

BERRIEN COUNTY CANCER SERVICE

7301 RED ARROW HWY.

STEVENSVILLE, MI 49127



OSTOMY

NEWSLETTER

November – December 2008



what matters.™

**The Ostomy Support Group will meet with the Cancer Support Group at BCCS on November 18<sup>th</sup> and December 16<sup>th</sup>.**

### **HELPING PATIENTS ADJUST**

*Via: GB News Review*

The patient with an ostomy is apt to foresee a life of ostracism. Even though he/she may have been ill and limited in activity for a long period, it will be difficult for him/her to acknowledge the inability to voluntarily control his/her bowel or urine function. As his/her family doctor, you may be able to handle the patient's questions and emotional difficulties better than the consultant, a stranger to the patient. But, the best medicine is a visit by a healthy, happy, fellow ostomates. It is also important that the patient is associated with an Enterostomal Therapist. If the patient is a woman, the sight of an ostomate in a slim sheath without a telltale bulge can provide assurance. And, the visitor will answer the type of questions the patient might be reluctant to ask others. The following are typical questions new ostomates ask, and the answers a fellow ostomate can provide.

**CAN I HAVE INTERCOURSE?** When the patient asks about the potential for sexual intercourse, it's a harbinger of a successful adjustment. A man will be concerned about his ability to perform; a woman about her ability to attract and satisfy. All too often, the subject is skirted or, even worse, is handled negatively with, "What difference does it make at your age?" or "This operation is going to save your life—isn't that enough?" According to the United Ostomy Association, it is estimated that approximately 10-20 percent of male ileostomates suffer impairment of sexual function and potency. But fortunately, this is only temporary in most cases. Males who have had urinary ostomies early in childhood can usually perform sexually, but they may be sterile. More than half of the males who have urinary surgery as adults for bladder malignancy are impotent. The average age for this surgery is 74. Male colostomates vary in their degree of potency from full potency to complete impotency. In many instances, potency is retained, but in these cases the patient is sometimes sterile. In some patients, potency is lost due to the extent of the surgery. In a few cases, regardless of the type ostomy, it may take as long as two years to regain potency.

**IS MARRIAGE POSSIBLE FOR ME?** Many ostomates have married. An ostomy is not a barrier to getting married. The first ET nurse, Norma Gill, was married after her ostomy surgery. And usually, no marriage breaks up solely on the basis of the ostomy, although it may put added pressure on an already weak relationship as will any serious illness or emotional event. In fact, a remarkable 82% of ostomates are still married to the same spouse a year after surgery. This compares to 76% of the normal population.

**CAN I HAVE A CHILD?** A patient contemplating pregnancy should consult her physician for evaluation of her individual situation, but an ostomy in a woman does not preclude a successful pregnancy. In addition, an ostomy is not an indication for a caesarean section. Many ostomy women have normal vaginal births. There is a need, however, for close medical care during pregnancy. The ostomy may tend to enlarge or protrude. This may require a temporary change in her ostomy management system to permit modifications to the size and location of the stoma. An ostomy woman may also require more careful monitoring of her diet and fluid needs. But, on the other side, ostomy women never worry about constipation or hemorrhoids like their continent friends.

**CAN I TRAVEL?** The patient can go anywhere in any type of vehicle. An ostomy alone does not stop someone from climbing mountains; riding horseback; flying in airplanes; driving in autos; riding bicycles; taking cruises; etc. All ostomy patients should buy a copy of the book, "Yes, We Can!", by Barbara Kupfer. It is currently the best resource on traveling and offers all types of valuable advice on traveling with an ostomy and tips for everyday living.

**WILL I BE ABLE TO SLEEP AT NIGHT?** Any comfortable position may be assumed with a correctly applied ostomy appliance. Having an ostomy will probably improve the sleep of a patient who had previously been sick.

**CAN I PARTICIPATE IN SPORTS?** Ostomates report enjoying many types of sports-water skiing, body surfing, skin diving, tennis, golf, baseball, football, hockey, weight lifting, running, bicycling, hiking...you name it. Rough contact sports require special protection for the stoma, but, there are professional athletes in all types of sports with stomas. An ostomy alone, is not a reason not to participate in sports. You can assure your patient that he/she will be back on the golf course, hitting them as good as always. The ostomate's desire is to return to his/her normal way of life and there is every reason he/she will do just that.

### **STOMA SURGERY: TRYING TO GET IT RIGHT!**

*By: Joshua Katz, MD, Cleveland Clinic, Florida, Via: Broward Ostomy Association*

Creation of a stoma (Ileostomy, Colostomy, or Urostomy) represents a major, immediate, and sometimes permanent change in the life of a human being. This can have profound effects upon lifestyle, intimacy, employment, recreation, and travel. Fear, misunderstanding, loss of self-image and social isolation can compound the situation. Colorectal surgeons and nurses who care for patients with a stoma must recognize that to save someone from a life threatening condition means little if the life the person returns to is made miserable by a poorly functioning stoma. The objective of any operation involving a stoma is to create a stoma that the patient can care for with simple routine using an appliance that fits reliably, comfortably, and protects the surrounding skin. Time between faceplate (wafer) changes should be at least three, and preferably five to seven days. There should be no leakage of feces around the appliance. Creation and utilization of a stoma is a team approach, involving the patient, the Enterostomal Therapy Nurse (ET), and the colorectal surgeon. Patients must assume responsibility for their own health and well-being. They need to learn about their disease and understand what operation is being performed and why. They need to know whether they have a colostomy or ileostomy, and whether it is permanent or temporary. An important rule to keep in mind is "WHEN YOU DO NOT KNOW, ASK." It is useful to keep a medical summary of one's medical and surgical history written down. List current medications, physicians' names, addresses and telephone numbers. If a relative or friend has power of attorney or is a health proxy, or if there is a living will, this should be recorded too. One may also choose to obtain copies of operative notes and discharge summaries from recent or complex procedures and hospitalizations. This record is particularly critical when traveling or relocating. It is important to know that by law, all information about a patient must be made available upon request of the patient. This means that at any time, you can request a copy of your medical record. In particular, patients planning a long journey (more than one week) or relocation, should notify their doctor, travel with a copy of their medical record, and prior to leaving, seek and obtain the name and number of a physician at their destination. The Enterostomal Therapy Nurse (ET) also plays a critical role in the preoperative and post-operative management. Prior to surgery (in elective or non-emergency cases) the surgeon and ET sit down and review with the patient what procedure is being done and why. The patient then has his/her body examined while standing, sitting and lying down to

determine the best place on the abdominal wall to locate the stoma. One or more sites are then marked so that the surgeon knows where to place the stoma during the procedure. Principles of stoma location and creation include: Keeping the stoma away from bony landmarks (ribs, hips) scars, creases; Making sure the patient can see the stoma.; Not placing the stoma in the midline abdominal incision; Keeping the stoma within the rectus muscle to prevent peristomal hernias where possible, preventing tension and assuring adequate blood supply; Everting (budding) the stoma to permit proper pouch placement. Enterostomal therapists can help patients adapt postoperatively to living with their stoma by assessing the quality of the appliance and its fit and modifying the pouching methods before developing a regimen with which they are comfortable. The ET can facilitate and direct the process. Patients with ostomies should consider a yearly visit with an ET to reassess pouching methods and to assess for problems. While these principles of preoperative assessment and operative management are considered the standard of care by colorectal surgeons, there is as yet no data that proves the validity of these principles. Also, there are some patients with optimally constructed stomas who are miserable and some patients with extremely poorly constructed stomas who function well. For this reason, Cleveland Clinic, Florida, is conducting research to determine if the currently espoused methods actually impact upon quality of life and stoma function. We have developed a "stoma scoring system" and have used this to assess 70 patients in conjunction with validated quality of life estimates as well as appliance wear time and leak rate. Data are currently undergoing statistical analysis and the results will be published.

#### **STUDY: MRSA STAYS IN THE BODY YEARS LATER**

*Via: Amanda Lents*

New research shows dangerous MRSA infections can stay dormant in our bodies for up to a year after we are initially infected. Researchers at Harvard followed nearly 300 patients who tested positive for antibiotic resistant MRSA for one to four years. Nearly a quarter of the patients developed infections in the following year. Mostly pneumonia infections. Researchers say this study shows there are long-term risks associated with the bug, and more needs to be done to develop new treatments.

**OSTOMY PROCEDURES THAT CAN BACKFIRE** *Via: The Right Connection*

There are times when we think we are doing the right thing or taking a "logical" shortcut, but inadvertently get ourselves into trouble. Here are some instances to think about:

**Using alcohol to clean the skin surrounding the stoma;** Alcohol is a powerful drying agent. Prolonged contact with the skin can have serious consequences.

**Wrapping the drainable pouch tail around and around the clamp before closing it;** This will not make the clamp work better. All it will do is spring the clamp out of shape, which will ensure that the clamp will be less likely to work for future applications.

**Snapping the pouch off the face plate ring to expel gas.** This procedure does not do much for odor control. It is better to hold the tail of the pouch beyond the clamp with a tissue with deodorant on it. Then hold the pouch up so that only the gas is at the clamp, open the clamp and push the gas out through the tissue with deodorant. Then use the tissue to clean out the end of the pouch and replace the clamp.

**Wearing the appliance for as long as you can until it leaks;** The object is to change the appliance before leakage occurs. This way your skin gets the best protection and care.

**Washing pouches in the washing machine and using the same pouch for months;** Eventually, the plastic of the pouch is saturated with the odor of the chemicals and no amount of washing will get rid of it. Throw the pouch away when throwing the face-plate away.

**Trying every new pouch and new product you hear about;** Although it is fine to experiment with new appliances, especially if you are unhappy with your equipment, you will generally get the best service from the equipment you have the most experience and practice with.

**Ignoring skin problems.** All skin problems are easier to treat if they are found early.

**Letting the pouch get full before emptying it;** Excess weight will separate a two-piece system and will put excess weight on the face plate, resulting in early failures. Empty the pouch when it is one-third full.

**Not using seat belts in a car;** A well-placed and adjusted seat belt should not interfere with the stoma function or damage your stoma. True, in an accident, your stoma may be damaged, but it is a lot easier to repair a stoma than a crushed skull.

*It is not a good idea to try to live with a condition you can't correct yourself. When in doubt, see your friendly Enterstomal Therapist (ET) or your doctor.*

BERRIEN COUNTY CANCER SERVICE  
7301 Red Arrow Highway - Stevensville MI 49127  
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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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