

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**

January - February 2013



My Grandma's 1938 Ostomy

My Grandma had ostomy surgery in 1938. She was sent home with no ostomy equipment. How did she cope? How did she live with her ostomy? I have tried to re-create her experience.

Let us try to imagine 1938 . . . and imagine living with an ostomy in 1938. This was before the internet, before cellphones, before microwaves, before TV before plastics. The stock market had crashed in 1929, followed by a decade of the Great Depression. In parallel, there was a decade of drought and crop-failure in the entire Midwest of north America, aptly named the Dirty 30s. This was before the Second World War. It was a challenging time to live for many people.

This was also before modern type skin barriers and plastic pouches or any other ostomy gear was invented. Ostomy patients were sent home after surgery with no collection device. No collection device! How did she live with an ostomy without ostomy equipment?

Grandma lived on the prairies in Western Canada, where summer temperatures rose to +40 degrees C and winter temperatures dropped to -40 degrees C. The only heat in the house was the stove, which burned coal when they had money, wood when they could scrounge and buffalo-chips when there was nothing else. There was no cold running water. Water was pumped from a well--winter and summer. There was no hot running water. They heated water in a large pot on the stove. There was no shower. There was no bathtub. There was no bathroom in the house. There was just an outhouse--a seat perched over a pit, in a small building 50 yards from the house. This outhouse experience, in winter when it was -40 degrees, was the origination of the expression, "so cold it would freeze your ass off!"

With no collection device supplied, available or even invented yet, Grandma made do with rags and towels--try to imagine her angst.

Grandma's husband Walter was a practical and inventive man, and he soon devised a tin can with a belt-strap, to contain the effluent. This was leaky and stinky, but a big improvement over the very messy rags. Personal ostomy cleanup was in the outhouse, probably with a pail of cold water in both summer and winter. The tin can had to be strapped tightly around her waist to reduce the leakage, not prevent leakage, just reduce leakage.

The edge of the tin can bit harshly into Grandma's skin and left a nasty red compression ring. Walter was an equestrian who made his own horse-harnesses, so he built a leather collar to cover the tin-can edging. This was certainly more comfortable and leaked less. However, it was difficult to clean the leather collar and attaching a belt would be difficult. The risk of glass breakage and serious cuts to her stoma would be a big concern.

The tin can with leather-collar strapped around her waist was Grandma's best-and-only ostomy equipment. The 4-inch circle around her stoma was constantly covered with effluent, and I expect she had many rashes, breakouts, infections and various damages to her skin. The salves used for harness-burns on horses would have been Grandma's only relief from these skin problems.

Again, there was no real ostomy equipment for Grandma. There was no support group for Grandma to attend and talk about her challenges. Grandma never talked about her ostomy around the family. My father, who lived at home for the first six years of Grandma's ostomy, was never told about her ostomy, never saw anything that would indicate an ostomy, never saw a bulge on her dress. While her husband designed and built her ostomy gear, that would be the last time he participated and the last time they would talk about it. It just was not ever discussed.

Convexity

For 15 years, Grandma lived silently with the inconveniences of an ostomy, without ostomy gear, with no one to talk to about it. Grandma was the sole steward of a one-acre vegetable garden. She dug the entire garden with a shovel, planted seeds and hoed weeds. In the fall, she dug out the potatoes and carrots; harvested and preserved the corn, peas and beans for each cold winter ahead. For 15 years, from age 52 to age 67, she worked that garden, and she lived with an ostomy.

Once again, she lived without ostomy equipment, as we know it today. How did Grandma keep herself physically clean, mentally content and spiritually thankful, with such crude ostomy equipment and under such harsh conditions? My Grandma was one tough woman, like so many had to be in order to survive these times. Grandma was British, Victorian, stoic and content . . . and she never complained. She was so thankful that her ostomy gifted her 15 years of good living.

There have been days I have complained about my colostomy. With the imagination to re-live Grandma's ostomy experience, I do not think I will ever complain again.

Grandma's Timeline

1886 Born in England
1904 Age 18 Married Walter
1912 Age 26 Emigrated to Canada
1938 Age 52 Ostomy Surgery
1953 Age 67 Died

I did considerable sleuthing to locate Grandma's medical records. Not surprisingly, these 74-year-old records have been destroyed. There was an index card, with handwritten notes, saying Grandma was diagnosed with acute ulcerative colitis and hospitalized from December 18 through to February 13. There was no written record of her type of ostomy. I have so many more questions, but the answers may now be lost in history.

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 irritation occurs even without leakage.

Stomas that are flush--level with the skin--or peristomal skin with irregular contours frequently result in the stoma 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 you. 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 reusable 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 built-in convexity. These are available in one- and two-piece pouching systems.

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 or 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.

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!

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. Before you leave for travel abroad, call Intermedic, Inc. in New York City at: (212) 486-8974. They can provide you with names of English-speaking doctors abroad.

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.

*To be meek, patient, tackful, modest,
honorable, brave, is not to be either manly or
womanly: it is to be humane. Jane Harrison*

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 partnered with the Berrien Community Foundation and the Michigan Gateway Community Foundation to enable donors to take full tax credit advantage from the Michigan Community Foundation Tax Credit.

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

PRINTING COURTESY OF LAKELAND COMMUNITY BENEFIT

BERRIEN COUNTY CANCER SERVICE, INC.
7301 Red Arrow Highway
Stevensville, MI 49127

RETURN SERVICE REQUESTED

NONPROFIT ORGANIZATION
U.S. POSTAGE PAID
STEVENSVILLE, MI
PERMIT NO. 129