Cincinnati Children's

Colorectal Center

Sodium Loss and Supplementation

If a patient has high stool output, or has a long standing ileostomy or colostomy, they are at risk for losing sodium (salt) in that stool. This can lead to total body sodium depletion.

Depleted urine sodium levels can lead to poor weight gain. This can best be detected in the urine with a test of urine sodium. The blood (serum) level of sodium can be normal, but the urine sodium can be low, indicating that the body is trying hard to save sodium. This manifests as a low urine sodium.

- A simple urine test can determine if this is an issue. Patients who have a level <20 mmol per liter should be supplemented with sodium.
- The sodium must be supplemented in what the patient eats. Supplementing it in an intravenous form will not correct the problem.
- It is believed that with increasing salt in the intestine, glucose can be more easily be absorbed and therefore weight gain improved.
- **Although sodium supplementation may be required, it is important to administer according to the physician's orders. Excess sodium supplementation can be extremely harmful. Careful monitoring of sodium supplementation by the physician is required.**
- For details on how to provide proper sodium supplementation please contact the Colorectal Center at 513-636-3240

Additional Information

"The importance of oral sodium replacement in ileostomy patients." Sacher P, Hirsig J, Gresser J, Spitz L. *Prog Pediatr Surg.* 1989;24:226-31.

"Sodium deficit causing decreased weight gain and metabolic acidosis in infants with ileostomy." Bower TR, Pringle KC, Soper RT. *J Pediatr Surg*. 1988 Jun;23(6):567-72.

"Sodium needs of infants and children with ileostomy." Schwarz KB, Ternberg JL, Bell MJ, Keating JP. *J Pediatr.* 1983 Apr;102(4):509-13.