

BERRIEN COUNTY CANCER SERVICE

7301 RED ARROW HWY.

STEVENSVILLE, MI 49127



**OSTOMY
NEWSLETTER**

May - June 2013



HELPFUL HINTS FROM HERE AND THERE

Write down the name of the ostomy supplier and the number and size of all your equipment. This information should be kept in a safe place for easy reference. When planning a trip, be sure to include the information in your ostomy emergency kit. Some people find that a large teaspoonful of bulk gelatin dissolved in water or lemon juice once a day will firm up a loose stool. Butternut will soothe an irritated digestive tract and will not cause diarrhea or constipation. The application of a couple of capsules of vitamin E oil broken down and rubbed on sore and irritated skin around the stoma promotes overnight healing. Drinking tomato juice will help eliminate odor and is a tool to retard dehydration and keep the electrolytes in balance. Excessively oily skin can affect adhesion of your wafer. Wiping the skin around the stoma with alcohol is helpful, but be careful the alcohol does not contain glycerin, as this kind of alcohol will hinder adhesion. If you are taking chemotherapy and your mouth is sore, gargle with one teaspoonful of baking soda in a half glass of water.

Emotional pressures and over-fatigue can cause bowel upsets, especially when traveling. Do not allow yourself to become over-tired. For hard-to-deal-with, itchy, irritated skin due to tape burns, scar healing, pouch friction on the skin, etc., doctors often recommend a cortisone cream or ointment. Two products of this nature available without a prescription are: Cortaid or Dermolate. If you like mushrooms, remember they don't digest, so chew them well. Asparagus generates a strong odor in the urine. Yogurt, cranberry juice, and buttermilk help to combat urinary odor. Parsley is excellent in combating fecal odor, besides being a good source of potassium. Keep grape juice in the refrigerator. If you eat something that causes a blockage, just try drinking a glassful. It really works. Never wait until you've used your last appliance before ordering new ones. Keep a list of your equipment, complete with order numbers, sizes and manufacturers. Let a member of your family know where you keep the list so that they can get the necessary supplies in the event of an emergency. Use a round clothespin to roll up your tube of paste. (Works for toothpaste tubes too.) If you still have your rectum and have pain or a full feeling, you may have a collection of mucus which should be washed out. Check with your doctor regarding this. Buttermilk will soothe an irritated digestive tract and will not cause diarrhea or constipation. Colostomates should not use water that is too cold or too hot as it may cause cramps, pain or nausea. Do allow 45 minutes to one hour for a complete return of water. Arrange to sit for comfort

and relaxation. Do not hurry through irrigation. Anxiety, frustration and spillage may result. Getting up tight can cause little or no return. Rounding off the square edges of a firm wafer or skin barrier will decrease the chance of the belt catching on the corners. For urostomates, if your drainage tube is clogged, try soaking it in a solution of Tide for about two hours. Then rub the tube between your fingers, insert a baby bottle brush as far as possible, pull out and rinse.

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. 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.

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!

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 well being. Stretch slowly, hold, do not bounce or strain.

UROSTOMY HINTS AND IDEAS

Via: Green Bay Ostomy News Review

The stoma will shrink in the first few months after surgery and should be re-measured as needed during that time. The appliance opening should then be made smaller to fit the new smaller sized stoma. You will find a measuring device and instructions in every box of pouches. If you gain or lose weight, you may also need to recheck equipment fit. If you develop itching or a rash or become sensitive to your adhesive, talk to your doctor or ET to help you clear up your skin irritation problem. Individual body chemistry differs, so do manufacturer's formulas for skin barrier adhesives. If your adhesive is not giving you a good seal, ask for help in finding one that does. A poor seal may let urine leak onto the skin. If your pouch begins to leak, change it immediately. Some urostomates may have a high incidence of complications, some occurring after 10 to 12 years. Most complications are gradual. The most common is caused by an ill-fitting pouch. Urine that accumulates on the skin around the base of the stoma may become reddish brown, with raised, thick, leather-like areas. It is important to have a faceplate or pouch opening that fits to an eighth of an inch of the stoma to prevent this and other long-term complications. If the reddish brown growth is extremely bad, it may be treated with soaks of white vinegar three times a day for three or four days. Vitamin C, taken according to the directions on the bottle, may also be helpful to acidify the urine. Alkaline urine on the skin is irritating. If these measures are not successful, a revision of the stoma is an alternative. Encrustation or sand-like deposits on or around the stoma are another complication. (Editor's note: At each pouch change, check your stoma for color shape and function Watch for any stoma problems such as

swelling, retraction, stenosis (narrowing of the outlet), prolapse (displacement of the stoma). Any stomal complications should be reported to your ET nurse.)

HINTS FOR SUMMER

Via: Loraine County Chapter & Metro MD

Do not expect to get the same wear time as you do in the fall, winter, or spring. If your wafer or ring skin barrier melts out faster, change the pouch more frequently. If wear time is very poor, have your ET nurse recommend a different skin barrier. If plastic against your skin is uncomfortable or causes a heat rash, purchase or sew a pouch cover. If you are wearing a two-piece system and are participating in very active sports, use a 10" strip of 2" or 3" tape to secure the pouch and the barrier. Be sure to drink plenty of liquids, unless contraindicated because of other health problems so that you will not get dehydrated or constipated. For extra security during swimming and water sports, use waterproof or "pink" tape to fix your pouch. Monilia is a common summer problem. This raised, itchy red rash on the peristomal skin is uncomfortable and keeps the pouch from holding well. If you suspect a monilial rash, contact your physician as soon as possible for a prescription for anti-monilia powder. Osto-Tip! Skin barriers should be stored in a cool dry place. They have an expiration date of 4-5 yrs.

OSTOMY AROUND THE WORLD

In Russia, very little reliable information is obtainable in ostomy care. FOW-USA has sent hundreds of boxes of ostomy supplies to help these people. We do know there are almost no ostomy products available through commercial outlets. If they do obtain supplies from a retailer, they are the old, 1950's style, rubber pouches that are not odor proof. The more modern barriers and pouches are only available on the black market or through FOW-USA. None are imported there from the U.S. or Europe.

As for China, at the present time, the government is sympathetic toward ostomy needs, but there are other more pressing health problems. Ostomy care after surgery has the lowest priority. Generally, most people with colostomies in many places overseas do not irrigate for the simple reason that bathrooms are often inadequate or non-existent and water is poor in quality. In fact, many places in the U.S. also have challenges with quality running water in bathrooms. Outhouses are used regularly in many places in America.

In Nigeria, sanitary facilities are very primitive, with street sewers serving as toilets. Any supplies that are brought into the country are immediately taken by the local gangsters who extort their own people in dire need of them.

In Great Britain and Sweden, supplies are free to people with ostomies. However, many of the high quality products that we use in Chicago are not even available there. They must take whatever product the government provides at that moment, which is usually the cheapest one. One does not know from one month to the other what products will be provided. One must be very flexible. On the positive side, one can obtain 90 pouching systems a month without any problem.

Sweden requires that all ingredients in any product must be labeled so as to alert people with allergies of the products risks. Holland has a good range of ostomy products, and stomas here are still "rosebuds" not "tulips."

France has free pouching systems, but the situation is unrealistic, for manufacturers obtain the same price for basic equipments as for the newer premium products. A manufacturer would receive the same reimbursement for a new technology extended wear skin barrier as it would for an old standard wear barrier it produced in the 1960's. This means that the best quality supplies are hard to find or only available on the black market.

Spain provides free supplies to patients, but there is 50% duty on imported supplies. Since the best products and the widest variety come from the U.S., or other European Countries, people with ostomies have very little choice. Interestingly, manufacturers from other countries formed the Spanish Ostomy Association for patients.

Eastern Europe is very limited in the availability of modern pouching systems. In India, there are severe restrictions on the importation of any medical supplies. It was only in 1975 that the first ostomy association in India was formed, and in 1978 when the first stoma clinic came into existence.

Japan and Africa in general do not have a large number of people with ostomies, although these are areas of increasing surgeries every year. The residents of these regions had a high fiber diet with very little beef, fat or refined flour. As they change to a more "American" diet, the incidences of diseases that require ostomy surgery are increasing.

The numbers of people with new ostomies in many parts of the world are increasing greatly. There is a definite stigma attached to people with ostomies in Japan. Japan has been importing the high quality ostomy supplies made in the U. S. and Europe just this century. Only a few years ago, mostly clear thin plastic pouches or gauze were used. There are a few WOC nurses in Japan, who trained in the U.S., but they work more for manufacturers than hospitals.

In Australia, the government provides free ostomy supplies to any person who is a member of the Ostomy Association only. Interestingly, in spite of the fact that there is the highest ratio of WOC nurses to the population of anywhere else on earth, people in general do not accept stomas as readily as in the U.S., as reported by Ostomy Association studies.

New Zealand, Scotland and Ireland have very high rates of colon cancer, probably due to the high beef and fat intake coupled with low residue diets. Free supplies are dispensed through the hospital and visiting nurse systems. These areas use the British system of health care. The people have a limited choice of the type and quantity of ostomy product available. They pretty much have to take whatever they obtain and make due. Otherwise, they must personally pay for the higher quality supplies from the U.S. and have them shipped overseas.

South America is hampered in getting supplies because of high import duties, which can run as high as 30%. Patients pay for all their own equipment. FOW-USA has a difficult time donating supplies to these countries because the local officials want a bribe in order to allow free supplies to be provided for their own people who are in dire need. These areas have such an unbelievably high degree of corruption from every side of the political spectrum that they make our political thugs and gangsters in Chicago almost seem honest.

The Union of South Africa provides very good care and modern pouching systems. As a side note, many native people in the hospital walk around with an IV in their arms and the IV fluid bag on their heads.

Argentina and Brazil are just beginning to train their first WOC nurses. In contrast, Mexico is really in need of help. People who need ostomy surgery are considered terminally ill. They die. There are few people with ostomies in Mexico. These few are considered the rich.

We in America are much more accepting of people with ostomies than most of the rest of the world.

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 also have endowment funds with the Berrien Community Foundation and the Michigan Gateway Community Foundation.

To make this type of donation, please send payment directly to:

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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