



Mucous fistula refeeding

Mucous fistula refeeding has emerged as a way of addressing nutritional and developmental needs of infants with ostomies. This one-pager provides a brief introduction to this procedure and its benefits and risks.

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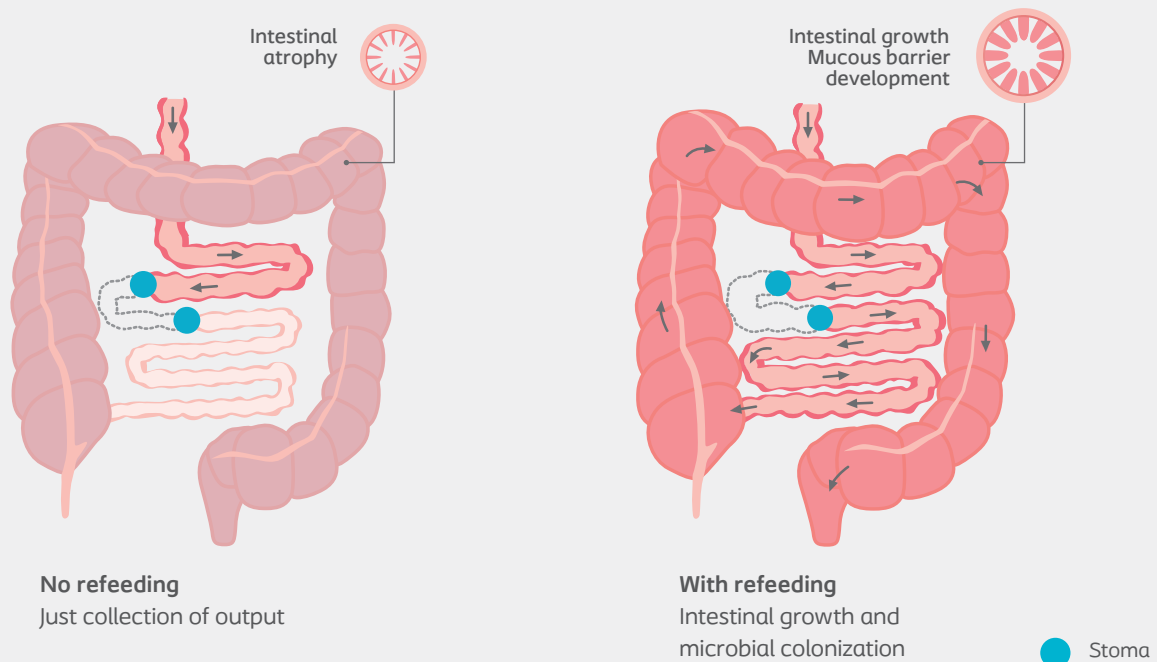
What is mucous fistula refeeding?

Mucous fistula refeeding is the process of taking chyme coming from the upper stoma and transferring it to the lower, distal part of the intestine.

Why is it used?

In most cases, stoma formation in infants is an acute procedure performed after removing a necrotic part of the intestine. While the length of the necrotic part of the intestine varies from child to child, the remaining part of the intestine may be unaffected. At the end of the surgical procedure, the infant will often have two stomas: a producing stoma (proximal) and a mucous fistula, the distal part of the bowel connected to the rectum. Since the lower part of the intestine is still functioning, the stoma can be reversed once the infant is stable. The technique of refeeding using proximal stoma effluent in neonates after small bowel resection can promote nutrient absorption and prevent atrophy of the unused distal bowel.¹

The route through the intestine with or without refeeding



What are the benefits?

There are three main benefits related to mucous fistula refeeding. The procedure:

- stimulates intestinal growth
- colonizes the lower intestine with bacteria from the upper/ascending stoma which is important
- transfers antibodies from breast milk and bacteria to the lower intestine

Source: Coloplast, Ostomy Life Study Review 2018/19

References:

1. Elliott T, Walton JM. Safety of mucous fistula refeeding in neonates with functional short bowel syndrome: A retrospective review. *J Pediatr Surg.* 2019;54(5):989-992.