

**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 2014**



## Convexity

By Loree Siebert, CWOCN

What is convexity? Who needs it?

Unfortunately, many of us have less than a perfect stoma—for many reasons. The less perfect the stoma, the more difficult it usually is to obtain a good seal with the skin barrier.

Convexity is the adaptation of a skin barrier so that it protrudes the stoma. The use of convexity is commonly indicated when one is unable to maintain a pouch seal for an acceptable length of time or when persistent skin irritations occurs even without leakage.

Stomas that are flush-- level with the skin—or peristomal skin with irregular contours frequently result in the stomal discharge undermining the skin barrier. A pouching system that incorporates convexity may help to eliminate the undermining and improve pouch adherence. Naturally, there are always those individuals who have their own unique problems and need the help and guidance of a WOC nurse.

Many manufacturers have people on staff to work with you. Many suppliers are experts in solving these types of challenges. They have people who have talked to hundreds of people with issues just like yours. They may have a simple solution for a problem that is causing you considerable concern, pain, lessened your quality of life, etc.

It was not too long ago that people with problem stomas requiring convexity were forced to use reuseable faceplates and pouches. Now, there are several ways of achieving convexity. The addition of an insert into a two-piece pouching system works for some. A better approach is to utilize a skin barrier manufactured with build-in convexity.

There are numerous manufacturers of high quality disposable products that have built convexity into the skin barrier. Several companies even offer varying depth of convexity—shallow, medium and deep.

If your stoma is less than perfect and you find you are often troubled with skin breakdown or pouching adherence problems, it may prove fruitful to pursue obtaining a couple of samples from a manufacturer. After you try them, you may find they greatly improve the satisfaction you receive from your pouching system.

## Hospitalization Guidelines for Ostomy Patients

(reprint by Dr. Lindsay Bard)

It is important for a person with an ostomy to know how he/she should be handled differently than someone without an ostomy when you need to be hospitalized. It's up to you. It is very important to communicate to medical personnel who take care of you, including every physician that treats you, that you have an ostomy, and what type of ostomy you have. Here are some rules to help you cover the details:

### Rule 1 – The Cardinal Rule!

If you feel something is being done or going to be done to you that might be harmful, refuse the procedure. Then explain why to the medical personnel, especially your physician. They will then decide with you if the procedure will actually be in your best interests.

### Rule 2 – Supplies

Bring your own supplies to the hospital. Never assume the hospital will have the exact pouching system or irrigation system you use. Most hospitals have some supplies available. These are used for emergency situations. Your insurance may require the hospital to provide you with the supplies, but they are not required to provide you with the same system you are currently using. Also depending on your insurance they may not cover the supplies from a vendor other than the hospital during your hospital stay.

### Rule 3 – Laxatives & Irrigations

Follow the points below concerning laxatives or irrigation practices, according to which type of ostomy you have. Medical personnel often assume all stomas are colostomies. But, of course, practices vary among the various types of ostomies.

A transverse colostomy cannot be managed by daily irrigations. The only colostomy that can be managed by irrigations is the descending or sigmoid colostomy. However, sigmoid or low colostomies do not have to be irrigated in order for them to function; many people with sigmoid colostomies prefer letting the stoma work as nature dictates. If you do not irrigate your colostomy, let the fact be known to your caregivers. If your physician orders your bowel cleared, irrigate your own colostomy; do not rely on others. There is a strong possibility that those caring for you will not know how to irrigate your colostomy. Bring your own irrigation set to the hospital. If you have an ileostomy or urinary diversion ostomy, never allow a stomal irrigation as a surgical or x-ray preparation. Remember that laxatives or cathartics by mouth can be troublesome for people with colostomies.

For people with ileostomies, they can be disastrous—people with ileostomies should always refuse them. A person with an ileostomy will have diarrhea, may become dehydrated and go into electrolyte imbalance.

The only prep needed is to stop eating and drinking by midnight the night before surgery. An IV should be started the night before surgery to prevent dehydration.

#### **Rule 4 – X-rays**

X-rays present special problems for people with ostomies, again, differently managed according to ostomy type:

A person with a colostomy must never allow radiology technicians to introduce barium into your stoma with a rectal tube. It is too large and rigid. Take your irrigation set with you to x-ray and explain to the technicians that a soft rubber or plastic catheter F#26 or 28 should be used to enter the stoma. Put a transparent pouch on before going to x-ray. Have the technician or yourself place the rubber or plastic catheter into your stoma through the clear plastic pouch. When enough barium is in your large bowel for the x-ray, the rubber or plastic catheter can be withdrawn and the open end of the pouch closed. The pouch will then collect the barium as it is expelled and can be emptied neatly after the procedure. Once the x-rays are completed, irrigate normally to clean the remaining barium from your colon. This will prevent having to take laxatives by mouth after the procedure.

A person with an ileostomy may drink barium for an x-ray procedure, but never allow anyone to put barium into your stoma.

A person with a urostomy can have normal GI x-rays without any problems. Never allow anyone to put barium in your stoma. At times, dye may be injected through a soft plastic catheter into a urostomy for retrograde ureter and renal studies, often called an ileo-loop study. The same study may be performed on a urostomy patient with a Kock pouch. The dye will be injected via a large syringe; this can be a very painful procedure if the dye is not injected very slowly. Even 50 mL will create a great deal of pressure in the ureters and kidneys, if injected rapidly. Remember to request that the injection be done slowly.

For anyone who wears a two-piece pouching system: you may remove the pouch just prior to the insertion of the catheter, and replace the pouch after the procedure is completed. If you wear a one-piece pouching system, bring another with you to the x-ray department to replace the one removed for the procedure. In the event you are incapacitated, and cannot use your hands to replace your pouching

system, request that a WOC nurse in the hospital be available to assist you. The WOC nurse will be able to replace the skin barrier and pouch for you before you leave the x-ray department.

#### **Rule 5 – Instructions**

Bring with you to the hospital two copies of instructions for changing your pouching system and/or irrigating your colostomy. Provide one to your nurse for your chart and keep one with your supplies at bedside. If you bring supplies that are not disposable, mark them “do not discard.” Otherwise, you may lose them.

#### **Rule 6 – Communicate!**

Again, let me stress that you must communicate with the hospital personnel who take care of you. You will have a better hospital stay, and they will have an easier time treating you.

*Blessed are they who can laugh at themselves, for they will never cease to be amused.*

## **The New Ostomy**

by Mark Shaffer via ReRoute, Evansville, IN

In most cases, people never discover that you have an ostomy unless you tell them. So deciding who should know about your ostomy - and who should remain in the dark - is one of the first issues a person having ostomy surgery must face. It is also an issue that never completely goes away. No matter how long you have an ostomy, you will meet new people and existing relationships will change. First, you should never be ashamed of having an ostomy, and you should never feel you need to hide this fact. It is an old adage in ostomy circles that anyone who would change their opinion of you because you have an ostomy is probably someone who is not worthy of your time or concern. On the other hand, having an ostomy is a private matter, and you should not feel the need to announce it from the rooftop either. There are only a few people you simply have to tell. These include health-care providers, your spouse or significant other, and anyone else involved in your recuperative care. Nevertheless, beyond these common sense restrictions, it is up to you. You might choose to divulge to your co-workers that you had abdominal surgery, but you are now healthy again - which is usually true. You might want to be more detailed when discussing the situation with friends and family...but you also might not. It is totally up to you -do what is comfortable for you. Be happy, you have been given a new life.

*“To know the road ahead....ask those coming back”*

## The Right Attitude

The physical aspect of life may be compromised greatly by illness or surgery, but with a positive mental attitude and a willingness to let go of self-pity and bitterness, life goes on and can even be enriched by a painful traumatic experience .

A positive attitude toward negative situations is one of the most powerful forces in the world. It not only affects how we respond to hardships and difficulties, it can actually help to change the outcome. This can be seen first hand in many ostomates and other people who have overcome potentially devastating diseases and gone on to lead full, productive, happy lives.

## Setbacks are a part of life.

The next time you are facing a setback, think of Abraham Lincoln. He entered the Blackhawk War in 1831 as a captain. By the end of the war, he had been demoted to the rank of private.

When Alexander Graham Bell showed his telephone to the President in 1876, Rutherford B. Hayes said, "That's an amazing invention, but who would ever want to use one?"

J.K. Rowling, author of the Harry Potter books was an aspiring writer and single mother living on welfare in an unheated, mice-infested flat. Joanne's first book was rejected by 12 publishers before the world met Harry Potter in 1997.

Fred Smith submitted a paper to his Yale University management professor. The response was, "The concept is interesting but in order to earn better than a "C" the idea must be feasible." The paper proposed a reliable overnight delivery service. Fred went on to build FedEx Corporation.

## A Note

Friendship and deep relationships on any level are built on trust and mutual understanding. These qualities depend on you and the other person. You have the same qualities you had before surgery, and your ability to develop friendships is unchanged.

If you care about yourself, others will care about you. They will feel your strength and character. If your ostomy does cause a break in a friendship, a romance, or even a marriage, this relationship was not built on trust and mutual respect. It probably would have crumbled anyway.

## The Most Powerful Prescription

02/2014 UOAA UPDATE

How many time have your received a prescription with the instruction to "take as needed" or "take before meals"? Pretty vague, but many people do not stop to question further, assuming the medication will work no matter with what they swallow it  
Acidic drinks, such as fruit juice or soda pop, may chemically destroy certain kinds of antibiotics, including penicillin, ampicillin, or erythromycin. Citrus fruit juices may reduce the effect of antidepressants, antihistamines or major tranquilizers by speeding their urinary excretion.

## What to Drink with Drugs

02/2014 UOAA UPDATE

Milk can interfere with a number of medicines. The laxative Ducolax, for example, has a coating designed to ensure that the drug will dissolve slowly within the intestine. But if the medication is taken with milk, which is alkaline, it may dissolve prematurely within the stomach, lose its cathartic action and irritate the sensitive stomach lining. Milk can also block the action of tetracycline.

If a doctor fails to warn his/she patient not to take this antibiotic within an hour of any dairy product, he/she might be puzzled to hear the infection being treating has not disappeared.

Even something as simple as tea, hot or cold, may cause problems. A woman given a mineral supplement to treat iron-deficiency anemia would probably be surprised to learn that the tannin in tea can undo the benefits of her iron pills.

To play it safe, you can always rely on GOOD OLD WATER! Water will not interact with drugs or reduce their effectiveness.

*Nothing is more confusing than the one who gives good advice but sets a bad example.*

The Ostomy Support Group will meet with our Cancer Support Group September 16th and October 21 <sup>st</sup> at 1:30 p.m. in our office in Stevensville.
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BERRIEN COUNTY CANCER SERVICE  
7301 Red Arrow Highway – Stevensville MI 49127  
(269) 429-3281

**OUR MISSION:** To provide compassionate in home skilled nursing care and supportive resources for those affected by cancer or related illnesses in Southwest Michigan

**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**  
7301 Red Arrow Highway  
Stevensville, MI 49127  
Phone: (269) 429-3281

**BERRIEN COUNTY CANCER SERVICE, INC.**

7301 Red Arrow Highway  
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