

BERRIEN COUNTY CANCER SERVICE

7301 RED ARROW HWY.

STEVENSVILLE, MI 49127



**OSTOMY
NEWSLETTER**

September - October 2009



what matters.

STAY AWAY FROM THE FLU: WHAT YOU CAN DO

Via: The Rosebud, Douglas County Ostomy Association

Don't badger your doctor into prescribing an antibiotic until a culture or other tests show you need one. Antibiotics are powerless against flu and other viruses and may cause side effects. Keep some generic amantadine (Symmetrel by Endo Labs) in your medicine cabinet to prevent and treat flu symptoms. A prescription is needed. At the first sign of the flu, doctors recommend taking two capsules of 200 milligrams twice a day for five to ten days. If you don't wear gloves, don't shake hands. Give friends a pat on the back rather than a handshake, embrace, or kiss. Use alcohol-based hand sanitizers such as Purell or Kimcare. Be aware that doorknobs, telephones, and computer keyboards may harbor dangerous germs. Polish and sanitize your home and work areas as much as possible to protect your family. NOTE: The Oriental people have a better way of greeting. Instead of shaking hands, take two steps back and bow. The "no-hands" custom helps avoid the flu.

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.

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 (Home Depot, Wal-Mart, etc \$1-\$2) 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.

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.

The Ostomy Support Group will meet with the Cancer Support Group at BCCS on September 15th and October 20th.

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.

FISH IS HEALTH INSURANCE AND MOST OF US LACK ENOUGH COVERAGE

Via: Hemet-San Jacinto, CA. Stoma-Life Newsletter

Eat fish! You've heard it before, but now the case is so compelling that you absolutely must pay attention or face overwhelming health risks. Fish's secret is its unique oil (omega-3 fatty acids), which is essential for proper cell functioning. But most of us get only 15% of the omega-3 we need. *Here's the latest research on fish oil's life-saving potential:*

- - **Men: Drop-dead protection.** More than 250,000 Americans die suddenly of heart attacks every year; half have no warning signs. Yet, eating fatty fish could stop an astonishing 80% of such deaths in men, says new Harvard research involving 22,000 male physicians. It's the first time fish oil has been found to save lives in people with no history of heart disease. Men with the highest blood omega-3 fats had the lowest risk, because fish oil prevents the irregular heartbeats that trigger instant death in heart attacks.

Women: Heart attack antidote.

The more often women eat fish, the less likely they are to have a heart attack or die of a "cardiac event," says other Harvard research, tracking 85,000 female nurses. Eating fish only once a week cut heart attack risk by 29%; the figure jumped to 34% in women who ate fish five times a week. Researchers credit the omega-3 fat in fish. Cuts strokes. Fish was even more dramatic in preventing strokes in the nurses. Women who ate fish more than five times a week suffered half as many strokes as occasional fish eaters. Primarily, strokes are due to blood clots. Like aspirin, omega-3 oils discourage clots and have anti-inflammatory action.

Cancer block.

New French research has found that women with the highest omega-3s in breast fatty tissue were nearly 70% less apt to have breast cancer than women with the least omega-3s. In a new Swedish study, women who ate fatty fish twice a week cut their risk of endometrial cancer by 40%, compared with women who ate fatty fish less than once a month. The same Swedish investigators found prostate cancer rates were two or three times higher in non-fish eaters than in men who ate moderate or high amounts.

Brain food.

Fish eaters are less apt to be depressed, violent, suicidal and antisocial. Probable reason: Omega-3 boosts serotonin, the brain's feel good chemical. Eating fatty fish also may help prevent and treat Alzheimer's disease, says Canadian researcher Julie Conquer. She found low omega-3s in elderly people who were intellectually impaired or diagnosed with Alzheimer's. Fish oil is essential for fetal and infant brains; in Danish research, pregnant women who ate fish once a week cut their risk of premature delivery by a third.

Tips: fish and cooking for the greatest omega-3 benefit.

Buy the fattest fish. Try mackerel, anchovies, herring, sardines, salmon, tuna and turbot. Frozen and canned are OK, the USDA says. Eat enough. Daily, if you eat 2,000 calories, get at least 650 milligrams of omega-3, experts say.

A week's quota might be ONE of these:

- * 6-ounces fresh mackerel
- * 10 ounces canned sardines
- * 11 ounces pickled herring
- * 12 ounces fresh salmon
- * 13 ounces canned salmon
- * 14 ounces fresh tuna
- * 24 ounces canned albacore tuna

***Weigh before cooking**

Cook Correctly. Deep-frying destroys the benefits. Best cooking methods: bake, broil, poach, steam, stir-fry, sauté or stew.

Cut back on bad fats. They neutralize omega-3s. Restrict trans fats (margarines, processed foods) and omega-6 fats (corn oil, regular safflower or sunflower oils, soybean oil). Use olive oil and canola oil. Get the right ratio. It's critical that the ratio of omega-3 to omega-6 be no more than 1:4. Most Americans' ratio is about 1:15.

Don't eat fish? Take fish oil capsules. If you're on medication, or taking fish oil for a specific problem, check with a doctor first. OK on your own: 800-1,000 mg of omega-3 supplements daily.

Caution. Pregnant women, nursing mothers and young children should avoid eating shark, swordfish, king mackerel and tilefish, which may contain high levels of mercury.

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. Inability to secure successful results from irrigation. This usually results from constipation. 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.

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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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