

BERRIEN COUNTY CANCER SERVICE

7301 RED ARROW HWY.

STEVENSVILLE, MI 49127



OSTOMY

NEWSLETTER

JANUARY – FEBRUARY 2009



what matters.™

HOW TO BE A HYPOCHONDRIAC

BY Dean Edell, M.D. Via Metro MD

If you're a hypochondriac, I'd like to thank you. I owe much of my success to hypochondriacs. After all, if you're in search of a new disease, who better to turn to than me? I've got lots of wonderful new illnesses to keep you up to date on. Between five and thirty percent of patients are hypochondriacs. Not only that, but physicians are now consulted for minor medical problems, from back pain to colds, that in the past would have been treated at home. It is important to realize that hypochondriacs don't make up their discomforts—they just exaggerate them. Hypochondriacs even seem more sensitive to hot and cold, and to loud noises. The newest research tells us that this is a learned behavior. Most hypochondriacs had parents who over-reacted to their childhood illness. Recent studies have shown that the more attention you give your pain, the worse you'll feel. If you ask people having their teeth extracted to rate their pain every twenty minutes, they'll say they're in more pain than if you ask them to rate their pain every couple of hours. Another interesting experiment compared men walking on a treadmill and listening either to their own breathing or to traffic sounds, through earphones. Those who listened to their own breathing were more likely to complain of headaches and racing of the heart. I realize that it's sometimes difficult to decide if a symptom is serious enough to warrant consulting a doctor. But if the researchers are right, it seems that the more we concentrate on that symptom, the worse we'll feel. I'm reminded of the time my mother brought home a copy of the Merck Manual, a book that describes most of the major diseases known to medicine. Every time we looked up a symptom in it, we were sure that some family member had a horrible disease. When we finally threw it out, we all felt healthier. Now, I'm not trying to tell you to ignore your body. But you do have to accept that you'll have many minor discomforts for which medicine doesn't have an easy explanation. In an era when everyone is working to keep medical costs down, the privilege of running to a doctor for every ache can't last long. In the meantime, true hypochondriacs can be taught meditation, relaxation exercises, and other methods of focusing on the body in constructive ways.

HELPFUL HINTS FROM HERE AND THERE

Zip-lock sandwich bags are useful and odor proof for disposal of used ostomy pouches. Don't get hung up on odors. There are some great sprays and internal deodorants.... Remember: everybody creates some odors in the bathroom. Don't feel you are an exception. Hydration and electrolyte balance is of vital importance. Be sure to drink enough fluids to maintain good hydration (ileostomates, especially). Read and learn all you can about ostomies. You never know when you may find an opportunity to educate someone about the life-saving surgery that has extended so many lives. Learn to be matter of fact about this and never embarrassed. In the beginning after surgery, almost everyone experiences some depression. If you fit into this category, you certainly are not alone. But, it need not be a lasting condition. Try something as simple as walking—long walks. If the depression seems to linger, don't be afraid or ashamed to seek help. There is help out there! 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 number of your family know where you keep the list so that they can get the necessary supplies in the event of an emergency. Do not spread paste on the entire back of a barrier—it will produce less than satisfactory results. Use paste only sparingly to fill uneven areas and around the stoma. Paste is a great filler, if used correctly. 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.

CALCIUM AND VITAMIN D: BEYOND THE BONES

Via: Consumer Reports: On Health, Via: Great Falls MT, Bib Sky Informer & S. Brevard FL Ostomy Newsletter

A flurry of recent studies has strengthened the case for getting enough calcium and vitamin D—not just to bolster your bones, but possibly to fend off colon cancer, premenstrual syndrome (PMS), and other health problems. In a four-year clinical trial involving people with colon polyps or precancerous growths, calcium supplements reduced the risk of new polyps 19%. Five years after that trial ended, researchers found an even greater reduction of 36%. A separate trial, published in 2003, found that calcium cut the polyp risk only if people consumed enough vitamin D, which boosts absorption of the mineral. Women who ate or drank at least four servings a day of low-fat dairy products or fortified orange juice—good sources of both nutrients—were significantly less likely to develop PMS than those who seldom or never consumed them, according to an observational study from the University of Massachusetts in Amherst. Previous studies have shown that calcium supplements can relieve PMS. Based on the results of eight clinical trials in older volunteers, average age 81, taking 700 to 800 international units (IU) of D—roughly twice the government's recommended dose for that age group—reduced the risk of hip fracture by 26%, while the standard dose provided no protection. That finding supports our long-standing position that the need for vitamin D rises with age. In addition, previous research has shown that adequate amounts of vitamin D may reduce the risk of several cancers and that calcium may help lower blood pressure. But despite the evidence of multiple benefits, most Americans fail to get enough of those vital nutrients. At age 60, everyone should have 1500mg of Vitamin D. At age 55, we need more sun exposure or 600 to 1000 IU.

LIFE ISN'T THE SAME WITH A POUCH

Via: Lee Co. FL & Hemet-San Jacinto, CA & Indianapolis IN Chapter

While the pouch is nice and handy to collect whatever comes out (what would we do without the pouch?) it can come loose as a result of certain body movements (and leave us with a big mess). Thus abruptly sitting up straight from a flat on-your-back-position or bending over to pick something up, or stretching to reach something high can cause the pouch to pop loose. Learn to get in and out of bed on your side. Get in bed by sitting far onto the bed and going down on your elbow while holding on to the mattress with the other hand and swing your legs up. To get up, roll over on your side and use your elbow to push up, while holding the mattress with your other hand and swinging your legs sideways off the bed. Learn to use tools to help you with some of the chores requiring bending over. Don't for instance, bend over to clean the bathtub. Use a broom and a cleaner. To pick something up, or to reach high shelves, get a clamp-type "reacher". Learn to lift and carry on the side of your leg or hip, carry things high on your shoulders, or drag it or get some help. Not only do you prevent the pouch from loosening, you might also prevent a hernia. (Ostomates get hernias easier than anyone else.)

The Ostomy Support Group will meet with the Cancer Support Group at BCCS on January 20th and February 17th.

EATING & DIGESTION AFTER ILEOSTOMY SURGERY

Via: Metro MD

There is no such thing as an ileostomy diet. An ileostomy is not a sickness, so there is usually no health reason for not eating the foods you ate in the past. If you have a special diet because of heart disease, diabetes, or other health problems, you should ask your doctor about a diet that will work with both the problem and your ileostomy. You may wonder if you will be on a limited diet after surgery. Here are a few simple guidelines about your diet. Doctors often have their patients follow a low-residue diet the first weeks after any abdominal surgery. This includes only foods that are easily digested and excludes raw fruits and vegetables. Be sure to find out when you can start a regular diet. Eat all foods that you like except those restricted by your physician. Try one food a day that you have not eaten since surgery. Eat small portions at first, then gradually increase the amount. Chew well. If a small serving gives you cramps, diarrhea, or odor, eliminate that food from your diet temporarily and try it again in a few weeks. If it still bothers you, try it again in six months. Eat a balanced diet. You need protein, fats, carbohydrates, vitamins and minerals, just as you did before your illness. Your diet should include dairy products, vegetables and fruits, meats, fish, or legumes high in protein and cereals, bread, and liquids every day. Watch for foods that cause watery discharges with cramps or partial obstruction of the small bowel. Some foods may tend to clump together to form a mass difficult to digest or expel. If this occurs, the ileostomy may squeeze out the water and retain the pulp. Nut, kernel corn, popcorn, coconut, Chinese vegetables, coleslaw and celery are among the trouble makers if eaten in large quantity. Many ileostomates find that these foods can be tolerated in small amounts if chewed well and eaten in combination with other foods. Experimenting is the only way to find out for sure. Eat regularly. Skipping meals to avoid gas or discharge is unwise because your small intestine will be more active, and more gas and watery discharge might result. Some people find it best to eat a lesser amount of food four or five times a day. Drink plenty of liquids. A minimum of one quart a day is recommended. Dehydration and loss of electrolytes are possible if not enough fluids are consumed in a day. Foods which are difficult to digest such as whole corn, Chinese foods, skins or seeds, may appear in the pouch, undigested, if not chewed well. Medication in the form of coated tablets or time-release capsules may also come out whole in the pouch and be of no benefit at all. Beets will make ileostomy output turn a reddish color rather like blood, but there's no harm done. Tomato juice and food dyes may change the usual color of ileal discharge as well. Tomato skins can also appear in the pouch. For some ileostomates, milk or large quantities of beer can cause a watery discharge, as can iced beverages. How long is it before intestinal contents flow through the stoma after eating? This varies with each individual. It may take anywhere from 20 minutes to several hours after eating. Some ileostomates find their movements occur regularly after eating; others find their movements are irregular. What you eat or drink, your mood, and your health may affect how long it takes, as does the length of the remaining ileum and many other personal characteristics of your digestive system.

Helpful Hints

From many sources

When ill with a virus and diarrhea, eat pretzels. They are something that usually can be kept down and may help thicken the stool, and also, salt helps maintain electrolyte balance.

MORE HINTS FROM HERE AND THERE

If your stoma bleeds during cleaning and appliance change, don't panic. A healthy blood supply is what gives your "rosebud" a bright red color. Tiny capillaries are easily damaged and just as easily repair themselves. If bleeding continues long after the appliance has been changed, check with your doctor. Use a hand mirror for a better view of the stoma. It is about the only way you can see under it. Sometimes a large teaspoon of bulk gelatin dissolved in water or lemon juice will help firm up a loose stool. It should be taken once a day. When ill with a virus and diarrhea, eat pretzels, it is something which can be kept down and salt is good for you to maintain liquid balance. If you use washcloths (as opposed to sponges) and you have arthritic hands, substitute thin, inexpensive ones instead. They are easier to wring out. Always take your ostomy supplies to the hospital with you. Designate someone else to do this if you cannot. Let this person know where your ostomy supplies are. If you have a serious medical problem, make up an emergency "bag" to be grabbed at the last minute. When the ambulance arrives there is no time to do this. Always remove the cotton from pill bottles after opening. Once you touch the cotton, it becomes contaminated with bacteria. Place that cotton in a bottle of peppermint oil (available at the pharmacy). Make sure the bottle has a good stopper. When changing your pouch, just remove the bottle top and pull some of the cotton out. Works like an air spray and has a pleasant odor that does not pollute the air. If it looks as if you are allergic to a certain product, try one made by another company and patch test it too. You will probably find one that works for you. Allergies are not as common as is irritation caused by the faulty use of a product. For this reason, always read the directions that come with a product. For colostomates, if you feel that the last of the discharge has not been disposed of after irrigating, blow your nose ten or fifteen times after you think you are through and before putting on your little pad. You will usually get rid of the last troublesome matter. A couple of drops of mineral oil or spraying Pam on the inside of the pouch and rubbing the pouch sides together, causes the feces to drop to the bottom of the pouch, and away from around the stoma.

UROSTOMY CARE

Via: Metro Maryland & Rose City Ostomy News, Tyler, TX

The urostomate should keep in mind that the stoma may shrink for several months following surgery. It is important that your appliance fits well so that the skin around the stoma does not become thick and white due to contact with urine. This crust may rub against the stoma, causing bleeding. To cleanse the pouch of crystals, soak it in a solution of 1 part vinegar to 2 parts water. Several glasses of cranberry juice each day will help restore the acid level in your body and there is less crystallization. The urinary pouch should be emptied often. There is no odor when the pouch is kept clean. The portion of the intestine (the ileum) that is used to form the "conduit" is mucous forming, thus it is not unusual or abnormal to see some mucous in the urine. Before attaching the night drain, leave sufficient urine in the pouch to fill the entire length of the tube. This eliminates air bubbles which prevent a flow through the tube and causes "back-up" problems. Please remember that for best results, you will want to change your appliance first thing in the morning before you eat or drink anything. This may give you some breathing room for a few minutes (when your stoma will not be so active) to get the skin dried off and the new appliance in place. If you bend over and try to be sure all stored liquid is forced out before you begin the change it may also help give you a few minutes of inactivity to complete the change.

CROHN'S MISTAKEN FOR ANOREXIA

Source: BBC News On Line, Via: Inside OUT & G.B News Review

Some children who are very thin are being misdiagnosed as anorexic when they have the gut disorder, Crohn's Disease, a leading expert has warned. Child health specialist Professor Ian Booth told a conference that treatment can be delayed for months as a result. He said teenagers with Crohn's, an inflammation of the digestive tract, could present with growth failure but no digestive symptoms. Professor Booth said doctors should be aware Crohn's was a possible diagnosis. The diagnosis problems arise when children and teenagers are extremely thin and failing to thrive, he told a British Society of Gastroenterology meeting in Birmingham. Doctors may assume the patients have anorexia when they are actually having problems eating and digesting food because of Crohn's disease. Crohn's usually affects the small intestine. People with the condition may develop obstructions in their bowel, making digesting food painful. Punitive Treatment Professor Booth told the BBC News website: "This is an issue which is numerically very small, but individually very important. "Growth failure in the absence of intestinal symptoms can be an important presentation of Crohn's in adolescents. The other important presentation is in wasting, as in malnutrition—so much so—that presented this way in adolescence, it is sometimes confused with anorexia nervosa." He said concerns about misdiagnosing children had first been raised 40 years ago, but cases were still being seen. Professor Booth cited the case of a girl who had suffered from low grade intestinal symptoms for several years. Her main symptom was a refusal to eat. She also had growth failure. "She was diagnosed by psychiatrists as anorexic and was admitted for in-patient treatment," he said. "She was exposed to a fairly punitive style management of anorexia. It was eventually recognized after about six months in hospital that she had small bowel Crohn's disease." Psyche Damaged He added: Crohn's disease can present as growth failure or sometimes masquerade as anorexia nervosa. "But mistakenly treating them for anorexia can cause damage to their psyche." Richard Driscoll, director of the National Association for Colitis and Crohn's Disease, said his organization received several reports each year of patients being misdiagnosed as anorexic. "Young teenagers may be losing weight and then stop eating because their condition makes it painful to eat. If they haven't got any other symptoms, their condition can be classed as anorexia. It's not something that happens frequently, but it does occur."

ILEOSTOMY ABSORPTION CONCERNS

Via: Cleveland Ostomy Association

Due to the absence of the colon and often altered transit time through the small intestine, the type of medication taken must be carefully considered when prescribing for the person with an ileostomy. Medications in the form of coated tablets or time-release capsules may not be absorbed and therefore no benefit is received. Before the prescription is written, the patient with an ileostomy should inform the physician of his concern. If the medication required is available only in a certain form and the coating would not be destroyed by stomach juices, then the tablet may be crushed between two spoons and taken with water. This often results in an evil-tasting mixture, but absorption is ensured. However, check with your physician first. The best type of medication for the person with an ileostomy is either in the form of uncoated tablets or in liquid form. Although these are not the most palatable treatments, these dosage forms ensure that the medication prescribed will be absorbed. A pharmacist can assist in choosing the form of a medication that will be best absorbed. After ileostomy surgery, never take laxatives. For a person who has an ileostomy, taking laxatives can cause severe fluid and electrolyte imbalance.

BERRIEN COUNTY CANCER SERVICE
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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.

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