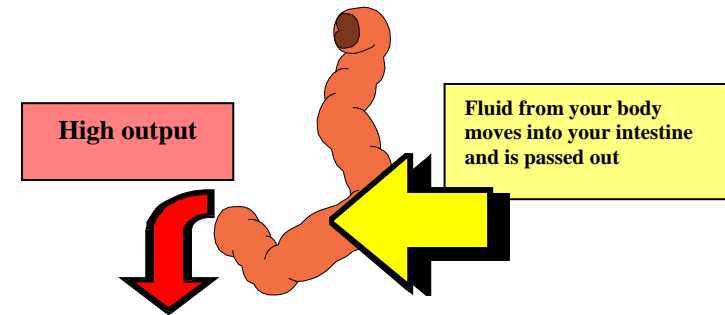
In a person with intestinal failure most of the fluid that is taken by mouth will not be absorbed and will be passed straight out of the body. As this happens you will feel increasingly thirsty because sodium (salt) has been flushed out and you will become dehydrated.

To stop this happening you have to drink less not more. The more you drink the more dehydrated you will become.

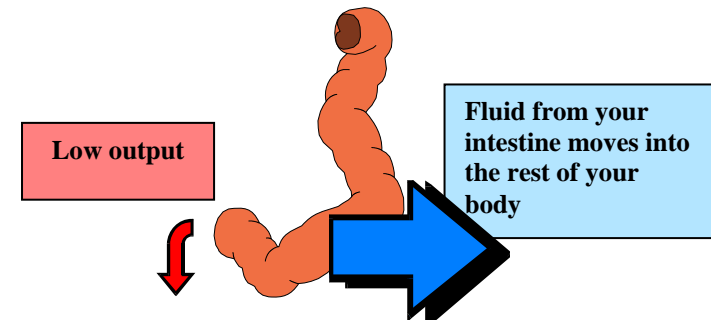
It is important to remember that this only happens to people with intestinal failure. In a person without intestinal failure if they feel thirsty and drink more, they will not become dehydrated.

The following diagrams help explain this.

WATER/TEA (low salt drinks)



ELECTROLYTE MIX (high salt drink)



Please show this leaflet to any other health professionals you may come into contact with, i.e. your GP or District Nurse. You may find that people not used to caring for patients with intestinal failure give you incorrect advice.

It is important that you learn to recognise the signs of dehydration. You may experience; thirst, reduced urine output, tiredness, cramps, dizziness on standing up, dry skin, or notice dark circles under your eyes.

If you become dehydrated you may be advised to drink a solution containing salt, glucose, and sodium bicarbonate (baking soda). It is similar to solutions available for people with travellers diarrhoea (ie, Dioralyte™), only stronger.

St Mark's Electrolyte Mix

You will need to make up the solution fresh each day using the spoons you have been given.

Six spoons of Glucose
One spoon of salt (Sodium Chloride)
One little spoon of Sodium Bicarbonate
mixed in 1 litre tap water.

You can buy the powders from any pharmacy and some supermarkets. They are cheaper to buy than to obtain on prescription if you pay charges.

If you need to get electrolyte mix prescribed please show your GP this leaflet as they need to prescribe it in the following way in order for the community pharmacist to claim for the items and be able to supply them to you.

Formula:- Glucose 20g } made up to
 Sodium chloride 3.5g } 1 litre with
 Sodium Bicarbonate 2.5g } tap water/day

Mitte:- Glucose powder g
 Sodium chloride powder g
 Sodium bicarbonate powder ...g

Tips to help you take your electrolyte mix

- Serve chilled
- Use a straw
- Flavour with a **small** amount of squash or cordial

Medicines used in the treatment of intestinal failure

The medicines prescribed for those with intestinal failure perform one of two functions. They either slow down the passage of food/drink in the intestines (anti-diarrhoeal medications), or reduce the amount of fluid produced by the intestine (anti-secretory medications). Some of the most commonly prescribed medications are listed below.

Anti-diarrhoeal medication

- Loperamide (Immodium®)
- Codeine Phosphate
- Co-Phenotrope (Lomotil®)

These need to be taken 30-60minutes before food to work best.

Anti-secretory medications

- Omeprazole (Losec®)
- Lansoprazole (Zoton®)
- Rabeprazole (Pariet®)
- Octreotide

All of the above medication can be taken by mouth except for Octreotide, which needs to be given by injection.

These medications are usually prescribed in much higher doses than in someone who does not have intestinal failure. Your GP will be advised of this.

If you ever need to seek treatment elsewhere it is important to let whoever is caring for you know that you are suffer from intestinal failure and are a patient at St Mark's.

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UNDERSTANDING INTESTINAL FAILURE

An information leaflet for patients



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