

Managing Severe Malnutrition in the Postoperative Emergency Colostomy Patient: A Case Report

A colostomy is a procedure in which a portion of the colon is removed, the new end is externalized as a stoma, and an ostomy bag is worn to collect stool. Patients that have undergone a colostomy procedure face heightened risk of dehydration and electrolyte imbalances due to loss of colonic length. Additionally, fear of adverse symptoms can contribute to reduced oral intake and exacerbation of malnutrition. Post-operative ostomy nutrition education with a registered dietitian is beneficial to prevent complications, support recovery, and improve long-term nutritional status. Traditional postoperative diet progression involves advancing to clear liquids once stoma output is established, typically on postoperative day (POD) two or later. However, evidence from enhanced recovery after surgery (ERAS) protocols and randomized trials supports early diet progression on POD zero or one can safely accelerate return to normal gastrointestinal function and reduce hospital length of stay. Diet tolerance should be monitored by lack of abdominal discomfort, passing of flatulence, and stoma output. Hydration status should also be closely monitored including serum sodium, blood urea nitrogen, and electrolytes. Nutrition education includes counseling on small, frequent meals; a low-fiber diet for approximately six weeks followed by gradual reintroduction to 25-30g of fiber/day; and individualized fluid recommendations with an additional 500-750mL/day to reduce dehydration risk. This case report describes post-operative nutrition management of a colostomy procedure with underlying malnutrition, emphasizing interventions of early diet advancement, nutrition support, and education to mitigate malnutrition exacerbation.