

BERRIEN COUNTY CANCER SERVICE

7301 RED ARROW HWY.

STEVENSVILLE, MI 49127



**O S T O M Y
N E W S L E T T E R**

May – June 2014



THE OSTOMATES MOST OFTEN ASKED QUESTIONS

What is the correct way to empty your appliance (regardless of what type of ostomy you have)? So many ostomates want to make this so complicated and so unnatural! Some kneel on the floor in front of the toilet, others stand facing the toilet bowl; others take off the pouch and empty and rinse in the toilet bowl; Some remove the pouch, empty it in the toilet and then wash it in the sink; still others fill the pouch with water, swish it around and then empty it again. We could go on and on about the way pouches are emptied. Name it, and its been done before! Why not make life as easy as possible and make pouch emptying as easy, natural and stress-free as a normal trip to the restroom. When the pouch is 1/3 to 1/2 full, empty it, as the weight will cause tension and loosen the adhesion of the appliance, resulting in leakage. Throw out the syringes, plastic bags, tin cans and whatever else it is that you use.

Maybe the nurse at the hospital told you that you had to wash it out, that you had to kneel or face the toilet. But think about an easier system; Sit on the toilet with the pouch between your legs; Lean forward; With the closure clip on, turn the contents upward, away from the body; Remove the clip; Carefully aim the end of the pouch into the toilet and empty; With toilet paper, wipe off the end of the pouch; Refasten with the clip and presto, you're ready to go!

Is marriage possible for me? Many ostomates have married. An ostomy is not a barrier to getting married. The first ET nurse, Norma Gill, was married after her ostomy surgery. And usually, no marriage breaks up solely on the basis of the ostomy, although it may put added pressure on an already weak relationship as will any serious illness or emotional event. In fact, a remarkable 82% of ostomates are still married to the same spouse a year after surgery. This compares to 76% of the normal population.

STOMA SURGERY: TRYING TO GET IT RIGHT!

Creation of a stoma (Ileostomy, Colostomy, or Urostomy) represents a major, immediate, and sometimes permanent change in the life of a human being. This can have profound effects upon lifestyle, intimacy, employment, recreation, and travel. Fear, misunderstanding, loss of self-image and social isolation can compound the situation. Colorectal surgeons and nurses who care for patients with a stoma must recognize that to save someone from a life threatening condition means little if

the life the person returns to is made miserable by a poorly functioning stoma. The objective of any operation involving a stoma is to create a stoma that the patient can care for with simple routine using an appliance that fits reliably, comfortably, and protects the surrounding skin. Time between faceplate (wafer) changes should be at least three, and preferably five to seven days. There should be no leakage of feces around the appliance. Creation and utilization of a stoma is a team approach, involving the patient, the Enterostomal Therapy Nurse (ET), and the colorectal surgeon. Patients must assume responsibility for their own health and well-being. They need to learn about their disease and understand what operation is being performed and why. They need to know whether they have a colostomy or ileostomy, and whether it is permanent or temporary. An important rule to keep in mind is "**WHEN YOU DO NOT KNOW, ASK.**"

OSTOMY PROCEDURES THAT CAN BACKFIRE

There are times when we think we are doing the right thing or taking a "logical" shortcut, but inadvertently get ourselves into trouble. Here are some instances to think about.

1. Using alcohol to clean the skin surrounding the stoma; Alcohol is a powerful drying agent. Prolonged contact with the skin can have serious consequences.
2. Wrapping the drainable pouch tail around and around the clamp before closing it; This will not make the clamp work better. All it will do is spring the clamp out of shape, which will ensure that the clamp will be less likely to work for future applications.
3. Snapping the pouch off the face plate ring to expel gas. This procedure does not do much for odor control. It is better to hold the tail of the pouch beyond the clamp with a tissue with deodorant on it. Then hold the pouch up so that only the gas is at the clamp, open the clamp and push the gas out through the tissue with deodorant. Then use the tissue to clean out the end of the pouch and replace the clamp.
4. Wearing the appliance for as long as you can until it leaks; The object is to change the appliance before leakage occurs. This way your skin gets the best protection and care.
5. Washing pouches in the washing machine and using the same pouch for months; Eventually the plastic of the pouch is saturated with the odor of the chemicals and no amount of washing will get rid of it. Throw the pouch away when throwing the face-plate away.
6. Trying every new pouch and new product you hear about; although it is fine to experiment with new appliances, especially if you are unhappy with your

equipment, you will generally get the best service from the equipment you have the most experience and practice with ignoring skin problems. All skin problems are easier to treat if they are found early.

7. Letting the pouch get full before emptying it; Excess weight will separate a two-piece system and will put excess weight on the face plate, resulting in early failures. Empty the pouch when it is one-third full.

8. Not using seat belts in a car; a well-placed and adjusted seat belt should not interfere with the stoma function or damage your stoma. True, in an accident, your stoma may be damaged, but it is a lot easier to repair a stoma than a crushed skull. It is not a good idea to try to live with a condition you can't correct yourself.

When in doubt, see your friendly Enterstomal Therapist (ET) or your doctor.

CENTERING YOUR POUCH

Via: The Indianapolis Chapter

A well-fitted pouch does not allow for much margin of error. Consider this: the correct opening size is determined by measuring your stoma's diameter with a measuring card and adding 1/8 of an inch. This means your pouch must be centered exactly and carefully each time. How do you do this? Good lighting is important, preferably from above and from the side. Stand sideways to a light source for better visibility. A wall mirror is a great help to see that the appliance hangs straight. A crooked pouch exerts pressure on the skin and stoma and can only lead to trouble. Don't rush! Take time to check the placement carefully before allowing your skin barrier to make contact. No time is saved if you have to do the whole thing over again because the pouch is crooked or uncomfortable. Remember, if your pouch feels out of place or uncomfortable, TAKE IT OFF! Don't wait for injury to occur. It is better to change unnecessarily than to risk damaging that precious stoma. You have to live with it for a long, long time.

COLOSTOMY HINTS

Metro Maryland & The Osto-mee News, Hamilton, Ohio

Save money by making your own elastic belts for holding your irrigation sleeve or appliance. Save the end attachment from the old worn-out belt and transfer to the new elastic. A cup of buttermilk in irrigation water can help control odor. If you irrigate, try adding about 1/4 cup of Vaseline Intensive Care Bath Beads into the irrigation sleeve when you are cleaning it. Rinse with clear water. Odors will be gone and fecal matter will slip out easily. Water cans with long, curved spouts are excellent for rinsing reusable appliances. If you notice a persistent odor after changing your appliance, check to

see if you have cleaned the tail piece properly. It isn't necessary to clean the inside of an appliance (as it is acting like the inside of your colon), but the end of the tail flap is exposed to the outside and will cause odor if fecal material is not removed. A careful swipe with a piece of tissue will do the trick. Always carry an extra appliance and an extra closure clip for emergencies. Check it periodically to make sure that it is not showing wear and tear. When traveling, carry a collapsible plastic cup for water, a packet of tissues, and a small plastic bag for any other unforeseen need. Check your stoma whenever you change your appliance. You want to make sure that you catch any possible problems early. Look for changes in color, shape, or function. Also, look around the stoma for changes in the skin. If you spring a leak while wearing your best "dry clean only" winter whites, get them to the cleaners quickly. Explain the nature of the stain. You can help educate the public and you have the best chance of getting the stain out if you "come clean" as to what caused it. If you can't eliminate odor from your faceplate, try taking an old toothbrush and scrubbing the faceplate with toothpaste. If you find the scissors sticky when you cut Stomahesive wafers, lubricate the scissors with KY Jelly or clean the blades with rubbing alcohol. Try using one of those small seam rippers (available in any fabric store) for cutting the size you need from Stomahesive. It is quick and gives a nice smooth edge but be careful. Be careful with zippers. The pouch can get caught in the zipper when zipped in a hurry. Be careful with what you place in your pockets. Ballpoint pens, keys, nail files, tooth picks, and other sharp objects could puncture the pouch.

HELPFUL HINTS AND TIPS

Sometimes a large teaspoon of bulk gelatin dissolved in water or lemon juice will help firm up a loose stool. It should be taken once a day. When ill with a virus and diarrhea, eat pretzels, it is something which can be kept down and salt is good for you to maintain liquid balance. If you use washcloths (as opposed to sponges) and you have arthritic hands, substitute thin, inexpensive ones instead. They are easier to wring out. Always take your ostomy supplies to the hospital with you. Designate someone else to do this if you cannot. Let this person know where your supplies are. If you have had serious medical problems, make up an emergency "bag" to be grabbed at the last minute. When the ambulance arrives is no time to do this. Always remove the cotton from pill bottles after opening. Once you touch the cotton, it becomes contaminated with bacteria. Place that cotton in a bottle of peppermint oil (available at the pharmacy). Make sure the bottle has a good stopper. When changing your pouch, just remove the bottle top and pull some of the cotton out. Works like an air spray and has a pleasant odor that does not pollute the air. If it looks as

if you are allergic to a certain product, try one made by another company and patch test it too. You will probably find one that works for you. Allergies are not as common as is irritation caused by the faulty use of a product. For this reason, always read the directions that come with a product. When in doubt, consult your ET nurse or physician. For colostomates if you feel that the last of the discharge has not been disposed of after irrigating, blow your nose ten or fifteen times after you think you are through and before putting on your little pad. You will usually get rid of the last troublesome matter a couple of drops of mineral oil or spray of Pam on the inside of the pouch, spread around by rubbing the sides of the pouch together, causes the feces to drop to the bottom of the pouch and not stay around the stoma. Ileostomates in need of an antidiarrhea agent would do well to consider Imodium rather than Lomotil. Not particularly new, Imodium has become more and more the drug of choice in reducing volume of discharge in ileostomies and colostomies. Its great advantage over Lomotil is that it contains no atropine and anti-cholinergic. Urostomates who travel may benefit by using two zip-lock bags (one inside the other) for night-time drainage. A plastic wastebasket may be used to hold the makeshift container by taping the connector tube to the inside of the wastebasket.

Rounding off the square edges of a firm wafer, or skin barrier, will decrease the chance of the belt catching on the corners. Male ostomates who suffer painful collisions between the pouch tail clip and key organs, should try angling the pouch toward a pants leg instead of pointing it straight down. Wear briefs and pass the pouch through a leg opening in the brief to hold it in place. To slow down stoma activity, before changing appliances, eat a tablespoon of creamy peanut butter beforehand or eat four or five marshmallows, fifteen minutes before changing. Spearmint is one of the gentler mints. A bit of spearmint vinegar in a glass of water calms the stomach and digestive system. It also relieves gas and adds a tangy zest to iced tea. Check your rubbing alcohol if you are cleaning skin with it. If it contains glycerin this will prevent securing a good seal of the appliance. Alcohol should only be used occasionally. to degrease the skin. Stretch away tensions. When a headache begins, **STRETCH**. It helps ease tense necks, headaches, and lower back pain. Stretching brings needed blood to tight muscles and a feeling of wellbeing. Stretch slowly, hold do not bounce or strain.

MORE HINTS & TIPS

Fats of all kinds should be kept at a minimum by most ostomates. Fats induce an increased flow of bile into the intestines and make the body wastes more liquid and harder to control. They also tend to produce gas. If you want medicines to work quickly, drown 'em. They dissolve and absorb faster with lots of water. Use a hand mirror for a better view of the stoma. It's about the only way you can see under it.

SOME HELPFUL HINTS FROM HERE AND THERE

Trouble with itching under the tape or stomahesive? Mix 50% white vinegar and 50% water, apply gauze sponges and soak the skin for 5 to 10 minutes when changing your appliance. Be sure the skin is washed and rinsed well to remove the vinegar before applying the new appliance. A good rule to follow—if it is safe to put in your mouth, it is safe to put in your pouch. Try **GREEN MINT MOUTHWASH** as a pouch rinse. Use **CERTS** if nothing else is available. **PEPTO-BISMOL** is an effective deodorant. Take one tablet immediately after meals. Its effectiveness is lessened the longer you wait after a meal. Eat parsley to eliminate odors. You do not have to be a baby to discover the merits of Johnson and Johnson diaper liners. You may try them as a barrier between ostomy pouches and the skin. They come 60 to a box and cost under a dollar.

HINTS AND TIPS FROM EVERYWHERE

Wear protection between the pouch and your skin to prevent a rash from perspiration (especially in hot weather.) Leave a little bit of air in the pouch after emptying and before clipping it shut. The air provides space for the effluent to flow down into the pouch, rather than sideways or underneath the adhesive wafer. Apply your pouch standing, lying or sitting; but, do not allow abdominal wrinkling or this will break the seal when you straighten up. Do not suppress a sneeze. If you seal your lips and pinch your nose while sneezing, you create enormous pressure in your nose and throat, which can force infections into your sinuses or ears through the Eustachian tubes. Don't put limitations on yourself just because you have a stoma. Enjoy Yourself!

Thought for the Day

**Those we hold most dear never truly leave us.
They live on in the kindnesses they showed, the comfort
they shared and the love they brought into our lives.**

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

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