

BERRIEN COUNTY CANCER SERVICE

7301 RED ARROW HWY.

STEVENSVILLE, MI 49127



**OSTOMY
NEWSLETTER**

July – August 2014



Short-term Ostomate: A Point of View

by Katy Duggan; via Pomona Valley (Upland, CA) *News and Views*; and Chippewa Valley (WI) *Rosebud Review*

One day I was on vacation in New York and simply feeling constipated. The next day I was in a Seattle emergency room signing a consent form for a resection (surgical removal of part of my bowel) and a possible ostomy. As an RN, I took care of many a child with a colostomy and could only remember the awful skin breakdowns that many of the kids had on their abdomens. I remembered the struggles to keep the old style appliances on their fragile bodies. I was feeling scared, confused and incompetent to take care of one on my own body. My surgery resulted in no ostomy, and I was relieved. I had only a colon cancer diagnosis to deal with post-operatively.

Five days later, I found myself again faced with a consent form for emergency surgery for complications. This time there was no doubt that I would have an ostomy — an ileostomy. The surgeon assured me that it would be only for eight to ten weeks, and then it would be closed. The assurance vanished with the first visit of the oncologist. He did not want me to have a third surgery, recover from that operation, and **then** start chemotherapy.

Now my challenge was to face nine to ten months of taking care of the ostomy on my body. Even as professionally trained as I was, I had all the same fears as those who must face living a lifetime with an ostomy. I kept telling my family I just wanted to pay a nurse to come in each week to deal with the bag change and any problems. I wanted someone else to deal with “it.” I had to have help for several weeks but gradually became less “scared,” not as “confused,” more “competent” as each week passed. Although, as I write this, I am closer to the surgery date to reconnect my bowel, I have walked the road each ostomate walks. Between chemotherapy side-effects and learning new skills for managing an ileostomy, I am a stronger, more competent individual.

Can Ostomates Donate Blood?

by Bob Baumel, North Central OK Ostomy Association

Ostomy newsletters sometimes publish warnings that ostomates, especially ileostomates, shouldn't donate blood. One such article cites a horror story (which may or may not be real) about an ileostomate who developed a kidney stone, allegedly due to the temporary dehydration caused by a blood donation.

I am one ileostomate who has always ignored those warnings. As of Feb 2014, I've donated the equivalent of over 110 units of blood, at least 80 of them since my permanent ileostomy surgery in 1992. And I've never suffered any ill effects from giving blood.

The question in the title of this article involves two issues: Is giving blood safe for the ostomate? And will the ostomate's blood be accepted by the blood bank? On the first question, it should be understood that ostomates are different, and may have other health issues besides the ostomy, so it isn't possible to make a blanket statement for all ostomates. Therefore, check with your doctor if you have any doubts about your ability to give blood.

It's true that giving blood (at least, donating *whole blood*) can cause temporary mild dehydration (although not as severe as can occur from an ileostomy blockage or acute gastroenteritis episode). If you have a strong tendency to develop kidney stones, you may wish to avoid donating blood for this reason. However, in most cases, this mild dehydration is easily dealt with by being careful to drink a good amount of fluid before and after the blood donation.

You can also give blood and avoid dehydration totally by using one of the newer “apheresis” methods. These are procedures in which components of your blood are separated by specialized equipment while you donate, and some components are returned to your body. In addition, they pump enough saline into you to replace the blood volume removed, so you aren't dehydrated at all afterward. I've donated a number of times using one of these methods (double red cell donation). However, there is no longer a collection center in my area that can take such donations, so I'm back to donating whole blood now.

Turning to the second question (whether the ostomate's blood will be accepted), having an ostomy does not, by itself, disqualify you from giving blood, at least in the United States, although you may need to wait until a year after surgery. Rules vary in different countries, so readers outside the U.S. should check rules in their country. In the U.S., the rules are set by the Food and Drug Administration; for a good summary, see www.redcrossblood.org.

While having an ostomy doesn't disqualify you from giving blood, you may be rejected due to low hemoglobin, or if you take certain medications or have certain other health issues. To probe some of those issues, you'll need to answer a list of questions before donating (at many collection centers, you can answer those questions directly on a computer, although you can always have a person ask you the questions if you prefer).

If you've had recent surgery, especially if you received blood transfusions, you'll probably need to wait a year before donating.

If you've had cancer, as long as it wasn't a blood-related cancer, you can donate if it was treated successfully and the cancer hasn't recurred for at least a year.

Chronic conditions like ulcerative colitis and Crohn's Disease also don't disqualify you. The Red Cross site says: "Most chronic illnesses are acceptable as long as you feel well, the condition is under control, and you meet all other eligibility requirements."

The nerve(s) of those stomas!

Posted by user "Mike ET" on the [UOAA Discussion Board](#),

The question or comment about stomas lacking sensory nerves, or the more broadly stated claim that stomas have no nerves, is a myth that dies very hard. Allow me to borrow from one of my presentations that partly addresses this issue:

"...most of the information carried by gastrointestinal primary afferent neurons is not consciously perceived. This is nicely demonstrated by tests on fistula patients who report no sensation when the healthy stomach is probed or in patients that have had the intestinal lining cut to take a biopsy

Additionally, we have: "There are more than 100 million nerve cells in the human small intestine, a number roughly equal to the number of nerve cells in the spinal cord. Add in the nerve cells of the esophagus, stomach, and large intestine and you find

that we have more nerve cells in our bowel than in our spine. We have more nerve cells in our gut than in the entire remainder of our peripheral nervous system." quoted from: *The Second Brain* by Michael Gershon, M.D. page Xiii.

Alas, stomas do have nerves! So, now let us put to rest the misstatement about the bowel and nerves, and bother to reeducate those who have misspoken early on. There are nerves; but the sensory nerves of the bowel between the esophagus and the rectum, for certain types of painful stimuli, such as cutting or cautery, are either very low in number and caliber or the brain is not readily able to perceive the pain. Of course, one can still be a pain in the a**; however, this is a topic for other times and places.

Does Your Stoma Hurt?

by Victor Alterescu, RN, ET; via Northwest Arkansas *Mail Pouch*

Quite often people tell me that their stoma hurts. This surprises me a great deal since stomas do not have any sensation.

You could cut, burn, do anything to the stoma and you would not feel a thing. That's hard to believe, but true. Stomas do not have receptors for pain.

Sometimes, the lack of stoma sensation can lead to problems. For example, an incorrectly fitting appliance may cut into the stoma, but no pain will be felt. A stoma can be badly damaged before the problem is noticed. For this reason, it is important not to wear your pouch for long periods of time (more than a week, in my opinion), since it is good to see if the stoma is OK.

Actually, when people talk about stoma pain, they are usually talking about pain from the skin around the stoma. That skin, the peristomal skin, is full of nerve receptors that are sensitive to such things as heat, cold, chemicals and adhesives that can cause pain. It is the skin that is sensing the pain, not the stoma.

If any unusual symptoms or irritations are noticed, do not hesitate to contact your doctor or ET for an evaluation and, if necessary, a prescription for a specific treatment.

Stomas and Pain Response

by Mike D'Orazio, ET (retired)

While Victor's statements regarding stoma pain are, at one level, essentially correct, there are legitimate situations when one's stoma will feel pain.

In the normal condition of the intestine, of which a stoma is a part, typical pain touch receptors are not present. However when the bowel is stretched, as when obstructed and subsequently swollen, the bowel will "feel" painful. There are stretch receptors within the bowel wall that inform us of an obstructive event. While experiencing an obstructive event other physiological phenomena occur to further inform and distress us. On rare occasions patients with stomas have strongly complained of stomal pain. Physical exams have often not been able to reveal any clear evidence of harm or obstruction to the stoma site. In these unusual situations the phenomenon of psychic pain has been put forth to explain the pain.

Just thought I would add my two cents worth to this oft noted question. My intent is not to discredit any point of view, rather to be more inclusive of explanations relating to this phenomenon.

Will I be able to wear the same clothes as before?

Whatever you wore before surgery, you can wear afterward with very few exceptions. Many pouching systems are made today that are unnoticeable even when wearing the most stylish, form fitting clothing for men and women.

Depending on your stoma location you might find belts uncomfortable or restrictive. Some people choose to wear higher or looser waistbands on trousers and skirts.

Cotton knit or stretch underpants or panty hose may give the support and security you need. Some men find that jockey type shorts help support the pouch.

Women may want to choose a swimsuit that has a lining to provide a smoother profile. Stretch panties (with lycra) can be also be worn under a swimsuit to add support and smooth out any bulges or outlines. Men may prefer to wear a tank shirt and trunks if the stoma is above the belt line.

When should I seek medical assistance?

You should call the doctor or ostomy nurse when you have:

- a. severe cramps lasting more than two or three hours
- b. a deep cut in the stoma
- c. excessive bleeding from the stoma opening (or a moderate amount in the pouch at several emptyings)
- d. continuous bleeding at the junction between the stoma and skin
- e. severe skin irritation or deep ulcers
- f. unusual change in stoma size and appearance
- g. severe watery discharge lasting more than five or six hours
- h. continuous nausea and vomiting; or
- i. the ostomy does not have any output for four to six hours and is accompanied by cramping and nausea

How often should I change the pouch?

The adhesiveness and durability of pouching systems vary. Anywhere from three to seven day is to be expected. Itching or burning are signs that the wafer should be changed. Changing too frequently or wearing one too long may be damaging to the skin.

What about showering and bathing? Should I bathe with or without my pouch?

You may bathe with or without your pouching system in place. If you wish to take a shower or bath with your pouch off, you can do so. Normal exposure to air or contact with soap and water will not harm the stoma, and water does not enter the opening. Choose a time for bathing when the bowel is less active. You can also leave your pouch on while bathing.

BERRIEN COUNTY CANCER SERVICE
7301 Red Arrow Highway – Stevensville MI 49127
(269) 429-3281

OUR MISSION: To provide free skilled home nursing services, equipment, information and supplies at cost for cancer patients and their families in Berrien County.

FOR YOUR INFORMATION: at BCCS, we accept donations of ostomy supplies. We would be happy to give these supplies to anyone who can use them. Please have your supply numbers ready and call our office to see if we have what you use!

WOULD YOU LIKE TO HELP . . . ?

Contributions to our non-profit 501(c) (3) corporation are tax deductible.

Donations to our General Fund help to balance our current budget.

Memorial contributions are made in memory of a friend or loved one who has passed away. For memorial contributions, we need to know the name of the person being memorialized as well as the name and address of their next-of-kin so that we may send them a tribute card.

Honorary contributions are made in honor of someone yet living. For honorary contributions, we need to know the name and address of the person being honored so that we may send them a letter of recognition.

Any contribution may be mailed or brought to our office.

ENDOWMENT FUND

The Berrien County Cancer Service has its own Endowment Fund to ensure that we will be available for as long as needed.

Donations to this fund may be mailed or brought to our office. We have endowments with both the Berrien Community Foundation and the Michigan Gateway Community Foundation. To make this type of donation, please send payment directly to the addresses below indicating our name on your check.

Berrien Community Foundation
2900 South State Street, Suite 2 East
St. Joseph, MI 49085

Michigan Gateway Community Foundation
111 Days Avenue
Buchanan, MI 49107

A letter to be used as a receipt and for tax purposes will be sent for all donations.

Before you follow any medical advice in this newsletter, or any other publication . . . check first with your doctor or ET.

OSTOMY SUPPORT GROUP

2nd Tuesday of each month- 6:00 p.m.

Lakeland Regional Medical Center

Community Room

1234 Napier Ave

St. Joseph, MI 49085

Phone: (269) 983-8804

OSTOMY SUPPORT GROUP

3rd Tuesday of each month- 1:30 p.m.

Berrien County Cancer Service

7301 Red Arrow Highway

Stevensville, MI 49127

Phone: (269) 429-3281

BERRIEN COUNTY CANCER SERVICE, INC.

7301 Red Arrow Highway
Stevensville, MI 49127

RETURN SERVICE REQUESTED

NONPROFIT ORGANIZATION
U.S. POSTAGE PAID
STEVENSVILLE, MI
PERMIT NO. 129