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## **Nutrition Intervention for Ileostomy with Endometrial Cancer & Malnutrition in the Inpatient Rehabilitation Setting: A Case Report**

Patients with cancer who undergo ileostomy creation are at high risk for dehydration, electrolyte imbalance, malnutrition, and reduced quality of life due to increased gastrointestinal (GI) losses, impaired nutrient absorption, and the complex self-management and physiological demands associated with ostomy care. An ileostomy is an opening in the abdomen where the GI tract is brought to the surface, formed from the ileum. Evidence-based medical nutrition therapy (MNT) guidelines for ileostomy management emphasize a fiber-restricted diet in the early postoperative period (6-8 weeks), small, frequent meals, limitation of hypertonic and excessive hypotonic fluids, use of oral rehydration solutions, close monitoring of ostomy output, and sufficient protein intake to support wound healing. In contrast, evidence-based guidelines for severe chronic disease-related malnutrition prioritize adequate energy and protein provision, oral nutrition supplementation, weight stabilization or gain, correction of micronutrient deficiencies, and consideration of advanced nutrition support when oral intake remains inadequate. However, implementation of these standards becomes complex in the context of advanced malignancy, significant symptom burden, and evolving goals of care. This case report examines the application of evidence-based guidelines in an older adult with metastatic endometrial cancer, severe chronic disease-related malnutrition, and recent ileostomy following small bowel obstruction (SBO), illustrating the importance of individualizing MNT to the patient's clinical trajectory and goals of care.