

MEDICATIONS AND THEIR EFFECT ON YOUR OSTOMY

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November 3rd, 2014

Ostomy surgery is a lifesaving surgery that enables a person to enjoy a full range of activities including traveling, sports, family life and work. Thousands of people annually undergo ostomy surgery for various reasons and return to a healthy, functioning lifestyle.

Other areas of health care are also needed for this continuation of a functioning lifestyle to occur as well. This includes but certainly is not limited to physicians, pharmacists, wound ostomy continence nurses and dentists. Communication and open dialogue with these healthcare providers will help to make sure that the maximum benefit can be obtained from prescribed medications because an ostomy can have an effect on both prescription and over the counter medications. Before taking any new medications please first check with your physician, pharmacist or wound ostomy continence nurse for any potential side effects and/or interactions with other currently prescribed medications. Your pharmacist may be most readily available and more easily accessible. Your health is our primary concern and taking the time to answer your questions is required by law.

We, as pharmacists need to know any health conditions that you may have to be able to advise you correctly about medications. Unfortunately, in 20 years of practicing as a pharmacist, I still have yet to have one person inform me that they have an ostomy. This information is important.

Drug absorption:

First we'll talk about decreased absorption issues with capsules and tablets. Most capsules and tablets may be crushed /opened and this may be more important, especially for those with an ileostomy due to greater susceptibility to malabsorption. If a tablet or capsule is seen in the pouch, next time try separating the capsule or crushing the tablet between 2 spoons or chewing it. Some medications will have a bad taste but at least the medication can be absorbed more quickly. If you have a question about whether or not a tablet or capsule will dissolve, drop one into a glass or room temp water and wait for 30 minutes. If the tab/cap has started to dissolve it should be ok for you. If not, crushing/chewing may be an option.

For patients with an ileostomy, enteric coated tablets and sustained release products are typically to be avoided because they are either destroyed by stomach acid and/or do not have enough time in the gut to release the medication properly resulting in a lack of benefit.

Never break or crush a long acting medication unless speaking with your doctor or

pharmacist. Doing so may release more medication at one time potentially exacerbating side effects.

Liquids (followed by gel caps) offer the best opportunity for absorption. Most medications are available or can be made into a liquid. Ask your pharmacist or physician about the possibility if needed.

Chewable tablets can lead to problems if they are not chewed completely.

Sugar coated tablets do not dissolve completely until they reach the ilium. (Again, possible chewing or crushing may be needed.)

1) Antacids:

Colostomy; products containing aluminum may cause constipation. Possible to be used for diarrhea though. (Amphogel, Basalgel, Maalox and Fast Acting Mylanta would be included.)

Ileostomy; products containing calcium or magnesium may cause diarrhea. (Maalox, Fast acting Mylanta, Mylanta Gelcaps, Mag-Ox 400 and Uro-Mag)
The antacid of choice in an ostomy patient is dependent on the individual's response to each particular agent. If an aluminum product is causing constipation, switch to a combination of aluminum/magnesium or magnesium only. The same is true in reverse. If the magnesium product is causing diarrhea, switch to an aluminum/magnesium or straight aluminum product. Calcium products work well as an antacid but may also cause rebound approximately 60 to 90 minutes after taking. Rebound is when a medication cures the problem but may also trigger the same problem to occur again. One way to combat this is to take the calcium approximately 60 minutes before a meal.

Urostomy; Products containing calcium may cause calcium stones. Best avoided. (Childrens Mylanta and Mylanta gel caps.)

PPI's; Prilosec, Nexium, Aciphex. Side effect profile includes a 10 or less chance of constipation or diarrhea. Try a dose to see how you are effected. 90 chance of no side effects.

H2's: Zantac, Axid, Tagamet, Pepcid. Generally a 1% or less chance of the diarrhea or constipation. Possibly better to use than PPI's.

Sodium Bicarbonate is not recommended because it causes systemic and urinary

alkalinization and high sodium content.

1 c) Laxatives:

Colostomy: Psyllium (bulk forming such as Fiberall, Metamucil, Perdiem Fiber, Citrucel) with plenty of water is recommended. Bisacodyl is not recommended (often enteric coated).

Ileostomy: Laxatives are never recommended in the ileostomy patient.

1d) Antidiarrheals:

Diphenoxylate/atropine (Lomotil) Paregoric and narcotics for severe episodes when given correctly. Important to remember to keep hydrated.

As per previous, aluminum antacid products may help as well (amphogel, Maalox).

2) Antibiotics

Colostomy; May cause diarrhea by destroying the natural intestinal flora. The loss of this flora may alter the normal bacteria found in the large intestine and may result in a fungal-yeast, candida infection. Make sure you use a micro granulated antifungal powder under your barrier whenever you are taking antibiotics in order to fight off fungal invaders. Flora can be replenished with yogurt (8 ounces twice daily) or a product such as Probiotic, acidophil us, lactobacillus, or Align. Take these products at least 2 hours after the antibiotic. Continue for several days after the antibiotic treatment is finished.

Ileostomy: Diarrhea again a possibility and an increased risk of dehydration. Fluids are very important. Consider Gator Aid or Pedialyte. (ampicillin, cephalosporins, tetracyclines and sulfonamides are included. Make sure tetracycline/cyclines are not expired. Do not hold onto these medications.)

Urostomy: usually no problems with antibiotics. Exception is sulfa drugs (bactrim) Drink plenty of water and discontinue any vitamin C therapy.

3) NSAIDS (non steroidal anti inflammatory drugs) Motrin, Aleve, Ibuprofen, Diclofenac, Voltaren.

Colostomy, Ileostomy and urostomy: These drugs may cause bleeding from the stomach or gastric distress in the first part of the small intestine (duodenum). Do NOT take on an empty stomach. Better to take in the middle of a meal to isolate the medication. NSAIDS more commonly cause stomach ulcerations where excess acid causes duodenal ulcerations.

4) Corti-co-steroids (Cortef, cortisone, decadron, dexamethasone, florinef, medrol, prednisone)

Colostomy, Ileostomy and Urostomy: May cause retention of sodium. It is more likely that a fungal infection could occur under the faceplate due to suppression of the immune system.

5) Birth control pills and estrogen replacement medications

Colostomy and Urostomy usually have no problem. A woman with an ileostomy may not fully absorb the medication and need to utilize another form such as injection.

6) Diuretics also called water pills (furosemide (increase possibility of gout), hydrochlorothiazide, torsemide).

Colostomy: usually no problems are experienced

Ileostomy: More important. Possible electrolyte imbalance especially with potassium and sodium and magnesium. A risk of dehydration is also possible.

Urostomy: Increases urine flow and possibly electrolyte imbalance as with the ileostomy.

7) Vitamins

Colostomy: liquid vitamins are best. Vitamin B complex may cause an odor.

Ileostomy: same as above but vitamin B-12 is best by injection or nasal spray. B-12 is not well absorbed because the terminal ileum where it is absorbed may have been removed.

Potassium supplements present a problem as well. Most are sustained release and not very effective. If used though, may cause a ghost tablet left in the ostomy. Wax matrix tablets are common. Looks like the tablet is still there, but the medication has leached out. Some other medications that do this include Adalat CC and Procardia XL. Liquids and powders are best utilized.

Urostomy: Tablets and capsules are ok and B complex may cause an odor.

8) Analgesics (acetaminophen)

APAP. APAP may be taken on an empty stomach or with food with no effect on its function. Narcotics in combination with APAP or alone may be constipating by decreasing peristalsis and alter the normal elimination pattern. (Oxycontin, oxycodone, Hydrocodone, codeine)

9) Urinary acidifiers:

Vitamin C. 2Gm daily recommended to maintain a pH of approximately 5.5.

Cranberry juice, pure 15ml twice daily, juice cocktail (26 cranberry juice) 10 to 16 ounces daily. Capsules, 400mg twice daily. May help as a urinary deodorizer as well.

10) Anticholinergic medications:

antihistamines (benadryl, Claritin), chlorpromazine (Thorazine), Amitriptyline (Elavil), Benztropine (Cogentin), trihexyphenidyle (Artane) and Quinidine.

These medications can decrease peristalsis (gut movement) and decrease ostomy output through constipation and urinary retention. They may also cause dry mouth and throat, increased heart rate, pupil dilation

11) Anti gas medications. Simethicone which is in Mylicon and Gas-X.

This medication helps break down the surface tension of the bubbles in the intestinal tract. It does not decrease the amount of gas but does make it easier to pass. Beano is an enzyme which helps reduce the amount of gas produced by the digestion of complex carbohydrates.

12) Anti-depressants

Be aware that antidepressants may be a cause of diarrhea or constipation. Be aware of how these medications affect you. Paxil and Pexeva are more likely to cause these problems but others may as well to a lesser extent.

Please remember that when starting a new medication, ask what you should expect in the

way of side effects related to your ostomy. Most pharmacies present a list of actions and side effects with each prescription.

If problems arise, call your physician so that the problem does not get out of hand. Communication with your healthcare providers will always payoff in the end.