

BERRIEN COUNTY CANCER SERVICE

7301 RED ARROW HWY.

STEVENSVILLE, MI 49127



**OSTOMY
NEWSLETTER**

May - June 2009



what matters.™

THE FOUR PHASES OF SURGICAL RECOVERY

By: Dr. Albert G. Wagoner, Via: Sonoma, CA & Hemet-San Jacinto, CA

Each patient, along with the family, usually goes through four phases of recovery, following an accident or illness that results in loss of function of an important part of the body. Only the time required for each phase varies. Knowledge of the four phases of recovery is essential. They are: The Shock Phase—The period of psychological impact. Probably, you remember nothing of this phase after your operation. Nevertheless, it is a phase that requires a lot of support. The Defensive Retreat Phase—The period in which you defend yourself against the implication of the crisis. You avoid reality. Characteristic in this period is wishful thinking or denial, or repression of your actual condition. For example, an ostomate believes that his/her entire colon is still there and will be connected later. The Phase of Acknowledgment—In this period, you face reality. As you give up the existing old structure, you may enter into a period, at least temporarily, of depression, apathy, agitation, or bitterness and of high anxiety. You hate your stoma, yourself, you cry a lot, pity or condemn yourself. You may not eat, be unable to sleep or want to be left to die. In this phase you need all the support that can be mustered. The Phase of Adaptation—Now, you actively cope with the situation in a constructive manner. You adapt, during a shorter or longer period, the adjustments that are necessary. You begin to establish new structures and develop a new sense of worth, with the aid of an Enterstomal therapy nurse and an ostomy visitor, you can learn about living with an ostomy. Aided by your physician, social workers, ostomy association and family, you go about rebuilding and altering the life that brought about the condition. Sound familiar?

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.

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.

COLOSTOMY BLOCKAGE AND ITS CAUSES

by: Dr. J. Hopkins, Asst. Prof. Surgery, Lanckenau Hospital, No. Alabama

Dr. Hopkins states that poor bowel habits probably begin in childhood with people being "bowel conscious." They erroneously think that a daily bowel movement is necessary for body and bowel functions. He states that four requirements for normal bowel passage are:

- 1) A balanced diet including some roughage. Attempting a rigid diet after a colostomy is futile and unnecessary. By trial and error one can eliminate those foods which may cause diarrhea and constipation.
- 2) Exercise to maintain a good body tone.
- 3) Effects of emotion. This may be difficult.
- 4) Adequate fluid intake. He says that colostomy blockage may be due to mechanical defects or failures. The most common cause of this type of stricture is a narrowing of the opening of the stoma. Another mechanical cause is herniation around the stoma. Blockage may also be the result of strangulation, or a sharp bend in the colon. The mechanical problems can be corrected by your surgeon. Other causes of blockage may be improper diet, medication and the effect of your emotions on your digestive system. Also the position in which one irrigates (somewhat doubled over, for instance) may result in difficulty in elimination. Exercising of abdominal muscles would not be harmful to the colostomy and would promote good muscle tone in the area. Dr. Hopkins recommends that his patients use the newer cones and tips for irrigations for safety.

QUESTIONS AND ANSWERS

Via: The Tomy Tabloid, Editor: Charlotte Allen, RNC, BSN, CETN

Q: Do you think it is a good idea to rinse out my colostomy bag when I empty it?

Answer: I usually teach my patients the proper procedure for rinsing out your pouch when emptying it, but then leave it up to you if you want to continue to rinse it or not. By proper procedure, I mean rinsing the pouch up to the level of the bottom of the stoma. I find sometimes people rinse the pouch too vigorously and cause the adhesive seal around the stoma to loosen from inside the pouch by introducing water at the seal. Some people feel more comfortable using an opaque colored pouch and not having to worry about rinsing it at all. Again, I think it is a personal preference with what you are most comfortable with. Many people get along just fine without ever rinsing the pouch.

Q: When a colostomate gets a blockage from eating too much food, should a laxative such as prune juice be taken? Should heat be applied? Would it be a good idea to irrigate?

Answer: When a colostomate gets a blockage, in most cases, it is due to constipation caused by eating constipating foods, a lack of physical activity, or use of pain medications. It is quite OK for a colostomate to take a mild laxative. The use of prune juice is an excellent suggestion. Foods with fiber, like bran, make the stools less constipating. For a person who has not irrigated, the other methods should be tried first.

Ileostomates should take NOTE: Treatment for blockage for persons with an ileostomy is different from the above. AVOID laxatives, DO NOT irrigate, and consult with your ET nurse about the best procedures for you to take.

CROHN'S DISEASE & ULCERATIVE COLITIS

By Michael C. Brown, MD, Via: Healthy Perspectives, Prince William Health System, Manassas, VA, & Ostomy Association of Ft. Worth, TX.

Although Crohn's disease and ulcerative colitis are complicated diseases with potentially serious consequences, with prompt and proper treatment, most people diagnosed with either of these conditions are able to lead, normal, productive lives. Crohn's disease and ulcerative colitis are forms of inflammatory bowel disease (IBD) and are distinct from Irritable Bowel Syndrome (IBS) explains Dr. Michael C. Brown, a gastroenterologist who practices at Prince William Hospital. Crohn's disease and ulcerative colitis are both caused by immune system dysfunction. In the case of ulcerative colitis, the body's own immune system attacks the lining of the colon, while in Crohn's disease, problems can develop not only in the colon but also in the small intestine "and in unusual cases", the stomach and esophagus," says Dr. Brown. The exact causes of these diseases, says Dr. Brown is not clear. "Both diseases are more common in developed countries, which is true with any autoimmune disease," he notes. "There is a lot of thought and research going into the idea that the body's immune response is triggered by a bacteria and then misdirected against the body itself." In addition, both diseases are influenced by genetic factors. Crohn's disease and ulcerative colitis usually develop in young people between fifteen and thirty years old and older adults in their seventies and eighties, although it is possible to develop either illness at any age. What can make diagnosis and treatment challenging is that the type and severity of symptoms can vary significantly between individuals. Bloody diarrhea, frequent bowel movements, and feelings of urgency are typical for ulcerative colitis. But for Crohn's disease, "the symptoms really depend on where the disease is active," according to Dr. Brown. "If it's in the colon, it can mimic ulcerative colitis. If it's in the small intestine you can have more problems with abdominal pain, bloating, nausea, or a combination of these." Substantial weight loss can also occur, the result of chronic inflammation and poor absorption of nutrients. Anyone with chronic or progressively worsening symptoms of this sort should seek a physician's evaluation. If Crohn's or ulcerative colitis is suspected, colonoscopy and biopsy are used to properly diagnose these illnesses. "During colonoscopy, inflammation and ulcers can typically be seen", says Dr. Brown. "It can be quite severe." Dr. Brown notes that Crohn's and ulcerative colitis are typically chronic illnesses requiring "a specific balance of medications and sometimes surgery at some point." How these diseases are diagnosed and treated is very individualized, explains Dr. Brown. "It's not one disease, and for each patient, it's very different." Dr. Brown stresses the importance of early and proper diagnosis to prevent long-term complications of these diseases. "Malnutrition can be very serious. For children, that malnutrition can affect future growth and development. Chronic ulcerative colitis can lead to an increased risk of colon cancer. And Crohn's disease can lead to the formation of intestinal strictures." Developing a good relationship with a physician who will closely monitor symptoms and adjust treatment accordingly is one of the most important steps a patient can take to manage these illnesses, says Dr. Brown. Fortunately, he adds, "Most people are able to go about their lives relatively normally and deal with the disease and its symptoms as needed."

The Ostomy Support Group will meet with the Cancer Support Group at BCCS on May 19th and June 16th.

ILEOSTOMY AND SALT

Via: UOA Resource Library & Ostomy Support Assoc. of Ft. Worth, TX. New Directions
The salt output from an ileostomy is very high, around one teaspoon per day, as opposed to almost none in the feces of a person with an intact colon. Therefore, the proper intake of salt by the person who has an ileostomy is very important. The body, however, seems to compensate for the salt and water loss by discharging less salt than normal through the urinary tract and through perspiration. The intake of too much salt is avoided, in that it increases ileal output. Urine output is generally less with an ileostomy. Therefore, it would be advisable for the person with an ileostomy to increase their water intake above normal so as to increase urine output. In this way, the possibility of kidney stone development can be kept to a minimum.

COMMON COLOSTOMY DIFFICULTIES & THEIR REMEDIES

Via: S. Brevard (FL) Ostomy Newsletter

Painful Cramps During Irrigation

This is usually caused by too-rapid flow of water or too much water. The flow of water can be checked by clamping the tube. The height of the container can also be lowered. Excessive fatigue, nervous exhaustion, or emotional strain can also be causes. Trying to hurry may also be a cause. Relax and take it easy. It will help.

Evacuation Between Irrigations

This usually means that the irrigations aren't regular or thorough enough. If the irrigation has produced an adequate movement of the bowel, then spillage between irrigations will be reduced to a minimum. Some mistakes or incomplete evacuation with diarrhea can cause evacuation several hours after irrigation.

Worry and Anxiety

If you have reason to think that something is not right, don't brood about it. Consult your ET nurse or doctor. Most of the time you are worrying about nothing. Remember that your doctor and ET nurse are vitally interested in your welfare and also about your successful return to a "normal" life. They also want to know about any tricks you may have discovered which will help others.

Slow Evacuation

You can stimulate bowel activity by either hot or very cold drinks. Massaging the abdomen or lifting the knees to the chest a few times for that final bit of evacuation will help.

One Trap to Avoid

One trap you must avoid is to let your whole life revolve around your ostomy. Preoccupation with managing an ostomy can sometimes make us fail to realize how important it is to other people. Our families and friends are only concerned that we join them again in our usual activities of work and play. Certainly, we had problems at times, and if we think back, we can remember when we had more than our share. Now we can enjoy a freedom not possible before our surgery. We will continue to have upsets from time to time, but so do those who never had an ostomy. Our own experience, together with the shared knowledge of our fellow members and the advice of our doctors and ET nurses will also see us through these infrequent and unpleasant episodes.

ILEOSTOMY RETRACTION

by Gail Wilhite, RN, ET from Metro MD & GB News Review

An ileostomy stoma should be at least 3/4 inch in length and some surgeons advocate a longer length of 1 to 1 1/2 inches. A spout-like stoma is necessary to deposit the effluent into the bag preventing pooling of contents at the base of the stoma. Conversely, a stoma that is too long is subject to external trauma and injury. Weighing the consequences, it is preferred to have a stoma somewhat too long than one too short. There is a difference between the creation of colostomy and ileostomy stomas. Frequently, when fashioning a left-sided colostomy, the surgeon will create a flush stoma. The contents of the left colon are relatively inert and usually regulated with irrigation, therefore, little or no functional problems occur with a flush colostomy stoma. An ileostomy stoma is never constructed as a flush stoma; nevertheless, sometimes the stoma may retract for various reasons. The common cause of stomal retraction is post-op weight gain. Prior to their operations, most ileostomates have lost considerable weight. Following surgery, weight gain can be rapid, and many times, excessive. What once was an adequate stoma, now retreats within the expanding environment. Another cause of retraction may be inadequate fixation of the opposing serosal layers following eversion. If these layers fail to adhere, healing and subsequent scarring may tend to draw the stoma into the abdomen. Problems resulting from retraction are decreasing adherence of the appliance and skin breakdown. The pooling of the excoriating intestinal contents cause the loosening of the adherent bond resulting in leakage of ileal effluent on the skin. This skin-effluent contact naturally produces breakdown. The combination of irritated, weeping, peristomal skin and continual pooling leads to an unbearable situation, which must be remedied. The treatment for a slightly retracted stoma is the use of a convex faceplate. The convexity applies pressure on the skin surrounding the stoma, thus pushing the stoma up. When using a convex faceplate, it is important not to lose the convexity by applying thick washers or foam pads, etc. The skin and faceplate should suffice to maintain the advantages of both convexity and skin protection. If the use of a convex faceplate proves unsuccessful or if the retraction is severe, then surgery is advised to create a new, longer stoma.

NEW UROSTOMY PATIENTS

Via: Roanoke (VA) Valley News & South Brevard, FL

Train yourself to shut the pouch valve as soon as you have emptied the pouch! If you forget, the resulting disaster within the next 10 minutes could ruin your day. Be sure to take the plastic waste basin and clear measuring container home from the hospital! They are very helpful as you establish a daily routine of washing your night time equipment. Gallon bottles of white vinegar and cheap liquid detergent make the daily washing-up an inexpensive chore. If you change the pouch first thing in the morning, there is less chance of the stoma misbehaving as you do the change. Irrigate the pouch daily with a solution of 4/5 water and 1/5 vinegar. A five quart pail with metal handle is a great night bottle or bag container by the bed and also a safe way to carry this equipment to the bathroom in the morning. The hospital plastic wash basin is an ideal container for supplies when traveling and can be used to hold the night drainage bag. In the morning, it is handy for washing-up wherever you are. It fits nicely into most carry-on bags and is not heavy. In most cases, urostomy patients enjoy a completely normal diet. Cranberry juice, yogurt, or buttermilk will help combat urinary odors. Asparagus should be avoided as it produces a strong odor in urine.

BERRIEN COUNTY CANCER SERVICE
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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.

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