

**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**

September – October 2013



## Ostomy Surgery and Depression

Reprinted from *The New Outlook*, September 1992

The gray cold days of winter can be a time of depression. Ostomy surgery leaves many people feeling depressed no matter what the season is anyway. This article reminds us to be easy on ourselves, and it reminds us that there is help out there. Sleeplessness, loss of appetite, feelings of guilt or worthlessness, irritability and a desire to be alone, as well as a loss of sexual desire, are some of the symptoms of depression. It can be triggered by the inability (at this time) to participate in normal daily pleasurable activities, or by a sense of helplessness and lack of control over your body. If you feel discouraged and hopeless, be sure to discuss it with your doctor.

Depression also can be caused by medications, stress, malnutrition, anesthesia or metabolic imbalance. People who base their self-esteem on their physical appearance, their independence, their always-in-control-take-charge character, or their Good Samaritan behavior (always helper or solver), have a harder time dealing with illness, their ostomy, or their lack of control over their bodies. They need to depend on others for help, even if only temporarily. Constantly tired from efforts to cope with daily household or work routines, while learning to adapt to the physical requirements of this unpredictable new addition to their body, they have little energy to enjoy leisure activities or romantic involvement.

It takes us some time to return to our normal lifestyle. So relax. Do what you are capable of doing at this time and do not try to rush things. Most people need a few months before they feel secure about being accepted.

Give yourself a year for a good recovery and if it takes less time, consider yourself a very lucky person. Meanwhile do what you have to do, in whatever way you are capable of doing it. Do not give more than a passing thought to the things you cannot do right now.

You might need to take some short cuts, do some improvising and indulge in some healthy neglect. Do not be bashful about asking for and accepting help. Accepting help can be harder than giving help, especially if your role has always been that of helper. Some people conceal their ostomy from their spouse, families or lovers. They fear rejection, shame or embarrassment, are modest or have noticed evidence

of disgust. This results in a feeling of isolation, depression and chronic anxiety.

If you feel yourself in this rut, contact your doctor right away. There is help for you. Life has been given to you anew. Do not let depression spoil it. Depression is a treatable condition. Obtain whatever help you may need to enhance the quality of the life that is yours to live.

## Heard you Had an Ostomy

By Louis J. Wray

I heard that you have an ostomy. Is it true what I heard about you . . . that you have no guts, your bladder is gone and your past life is finished? Yet, whenever I look at you, you are beaming with joy and grace. You never hint at the strife you have borne disguised by the smile on your face. You seem to be a special breed bent on helping others to live life to its fullest.

Your suffering must have battered your life, yet you reach out and always forgive. I would think that you might be angry at the way fate has picked on you. However, I would never suspect it if you are, for your love always seems to shine through. I assume your second chance at life makes each day a pleasure and your thankfulness for health and friends makes itself a treasure. Now, I appreciate the phoenix, the symbol of UOAA, "reborn from the ashes of disease."

See, I know you are a person with an ostomy living a pattern of life you have set as a good example for me. Like you, I will try to help others cope with their new way of life cheerfully. A second chance, reborn to serve, and as happy as can be. People with ostomies inspire me and my friends with service offered so freely. So, out in the open—your secret is known, your formula for success is in view. You are an asset to this weary old world; we are blessed for having people like you with ostomies.

## Ostomy Myth Series

By Barbara Skoglund of Maplewood, MN  
(Continued from the February edition)

### Ostomy Myth Four

Time! Time! Time! Whew! Is life hectic or what? My job is busy, busy, busy. My grad school class starts next week, and I need to somehow get over to the university to buy my books. Their concept of evening hours for adult students is staying open to 5 PM. I am also trying to get a different job in the same agency I currently work, but I have to obtain a teaching license first. I had to fill out paperwork, and then send it to my undergraduate school to have

them fill in their part—it is weird having to procure a license for a job where I will not be teaching, but since the job is doing professional development for teachers and they usually recruit teachers for the job, it is one of the requirements. That reminds me, I must revise my resume. Meanwhile, winter is coming to Minnesota, and we have tons of leaves to rake up in the yard. We just moved into our first house this May and still have quite a list of house things to do yet. Boy, do houses take much work. I have to cover the roses and put the lawn furniture away . . . not to mention the laundry. My husband's in a wedding party on Saturday and his suit needs to be cleaned. I am also working on a rewrite of our Internet pages. I recently learned how to use Microsoft's FrontPage and am excited to be able to make my homepage much nicer. Tons to do and not enough time to do them—Ah! That is life. "What does this have to do with ostomy life?" you ask. My life is busy and hectic. I am involved in many things that take up time. Dealing with my ostomy is not one of these issues. I empty my pouch when I urinate, about 12 times a day. I prefer my pouch to be empty than full so I may empty it more than absolutely necessary. According to my WOC nurse, as my ostomy ages, I will be less self-conscious and empty my pouch less often, although I like feeling an empty pouch next to me rather than a full one. I spend far less time in the bathroom than I did when I had ulcerative colitis or especially when I had a straight ileoanal anastomosis—I was on the toilet every half-hour. I change my pouching system every three to four days. It takes me about 10 minutes. I take my time and never rush changing my pouching system. I am not very knowledgeable about pouching systems. I use the same one I used when I originally had surgery. My ostomy nurse suggests that I try other pouching systems on a day I will be around the house to see how I feel about it. It is considered best practice to be able to use more than one set procedure when managing one's ostomy. A few people with lower colostomies choose to irrigate theirs so that they do not need to wear a pouching system. This is a choice few make because it takes about an hour to irrigate a lower colostomy and most people do not want to spend their time doing this. Most people with colostomies simply wear a pouching system. There are unfortunate stories of people who need to change their pouching system every few hours. This is unacceptable. These people need to see a WOC nurse for a proper fitting and to help solve any pouching issues. Most of these people do not see a WOC nurse; otherwise, they would not have these

issues. A certified WOC nurse can help a person with an ostomy find a properly fitting pouching system that lasts more than a few hours, does not leak, and lets the patient live a high-quality life. My wear time is considered optimal at three to four days. If you are getting less than one day, then see a WOC nurse. Odds are you are not using a properly fitted pouching system. Managing an ostomy (emptying it and changing it) does not cut into my personal time. Actually, since I spend so much less time in the bathroom doubled over in pain, my ostomy has expanded my available free time.

### **Ostomy Myth Five – Misconceptions**

This one is more of a misconception than a myth;

Nurse: "How long have you had a colostomy?"

Barbara: "I don't have a colostomy. I have an ileostomy."

Nurse: "What's that?"

There are many different types of ostomies, continent procedures, internal pouches and alternative procedures. Yet some people seem to call them all colostomies. Doctors, nurses and even people with ostomies themselves seem to lump all different types of diversionary surgery together. One type of ostomy is not inherently any better than another, except a loop ileostomy, but they are all a bit different. Colostomy, ileostomy, loop ileostomy, urostomy, continent ileostomy, Koch pouch, BCIR, Indiana pouch, J-pouch, S-pouch, W-pouch, kangaroo pouch—What are the differences?

Ostomy—the word ostomy signifies a type of surgery required when a person has lost the normal function of the bladder or bowel due to birth defects, disease, injury or other disorders. Such operations include the colostomy, ileostomy and urostomy. The surgery allows for normal bodily wastes to be expelled through a new surgical opening (stoma) in the abdominal wall. Most persons with ostomies must wear a pouching system over the stoma. The most common type of ostomy is the colostomy.

Depending on the location and nature of the individual's problem, a stoma may be constructed in any of the parts of the colon. While there was a time when most colon cancer patients ended up with a colostomy, today there are alternate procedures that preserve natural elimination. The key is location. If the cancer is in the anus or rectum, then a colostomy is probably part of the treatment. Other diseases often resulting in colostomy are diverticulitis, that is, inflammation of small pockets in the wall of the colon. These may become inflamed, causing obstruction, bleeding or

perforation. There are also accident and gunshot victims who have temporary or permanent colostomies. Birth defects may also require a colostomy.

An ileostomy is a surgically created opening in the ileum (part of the small bowel). The ileum is surgically cut into two pieces, usually as close to the end of the ileum as possible. The proximal (upper) portion of the ileum is brought to the surface of the abdomen and a stoma is created. In most cases, the distal (lower) ileum and the entire colon are then removed. The greater the length of small intestine removed, the greater the loss of nutrient absorption. Since water is no longer being absorbed by the colon, the remaining ileum takes over this function. One cannot irrigate an ileostomy in to achieve continence. The flow of effluent cannot be completely controlled. We must always wear a pouching system.

Loop ileostomies are temporary ileostomies in which a loop of small intestine is pulled through the abdominal wall to create a stoma. From my experience it can be very difficult to find a properly fitting pouching system for a loop ileostomy. In a continent ileostomy, a reservoir pouch is created inside the abdomen by using a portion of the terminal ileum. A valve is constructed in the pouch and is brought through the abdominal wall. Several times a day a catheter or tube is inserted through the valve into the internal pouch to drain feces from the reservoir. Koch pouches and BCIRs are the most commonly performed continent ileostomies. They are named after the doctors who designed them. The BCIR is a revision of the Koch pouch and is performed in few facilities in the US. Continent folks do not need to wear a pouching system. Most simply wear a bandage over the opening.

Urostomies result when the bladder is removed or the normal structures are being bypassed and an opening is made in the urinary system to eliminate urine. Usually, a piece of ileum is used to create a urostomy stoma. Birth defects may require a urostomy.

Urostomies cannot be irrigated and the flow of urine cannot be controlled. People with ileo conduits, as they are sometimes called, must always wear a pouching system.

There are two main continent alternatives to the ileal conduit. In both the Indiana and Kock pouch, a reservoir is created inside the abdomen by using a portion of either the small or large bowel. A valve is

constructed in the pouch and part of the bowel is brought through the abdominal wall to form a stoma. A catheter or tube is inserted several times daily to drain urine from the reservoir.

With an Indiana pouch, the ileo-cecal valve (between the large and small intestines) is moved and used to control the pouch, which is made from the large bowel. With a Kock pouch, the pouch and a special nipple valve are both made from the small bowel. In both procedures, the valve is located at the pouch outlet to close the pouch and contain urine until the catheter is inserted. Continent folks do not wear a pouching system.

J-pouches are internal pouches formed from the terminal ileum and connected to the anus. The Jpouch has become the surgery of choice for people with severe ulcerative colitis or familial polyposis. It is the procedure most gastroenterologists recommend for their patients who need an ostomy. J-pouches are not done on people with Crohn's disease, since Crohn's disease can pop up anywhere, even in the new J-pouch, thereby ruining it.

J-pouch surgery is performed in one, two or three separate operations. People who have the two- or three-step surgery have a temporary loop ileostomy while their internal stitches heal. The J-pouch is named for its shape. It is also called the ileo-anal pouch anastomosis, the pull through, the endo-rectal pull through, the pelvic pouch, or a combination of these. I lived for three years with a straight ileo-anal anastomosis, also called the straight shot. Straight shots are rarely performed because they never work. They are done so that the patient may have normal elimination. It is too high a price to pay!

The kangaroo pouch is the place where baby kangaroos nourish and grow.

Thank you to UOAA and ConvaTec for some of the more technical definitions.

## **What is Behind a Belly Button**

The answer to an age-old question has finally been revealed. Dr. Peter Marcello, a colon and rectal surgeon, indicated that there is mostly nothing but a few stringy things attached to the back of a belly button. However, at the last Northwest Medical Group meeting, a much more interesting theory was put forward. Dr. Carl Stephens indicated that the belly button was connected to the butt. Furthermore, if the belly button was unbuttoned, the butt would fall off.

**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**

3<sup>rd</sup> Tuesday of each month- 1:30 p.m.

**Berrien County Cancer Service**

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Stevensville, MI 49127

Phone: (269) 429-3281

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7301 Red Arrow Highway  
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