

BERRIEN COUNTY CANCER SERVICE

7301 RED ARROW HWY.

STEVENSVILLE, MI 49127



OSTOMY  
NEWSLETTER

July - August 2008



what matters.™

**Dear Lord,**

**Be with us always and make us mindful of the many blessings you have given each of us, our homes, our jobs, and our understanding families and friends.**

**But most of all, make us mindful of the lives you have given back to us. Give us, O Lord the courage to face its challenge daily.**

**Dear Lord, make me a worthwhile member of this group by endowing me with the compassion to perform willingly and often the tasks for which it was begun. Let me never say that I am too busy to help someone in doubt or in need. Thank you, O Lord for bringing us together again and bestow your blessings on each of us here, until we meet again.**

**Amen**

**The Ostomy Support Group will meet with the Cancer Support Group at BCCS on July 15<sup>th</sup> and August 19<sup>th</sup>.**

## **AN OSTOMATE'S LOOK AT SPORTS**

*By: Barbara Hurewitz*

Sporting activities are some of the most exciting things for an ostomate to participate in. Good muscle tone and increased strength are important for anyone who has suffered a prolonged illness; but for ostomates there is added pleasure of doing something which, because it is a challenge, adds to our emotional strength. When I was ill, I had no desire to do any kind of vigorous physical activity. After my operation, while I felt better, I was still worried about taking part in many activities, especially athletic ones. I was afraid my pouch would strain my abdomen, and that I would feel inhibited from really throwing myself into a sport. But, by starting gradually to do various exercises, and by taking a certain number of precautions, I not only have enjoyed vigorous activity, but have also found myself doing many sports I had never done even before my illness. This successful activity has in turn increased my courage and made it easier to accept my ileostomy. It has certainly brightened my outlook many times. Swimming is one of the first sports an ostomate should try. It is a gentle form of exercise that uses all the muscles in your body. The gentle exercise of swimming should get your body into good enough shape to start any other sport. I would suggest wearing waterproof tape around the appliance. I have worn a temporary appliance to the beach and found this satisfactory. I would also suggest wearing some sort of reinforcement such as a stretch panty, or a gentle support belt for men under your bathing suit. This will keep your appliance from moving around, loosening, or causing discomfort. This same kind of support is excellent for horseback riding. Comment from Northwind News: We have quite a few members involved in sports in Alaska. We have ostomates involved in running, basketball, tennis, skiing, hiking, skydiving, mountain climbing, swimming, hunting, fishing, baseball, 2 and 3 week backpacking trips over all sorts of terrain including glaciers, and all kinds of dancing and skating. Always check with your doctor before starting any strenuous physical activities. Ease into training for any kind of strenuous sport by working out an exercise and nutritional program with your doctor. A doctor monitored program should prevent electrolyte imbalance and possible hernias.

## **ENERGY ALERT**

Via: Rambling Rosebud

For quick energy, eat sugar, right? "Wrong", says Sarah Short, Ph.D., a Nutritionist at Syracuse University in New York. Simple sugars, found in candy bars and cookies, actually drain your energy. These sugars are so quickly absorbed into the blood stream that the pancreas, in an effort to return the blood sugar levels to normal, sends too much insulin into the bloodstream. As a result, blood glucose, the main energy source, dips lower than normal and energy lags. Dr. Short recommends eating complex carbohydrates (such as raw fruits and vegetables, whole grains) for energy and pep. They release their sugars into the bloodstream much more slowly.

### **HAPPINESS IS—A COMFORTABLE APPLIANCE**

Via: L.A. Ostomy News & Cheers & Tears, Whittier, CA

There is nothing more irritating than having to change your appliance before you normally do, when the faceplate loosens or springs a leak. The first thing to do is look for the reason. Sounds easy don't it? We should be so lucky! About the first thing to look for is the change in texture of the skin. Several things can cause that, medication, vitamin pills or menopause. Excessively oily skin can affect adhesion. 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. Also some soap contains oil or hexachlorophene (soaps with baby oil to soften skin); these must be rinsed off if you hope to attain adhesion. With hot, humid climate, excessive perspiration will undermine the adhesive. A cotton appliance cover is great for soaking up perspiration. Also, loose clothing will help if you know you are going to be doing work that will cause excess perspiration. Be careful about using anti-perspirant, they cause skin irritation. A skin rash (contact dermatitis) is a common happening for many ostomates at one time or another. The rash may be caused by an allergy to the adhesives, the tape, skin barrier, or any other product used. A change to different products helps to determine if the problem is an allergic one. Be sure to dry the area. A blow dryer, set on cool, is very quick and a light bulb placed about a foot away is also useful in drying the area. If you can't get rid of the rash or any disturbed area within a reasonable length of time, contact your doctor. A change in weight (either gain or loss) can cause a change in the contour of the abdomen, which will affect adhesion. Try to stay at the same weight. Ideally, no more than ten pounds either way. Where the faceplate was once flat against the abdomen, it may now have creases or valleys under it. Stomahesive works well to fill in these valleys. There are also some pastes on the market. Karaya tends to break down when exposed to liquid over a period of time. Redistribution of weight will often necessitate refitting. This may mean an entirely different appliance will be necessary. A person with an ileostomy may notice that diet affects the length of time an appliance stays on. If the stool is of a watery consistency rather than paste-like, it may lessen the length of time the appliance stays secure. Change the appliance regularly before leaking; you may detect an itching or burning sensation beneath it. Ignoring these symptoms can lead to skin irritation. Illness, inactivity, and lying in bed can also lessen the seal security because the discharge pools around the stoma and seal longer than if you were up and around. If you have checked all these possibilities and still have a leaky faceplate, you had better see your ET at once.

### **How Does An Ostomate Lose Weight Safely?**

Via; Metro Halifax (NS) & S. Brevard (FL) Ostomy Newsletter

NO, NOT BY MAGIC, but no one should be overweight, especially an ostomate. Besides the usual medical, surgical, psychological, social, and economic problems, obesity presents prosthesis management problems for the ostomate. Whether a diet is unsafe depends upon each person's specific medical condition or body need. There is no guarantee of safety with individualized trial and error and evaluation, and then it is only 99% safe, and even this can change with time. The safest course to follow is to consult with your physician for metabolic study. Discover if your overweight problem is medical, psychological, or incorrect eating habits, etc. Educate yourself regarding vitamins, minerals, proteins, carbohydrates, calories, nutrition, absorption, allergies, side effects, etc. This data can be obtained from books, at health food stores, and from dieticians, or nutritionists. Eat balanced meals. Seek quality, not quantity, stay away from junk foods. Diet through natural means by forming healthy nutritional habits and not using medication as a crutch. Exercise actively.

### **FINDING A GREAT DOCTOR**

*Via: Snohomish WA Insights*

Some doctors are masters of the technological side of healing while others have the compassion and bedside manners of a saint. Find one who possesses both traits and you've encountered a great doctor. The three C's that characterize an excellent physician are: competency, compassion, and communication skills. All doctors look good on paper, but its performance that counts. Your search will take time and effort, so don't wait until you're sick. To locate the best possible doctor, include some of the following ideas in your quest. Ask friends or a nearby medical center, medical school, or hospital for names. ET's are also excellent sources. Your county Medical Society offers names of new doctors. (Younger doctors are often eager to please and are up on the latest technology.) If you're looking for a female physician, check with the local branch of the American Medical Women's Association. When phoning organizations, ask for the names of several doctors and specify whether you want a general practitioner or a specialist. Then reduce your collection of names by considering office locations and traffic conditions, parking availability, and whether the doctor offers evening appointments. Having narrowed the field, call the doctor's office and find out with which hospitals he or she is affiliated. The initial discussion can reveal the mood of the front office. Are the personnel pleasant, caring, and willing to go out of their way to help you? Do they make you feel important? No doctor will pass unscathed. You, the patient, must decide what to overlook. Doctors are not competing for patients. When a doctor lacks desirable qualities, you should take your business elsewhere. You, the consumer, have freedom of choice and should use it, because your life may depend upon it.

### **WHAT'S NORMAL FOR YOUR STOMA**

*Via: Coos Bay & Metro Maryland*

What is normal for my stoma? This is a frequently asked question. Here are some answers from your stoma to you. My color should be a healthy red. I am the same color as the inside of your intestine. If my color darkens, the blood supply might be pinched off. First make sure your pouch is not too tight. It should fit 1/16 to 1/8 inch from the base of the stoma. If I should turn black (very unlikely - but it happens occasionally) seek treatment AT ONCE. Go to an Emergency Room if you cannot readily locate your doctor. Be sure YOU remove the pouch for them to examine the stoma. TAKE AN EXTRA POUCH ALONG. I might bleed a little when cleaned. This is to be expected. Do not be alarmed. Just be gentle, please, when you handle me. If I am an Ileostomy, I will run intermittently and stool will be semi-solid. If you should notice that I am not functioning after several hours and if you develop pain, I might be clogged. Try sipping warm tea and try getting in a knee chest position on the floor. Have your shoulders on the floor and your hips in the air. Rock back and forth in an attempt to dislodge any food that might be caught. If I do not begin to function after about an hour of this, call your physician). If you cannot locate him, go to an emergency room. In the meantime, I might have begun to swell. Remove tight pouch and replace it with a flexible one cut slightly larger. If I am a colostomy located in the descending or sigmoid colon, I should function according to what your bowel habits were before surgery. (Daily, twice daily, three times weekly, etc.) I can be controlled in most cases with diet and/or irrigation. This is a personal choice. There is no right or wrong to it, as long as I am working well, my stool will be fairly solid. If I am a urinary diversion, I should work almost constantly. My urine should be yellow, adequate in amount and will contain some mucous. If my mucous is very much more excessive than usual, I might have an infection. I will probably also have an odor and possibly a fever. Consult your physician if that is the case. If at any time, you doubt that your stoma is functioning normally, please seek help. The cause needs to be evaluated. If your problem is a serious one, it needs correction. If it is not, you will be relieved to know your stoma is alive and well.

## Thoughts on Odor Management

By: Rosemary Van Ingen, CWOCN

Via: The New Outlook

Isn't it interesting that people with normal intact bowel tracts and urinary systems manage odor problems in an acceptable manner in our society? But when disease or trauma strikes, and the person is the owner of an ostomy, the one big concern is the fear of offending society with an odor.

**What's an ostomy?** Basically an ostomy is a man-made exit site that changes the point of exit from the bottom or back of our body to the front. Our eyes and noses are obviously on the front of our body, which leads us to be more aware of our changed body image and our odor-producing products. I'm sure you've heard the statement, "You've come a long way baby." Yes, ostomy management has come a long way considering that as little as ten years ago, we had very few 100% odor-free pouching systems.

**Ostomy Collecting Receptacles.** When ostomy surgery was first developed, people with ostomies wore anything to collect output. Tin cans, rubber gloves, cups of all shapes and sizes, bread wrappers, and plastic margarine cups . . . just to mention a few, were standard equipment for the person with an ostomy. Not only the feasibility, but the odor problems this type of equipment produced, was enough to give ostomy surgery and people who had ostomies a very deplorable place in our society. Presently, almost all the ostomy pouching systems available to us today are made of odor-barrier materials.

**Odor Detective Work.** Therefore, if a person with an ostomy does have a fecal or urinary odor about them, some detective work should be done: Check out the application of the pouching system to the body. Is it leaking? Check out the closure of the pouching system—is it closed properly so that no fecal matter is oozing out after the closure? Do not put holes in the pouch as gas will seep out continuously.

**Urostomy Odor Cautions.** A person with a urostomy should rinse or wipe off the spout of the pouching system with a bathroom tissue after emptying. Those few drops left in the spout after closing the pouching system can cause a urine odor under clothing. It is interesting to note that most urostomy pouching systems on the market are odor-proof, but the connecting tubing and bedside and leg bag are not. You must dispose of and replace these products when they take on urinary odors; or else your entire living quarters will smell.

**Elimination in People with Ostomies versus Non-Ostomates.** Emptying an ostomy pouching system is comparable to a person with an intact bowel or urinary tract having a bowel movement or emptying their bladder. How does the non-ostomate handle the odor produced by the normal condition of their body? Room deodorizing sprays are popular; a quick flush of the toilet when defecation occurs, and opening a window are some acceptable methods that have been used for odor management.

**Why are People with Ostomies so uptight about elimination odors when our pouching systems are emptied?** This constant complaint has encouraged ostomy supply manufacturers to create products to meet the need for odor control. Just remember, there is not a man or woman on this earth whose wastes do not smell. If someone tells you that their waste products are odorless, then a nose overhaul is in order for them.

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BERRIEN COUNTY CANCER SERVICE  
7301 Red Arrow Highway – Stevensville MI 49127  
Stevensville: (269) 429-3281 Niles: (269) 683-7460

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 Stevensville 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 Stevensville or Niles offices.

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 Stevensville or Niles offices. 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.*

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