

BERRIEN COUNTY CANCER SERVICE

7301 RED ARROW HWY.

STEVENSVILLE, MI 49127



OSTOMY
NEWSLETTER

March - April 2009



what matters.™

ASK THE ET PANEL

So. Maryland Counties Chapter & Hemet-San Jacinto, CA. Newsletter

Question: Does the appearance of my stoma change over time? Does it age?

Answer: The size and shape of a stoma generally changes within 6-8 weeks after surgery. This is why it is not recommended to purchase precut pouches immediately after surgery. Alterations in the abdominal contour related to weight gain or loss or abdominal muscle weakness can result in a change in the size and shape of the stoma. If the size and shape do change, the size and type of pouching would need to be adjusted. The stoma doesn't "age", but a healthy stoma is always pink or red and moist.

Question: Should an ostomy be a consideration when taking medications for other conditions?

Answer: Patients with inflammatory bowel disease, multiple small bowel resections, or radiation enteritis require special consideration for medication regimes because of the decreased absorption capacity. Some forms of medications are not completely absorbed with patients who have an ileostomy. Examples of such medications are enteric coated tablets, large tablets, and time released capsules and spanules. Liquid forms will ensure the best absorption.

STOMAL STENOSIS

Via: Ralph Kaye Chapter, San Antonio, TX

Stomal Stenosis is a narrowing of the lumen of the stoma as it passes through what is referred to as the fascia (located an inch or so below the ostomy opening) or a narrowing of the ostomy opening due to a tightening of tissue about the ileum or ostomy. The peristomal hernia is a widening of the defect of the abdominal wall through which the ileum passes to reach the surface. If this defect becomes too large, then more ileum can move into the space between the skin and the lining of the abdominal cavity. The ileum in this space can then twist or kink on itself and cause a blockage. Any type ostomy can become stenosed. Your doctor can help resolve this by several methods. Stenosis that develops right after surgery is usually attributed to mucocutaneous separation—the stoma separating from the skin to which it is sutured. Stenosis that develops later may be caused by disease (Crohn's or tumor), excessive scar tissue formation at the skin or fascial level, trauma resulting from improperly fitting equipment, hyperplasia or chronic irritant dermatitis or peristomal skin. Preventive measures include maintenance of a secure pouch seal to prevent peristomal skin breakdown, urine acidification measures, prompt treatment of hyperplasia and awareness of signs and symptoms of partial stoma obstructions.

PREGNANCY AND OSTOMY A WIN-WIN SITUATION

Via: Women's World, & North Wind News, Anchorage, Alaska

"Women with ostomies have normal pregnancies and deliveries," says Stacy Roberts, RN, CETN, an enterostomal therapy nurse at North Shore University Hospital in Manhasset, New York. "They report feeling very healthy. They eat and drink everything. Some of them say it's a bonus if they don't have a rectum. That way, they don't get hemorrhoids!" Some women find that their ostomy is more active because there is pressure against the intestine. Occasionally, the pouching system may have to be changed to conform to the physical changes of pregnancy. But soon after childbirth, the stoma goes back to its pre-delivery size and shape and functions normally, says Roberts. "Most women do really well."

INFECTION IN UROSTOMIES *Via: Johnstown UOA Newsletter*

Germs are all over the world, but when they are in the urinary tract, either in the conduit, the urethras or the kidneys, they're in an abnormal location and that is what causes an infection. What causes infection? Mostly the reasons are unexplainable. Why do some people get more colds than others? Infections can be caused by an obstruction, kidney stones, tumors, cysts or scar tissues. Almost synonymous with obstructions is infection and then too often comes stone formation. You can't get rid of the infection. It's kind of a cycle that goes around and around. Infection can be caused by urine being forced back to the kidneys through the conduit. This could be done by falling asleep with the appliance full of urine and accidentally rolling over on the pouch, causing urine to be forced back into the stoma, through the urinary tract with tremendous pressure. Invariably the urine in the appliance will be contaminated. In general, to prevent and treat infections, you need a good flow of urine much like a stream. That not only dilutes the bacteria of germs in the urine, but also helps wash them out. Two and one half quarts of liquids daily is required for the average adult.

The Ostomy Support Group will meet with the Cancer Support Group at BCCS on March 17th and April 21st.

ILEOSTOMIES AND THE IMMUNE SYSTEM

By: David E Beck, M.D. Chair Colo-Rectal Dept, Ochsner Clinic, New Orleans, Via: Dallas Ostomatic News & S Brevard FL, Ostomy Newsletter

In response to a query about the possible effects of ileostomy surgery on the immune system, Dr. Beck notes that the surgery, by itself, should have no long-term effect on the immune system. Although there is some transient reduction in a patient's immune responses right after major surgery, this usually returns to normal in a couple of days. However, the diseases that cause patients to need a stoma (such as inflammatory bowel disease) and the medications used to treat the diseases (steroids), or malnutrition associated with the diseases may affect the immune system. If you are concerned, there are several tests that a doctor can perform to test your immune system. One of these involves placing chemicals or allergens into the skin to see how the body responds. Others involve blood tests. We are continually learning more about the human immune system from our experience with HIV infections. Most efforts are directed toward identifying and then treating the cause of the immune dysfunction. Although good nutrition and some supplements (such as vitamins) are necessary for the immune system to work, little has been proven to improve the immune function.

WHAT WOULD YOU DO IF

By: Ellice Feiveson, Metro MD., Via: Dallas Ostomatic News

Trust me, every ostomate has had or will have an "ostomy accident". By accident, I mean a pouch leak of some kind. The question is, "are you prepared in case an accident occurs away from home?" Not so much prepared as far as having a change of clothes and extra pouches, but prepared emotionally to deal with the unexpected mishap. The reality of it is that every ostomate must think of what he or she would do if at a party, in a restaurant, work or anywhere else, your pouch leaked because it wasn't on securely, or the clasp came off and the contents were spilling out. The question is, "what do you do if you feel your pouch is not on securely or you feel wet around your pouch? First of all, you think that everyone is noticing you and knows what's happening. Actually, you are probably the only one who knows what's happening. Stay calm. Go to the nearest bathroom and take care of business. Most likely, your friends are continuing their conversation in the restaurant or in your workplace and no one knows you are temporarily missing. When I encountered an accident while I was in a group situation, I just removed myself and took my time in freshening up and rejoined my friends. No explanation is ever necessary! The more outings you take and the more public situations you are in, the more confident you will be as time goes on.

REASONS FOR SKIN BREAKDOWN

By: Marvin M. Schuster, M.D., Via: The Dallas TX. Ostomatic News

Skin breakdown is one of the most common problems ostomates encounter, but can be avoided by proper care and management. Different problems arise for ileostomates, colostomates, and urinary diversions, but no matter what the disorder or whom it affects, prevention is always much easier than treatment at late stages. For this reason, the ostomate should give particular attention to the state of the skin and take immediate steps if he or she notices anything unusual. This is especially important because good, healthy skin makes for a better fitting appliance which, in turn, makes for good, healthy skin. Skin breakdown may be due to one of three causes: Allergy: An allergy may be due to the adhesives, cement, or the material of which the appliance is made. Fortunately, Karaya itself is so inert, that it is extremely rare for a person to be allergic to it. If there is any suspicion of allergy, the ostomate should test whatever material he seems to be allergic to on a part of the body remote from the stoma, say the chest or arm for example. One can do this by putting a small amount of tape or cement or suspected material in a patch in the area and observe for further effects. Should the skin break down here, it will not interfere with adherence of the appliance. Sometimes one can eliminate allergic response simply by switching to another brand. But again, this is best determined by trial, using the patch test as suggested. Exposure of Skin to Digestive Enzymes: This problem is more common to ileostomates than to colostomates or to people with urinary diversions, since the ilea excretions are rich in digestive enzymes whereas the other two fluids are not. Prevention also begins with a sufficiently protruding stoma for the ileostomate. If skin breakdown is present, there are a number of substances which can be used to promote healing and an enlightened physician or ET can handle this problem. Infection with Bacteria or Fungus: This problem often gets started from one of the other two problems, especially when there is a poor fit to the appliance, and leakage occurs. Two very good agents for handling this situation are Mycostatin Powder and Kenalog Spray. Mycostatin kills the fungus (yeast) and the Kenalog Spray contains cortisone which permits healing of the skin. Neither of these agents has any greasy components to interfere with adherence of the appliance. Note: Each of these requires a Doctor's Prescription.

REIMBURSEMENT OF OSTOMY SUPPLIES BY MEDICARE

Via: Metro MD. & Pensacola FL. Stomagram

Medicare covers most ostomy supplies that are ordered by a physician and needed for the day to day care of a stoma. However, Medicare B reimbursement policies for ostomy supplies have changed. Until 1993, Medicare B reimbursement for ostomy supplies varied from one region of the country to another. Someone in Florida might be reimbursed at a higher rate for more pouches than someone in Montana, even though each one was paying the same Medicare premium. To equalize benefits, Medicare set nationwide standards for the quantities of ostomy supplies normally used in a month. Usually this means that ten drainable or urinary pouches and thirty one closed end or stoma caps will be covered in a thirty day period. Unfortunately, many people with ostomies have assumed that Medicare will not pay for more than the quantity of supplies listed in the policy. This is not true. Medicare is aware that all people with ostomies are not alike and has written its ostomy policy to accommodate individual medical needs. For example, Mrs. Smith is sixty years old with a colostomy. She uses a one piece, closed end system. The number of one piece pouch and barrier combinations Medicare allows each month is thirty one. If she has to have chemotherapy and experiences additional discharge that requires more than one pouch per day, she will exceed Medicare's monthly limit. For her to be reimbursed, Medicare may request additional documentation supporting her increased supply need. If your medical record contains written explanations of why you need certain types and quantities of supplies, you have a better chance of having your claim approved. If Medicare has a question about your need for supplies, they will contact your physician. Therefore, letters from home care nurses, ET nurses, and other health care professionals involved in your care should be sent to your physician and placed in your record in case they are requested by Medicare. The letters should explain the type of ostomy you have, the pouching system prescribed, any complications and why additional pouches are necessary. Maintaining your medical record is your physician's responsibility. Your ET nurse may fill out the order for your ostomy supplies but it must be signed and dated by your physician. Your supplier must keep a copy of it on file. If for some medical reason you must increase your quantity or change to another type, Medicare requires that a new order be signed by your Physician and given to your supplier. Make sure the health care professionals involved in your care provide a written explanation that can be placed in your medical record if your needs exceed the limits.

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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