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**Title:** Ileostomy in the Setting of Diverticulitis: A Case Study

**Jenna Seeley, Dietetic Intern**

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**Introduction:**A case study reviewing the nutritional implications, medical nutrition therapies, and treatment of diverticular disease in the setting of new ileostomy.

**Case description:**A 41-year-old Caucasian female was admitted to the emergency department for intermittent lower quadrant pain and nausea. A computerized tomography (CT) scan confirmed the patient’s abdomen was notable for acute sigmoid diverticulitis with a sealed off perforation and abscess measuring 5.3 by 8 centimeters abutting the bladder. The bladder was positive for inflammation without colovesical fistula. Laboratory values demonstrated elevated white blood cells. A drain was placed to decrease abscess size. The patient was discharged with a follow up appointment to reassess the abscess and discuss treatment options.

**Discussion:**The patient’s abscess was found to have no improvement and the patient was admitted for low anterior resection with loop ileostomy. Nutritional interventions included appropriate diet progression, additional oral protein supplements, Gelatein and Ensure Max, and ileostomy nutrition therapy education. During the admission electrolytes, weights, and ostomy output were monitored closely to evaluate hydration status and functionality of new ileostomy. The hospital course was complicated by the patient’s intolerance of diet progression and persistent nausea.

**Conclusions:** Ileostomy creation in the setting of diverticulitis increases risk of dehydration, vitamin and mineral deficiency, and complications such as output blockages and odor. However, given the patient’s support system and nutritional status at discharge, she is expected to make a full recovery before her return to the hospital for ileostomy reversal. This case study reiterates the importance of diet and nutrition-focused therapies as a means of recovery from diverticulitis.