

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**

NOVEMBER – DECEMBER 2013



Hernia and the Ostomy Patient

By Glenda Hamburg, CWOCN

Via: The New Outlook uoac

Hernias are a common occurrence following any abdominal surgery. The surgical incision causes weakness of the muscles and tissues, which increase the risk of hernia. A hernia is the protrusion of the intestine through the muscle layers and is seen as a bump near the incision. Some data show that about 10% - 15% of the patients with any type of abdominal surgery will experience a hernia as a postoperative complication.

People with ostomies are at risk for a hernia, not only at the incision site, but also at the stoma itself. The stoma area is vulnerable where the surgeon pulls the intestine through the abdominal wall. These are called peristomal hernias.

Peristomal hernias appear as a large bulge around the stoma, most noticeable when standing. The stoma looks like it is on top of a hill. Generally, hernias do not cause a medical emergency. However, they can cause problems with daily living. A peristomal hernia can cause poor stoma functioning, such as delayed output from colostomy irrigations or abdominal cramping. Of course, if you experience severe abdominal pain, cramping and no stoma output, a call to your doctor is in order. Peristomal hernias can also cause problems with pouching, including increased leakage and skin irritation because of the irregular abdominal surface.

To compensate for this abdominal muscle weakness, wearing a support belt for physical activities such as gardening, working out at the gym and performing physical labor on the job. Wide support belts can reduce some of the symptoms of a peristomal hernia, as well as reduce the risk of further herniation. A certified WOC nurse can assist in choosing a support belt for you.

The best way to avoid surgical complications is to exercise. Begin by walking three to five times per day. Start with short distances at first, and then try to work up to 5 to 7 miles a day if you have no other physically limiting challenges. It is important to build up the distance you walk gradually. Under the advice of your doctor begin adding arm, leg, and body muscle-building exercises. Never strain yourself. Let me repeat, never strain yourself! You will gain strength and look and feel healthier.

Ten Laws of Colostomy Management

By John Lafferty, Hamilton, ON

Via: The New Outlook

Law 1
Poop happens

Law 2
Poop happens constantly

Law 3
The probability of your colostomy going off during changing is directly proportional to the expense of the carpet or bedspread beneath you.

Law 4
Once on the carpet or bedspread, no matter how solid it looks, try to pick it up with your bare hands. Once it is on your hands, Law 5 becomes self-evident.

Law 5
Poop is the stickiest substance known.

Law 6
The probability of getting toilet paper off the roll with one hand is inversely proportional to the amount of poop on the other hand.

Law 7
The probability of remembering to have toilet paper ready before emptying your pouch is inversely proportional to how far the toilet paper dispenser is located behind and below you.

Law 8
The chance of obtaining a useful piece of toilet paper from a large commercial roll is $p=.000001$.

Law 9
Poop exhibits unique gravitational forces that allow it to mysteriously attach to anything within a meter. Anecdotal evidence suggests this is related to Law 5.

Law 10
No matter how much you chew, it is impossible to adequately masticate corn.

Chemotherapy and Your Ostomy

Edited by B. Brewer, 12-2011 UOAA update
Via;GROA PROMOTER

If you are taking chemotherapy, you should be aware of many chemo agents that affect the body differently. Below are listed basic side effects of chemo that an ostomy patient should be aware of . .

Stomatitis – Is an inflammation that can develop anywhere in the gastrointestinal tract. It may appear as white ulcers in your mouth, on your stoma or elsewhere in your GI tract. You must be very careful in caring for your stoma, using care in gently removal of the pouch and barrier, and using plain tap water to cleanse the stoma.

Dermatitis – Is an inflammation of the skin. Skin reactions are worse when you are on chemo, therefore if leakage occurs, change your pouching system as soon as possible. Again cleanse your skin with tap water only, making sure to get it clean. You will want to look for areas of increased redness, weeping areas, or a red rash that may have a white head on it. If the skin is open, or you identify a rash, see your doctor or ostomy nurse.

Diarrhea – Can be a severe side effect for the Ostomy patient, especially the ileostomate, It is necessary for the ostomate to keep track of the amount of fluid he/she is able to drink versus what is expelled.

Dehydration - Is a big risk, as well as losing two of the body's minerals – sodium and potassium. If a colostomate develops diarrhea, discontinue irrigations (if you normally irrigate). You will want to eat food that slow the bowel down, such as bananas, rice, applesauce, tapioca, or yogurt. You should notify our doctor if diarrhea occurs. He may prescribe some medications to slow bowel activity.

Constipation – On the opposite end of the spectrum, some agents can cause constipation. If this occurs, see your doctor. He may want to give you a laxative or stool softener. Remember to increase your fluid and fiber intake if you are constipated. Chemotherapy can be taxing on you. Nutrition and rest are essential. Do your routine stoma care when you are well rested.

Colostomy Bowel Control

Via; Ostomy Hotline & Washington By-Pass

Patients with a right sided colostomy do not have as much remaining colon as those with a left sided colostomy. Because of this, there is usually too little colon left to absorb enough water to make a solid stool. This type cannot be controlled by irrigation, but instead behaves very much like an ileostomy with a fairly continuous discharge, The left sided colostomy is often described as ‘dry colostomy’ because it discharges formed stool. One has the choice of attempting to manage this type either by trained control or irrigation control.

Only one third of the people who attempt to train themselves to control the colostomy without irrigation are successful in doing so. This type of training relies very heavily on diet and medication to achieve regularity. Many physicians in this country feel that control is more easily and satisfactorily achieved by irrigation.

However, there are some patients who can't achieve irrigation control, because they have an ‘irritable bowel’. This problem has nothing to do with the colostomy. It is just part of some people's makeup. Some people, even before they have their colostomy, may have had very irregular bowel habits. They retain these habits after the colostomy is performed so that regular irrigation does not assure them or regularity.

When this condition exists, the physician will sometimes suggest that the patient dispense with irrigation, since it will not produce the desired regular pattern, and the person may become frustrated trying to achieve this. In this case, once again, the colostomy is treated much like an ileostomy with the wearing of an appliance all of the time.

Shut the Door, Maggie

From Metro Halifax (NS) News

We have a new puppy and her name is “Maggie.” She is so cute and a beautiful Nova Scotia Retriever pup.

She is definitely in the learning stages and my husband is spending lots of time with her.

It’s “Sit, down, come and pee, Maggie.”

He keeps treats in a plastic bag in his coat or shirt and each time Maggie does something cute or correct, he rewards her.

She certainly knows the sound of the plastic bag.

Maggie’s Dad and Trainer is good at what he does and I’m sure Maggie will be well trained; however, Maggie’s Dad did not teach her that her Mom has an Ostomy pouch on her belly and that she doesn’t always shut the bathroom door. Don’t let your brain run ahead of the facts. There were not any big accidents; however, Maggie and I learned very quickly that there is a difference between a treat and an Ostomy pouch.

I sat on the throne and began doing what I do best and the first thing I knew Maggie came running and jumped up on my knees, digging and sniffing for the plastic bag. I assured her there was no treat in my plastic bag and proceeded to get her down and yell for assistance from my husband.

I’m sure Maggie still hasn’t learned the difference in the sound of the rattle but her mother has certainly learned to “Shut the Door.”

Failure is the line of least persistence.

Persevere in a thorough determination to do whatever you have to do as well as you can do it.

Charles Dickens

Ostomies versus False Teeth

From North Central Oklahoma Ostomy Outlook from Spacecoast Shuttle Blast, FL; via Seattle (WA)
The Ostomist

How often have members of ostomy groups said that having an ostomy is no worse than wearing false teeth? Non-ostomates often laugh at this and can’t believe that we are being honest.

False teeth? Everyone dreads the day that teeth must go and an expensive set of “false choppers” replaces them. But think of false teeth as the equivalent to that “awful surgery?” Never!

Well, before folks feel so sorry for us ostomates, let’s look at the similarities. Everyone would prefer to keep his own teeth—or his own colon or bladder. Wearers of false teeth try to pretend their teeth are real—many ostomates hide their surgery. A big problem is keeping false teeth in place—same way with ostomy appliances. No one wants the “click” of teeth to be heard—ostomies may gurgle audibly. After a few months, false teeth are supposed to feel like a natural part of you—also true of your ostomy appliance. As one grows and changes, a set of false teeth may have to be changed—and appliances may have to be changed due to weight gain/loss or stoma retraction.

False teeth are expensive—but so is ostomy surgery. False teeth must be worn all the time—ostomates wear appliances, or at least tiny pads, all the time. Many products are sold to keep false teeth clean and odor-free—the same is true for ostomy equipment. Let’s say that false teeth are a necessary evil, a little nuisance in the mouth—at the opposite end of the tract may be the nuisance of a stoma needing an ostomy appliance or pad.

So the next time a distressed family member says a relative will “have his life ruined” by having an ostomy, ask whether someone who has all his teeth suddenly knocked out has a ruined life. If we could think of ostomies with the same calm humor with which we view false teeth, wouldn’t everybody see them for what they really are? Not really worse than false teeth.

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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