

BERRIEN COUNTY CANCER SERVICE

7301 RED ARROW HWY.

STEVENSVILLE, MI 49127



**OSTOMY
NEWSLETTER**

March - April 2010



what matters.™

GASTRIC REFLUX

By: Bob White, Via: S Brevard (FL) Ostomy Newsletter

A recent article in the Annals of Internal Medicine purports to deal with the possible association between certain drugs and the incidence of esophageal Aden carcinoma (cancer in the esophagus) as a result of gastric reflux. It is, unfortunately, more likely to confuse the layman than to educate him. First, incidents of esophageal cancer demonstrably are on the rise among men in America and Western Europe. It has a 5-year survival rate of 11%. Gastrointestinal reflux—the backward flow of stomach fluids into the esophagus—is a risk factor in this cancer. Second, the research group, from Sweden and the Harvard Center for Cancer Prevention, theorizes that certain drugs may loosen the sphincter at the base of the esophagus, making reflux more likely. Third, the drugs include nitroglycerin, asthma medications such as albuterol and aminophylline (a bronchodilator), and Valium. The research considered the cases of 600 people with the cancer, between 1995 and 1997, as compared with a control group of healthy men who had taken the medicines in question. The rate of cancer was almost four times more common in those who had taken the drugs daily for more than five years. Then, the researchers concluded that the findings “could be seen” as “reassuring” for users of the drugs, because “our data suggest that persons who use these drugs (for short periods) may be at little increased risk. A logical rebuttal might hold that, if you use these drugs on anything approaching a daily basis, and you are experiencing the symptoms of gastric reflux (they’re hard to miss!) be sure your physician knows about the situation.

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. 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.

FOR COLOSTOMATES

Via: Rose City Ostomy News

If you use a Stomahesive wafer and cut your own center hole, save the leftover pieces and use them to fill any skin indentions around the stoma underneath the wafer. Apply the pouch standing, lying or sitting down, but do not allow abdominal wrinkling or this will break the seal when you straighten out. Colostomy diet is fairly normal. You will discover which foods may not agree with you by trying everything, a little at a time, wait a few weeks and try it again. If it doesn't work then, leave it alone for a few months, or forever if necessary. If you have difficulty with constipation, glasses of apple juice every morning and the night before irrigation may prove helpful. If you prefer, you might try taking your apple juice heated (add a little cinnamon.) Colostomates who take antihistamines during the sneezing season may find that certain drugs have a tendency to slow down intestinal action and the irrigation process becomes slower. Some report relief from the drug reaction by increasing the fluid intake the day they irrigate, or eating laxative foods (in moderation.) If you are irrigating and having problems with leakage between irrigations, try using less water. Too much water contributes to leakage. If you are a colostomate who uses a convex insert in your faceplate, and the insert becomes gunky or sticky, try good old Uni-solve to remove the gunk. It really works great!!! Especially in hot weather, wear protection between the pouch and your skin to prevent rash from perspiration. You can make a pouch cover with an old handkerchief, a baby's bib, etc. Pouch covers can be purchased also. If you are taking a bismuth preparation, try to stop taking it for one day before having an intestinal x-ray or tell the doctor, because it sometimes shows up opaque on an x-ray.

I'M ALIVE...YOU'RE ALIVE... WE BOTH HAVE OSTOMIES

Via: Ostomy Support group of Central Indiana

They didn't perform this surgery on us just for fun. They didn't call it "elective surgery". They hustled us off to the operating room to save our lives. They told our husbands, wives and other loved ones that it was necessary...or we would die...maybe not today, but sometime very soon...too soon. So now we have an ileostomy, a colostomy, an ileal conduit (or maybe two of these) and we are alive. We are alive because of this surgery and we can accept this or reject it. We can live a secret sheltered life. We can be embarrassed and not talk about our "affliction"...or...we can say "thank you" for another chance to live this life in a helpful, hopeful way. We can tell people that an ostomy is not the end of a normal life. Sometimes they may have a loved one who must face this surgery. We can hope that because we were "normal, happy, well-adjusted and alive", and told someone about our ostomy, their loved one would fare better, perhaps, than we did. Try it...wouldn't it make you feel good to think someone could benefit from your experience?

WHAT I DO NOT LIKE ABOUT MY OSTOMY

by Don Korbin, Via: Solona County Ostomy News & Chippewa Valley Ostomy Association

My colon was removed in March. It's really gone. I know, because my surgeon brought it to my hospital room during lunch one day, six and one-half pounds in a glass beaker. It looked like a brisket. I wasn't hungry. I opted for a continent ileostomy. So now I'm a kangaroo of sorts, except my pouch is on the inside. Getting used to the new plumbing hasn't been bad. Considering the shape I was in before surgery, I'd say this new system is better than the original, with one exception. The concern isn't the stoma. Mine is less than the size of a dime...it disappears beneath the briefest of swim suits. It's not the diet...I have no dietary restrictions. Nor is it physical limitation...I'm even contemplating cross-country skiing on Oregon's Mt. Bachelor. No, what I dislike is the operation's effect on one of my favorite pastimes. I used to spend many quiet moments sitting in the bathroom. Now I don't. Dr. Koch's efficient catheter system makes it unnecessary. A lifetime reading habit has been shattered. THAT'S what I don't like about my colectomy!

EMPLOYMENT ISSUES

Via: Better Together Newsletter, Valley News & GB News Review

Back to work having a stoma has little bearing on your employment. Most people with ostomies return to their jobs after surgery. Though absence of work can be frustrating and isolating, you must allow sufficient time (usually 3-6 months) to recover fully from your operation. Deciding when to return to work should be determined by you, your doctor, surgeon, and ET nurse. You may tire more easily upon returning to work. If so, ask your employer if you can work part-time for the first few weeks back on the job.

ON THE JOB: you will need good toilet and washing facilities at your work site, with privacy available for changing your pouch. Keep spare wafers, pouches and accessory products—plus another set of clothing—at work, just in case. If using closed-end pouches, put the used pouch in a plastic re-sealable baggie before disposing of it. After draining an open-end pouch in the toilet, spray some air freshener.

JOB PERFORMANCE: People with ostomies perform nearly every kind of job. However, some occupations, in which work is physically uncomfortable or inconvenient, may require some precautions. If your occupation involves strenuous or repetitive physical work such as stooping, bending, or heavy lifting, be extra careful as you move about. If your work involves handling food, there is no reason why you cannot continue to do so, providing you exercise good personal hygiene. The risk of spreading germs is the same for those with ostomies as for those without.

WORK RIGHTS AND RESPONSIBILITIES: Under the Americans With Disabilities Act, some employers may be required to make certain accommodations for you. Inquire about this with your human resource specialist. Individuals, may, however, be required to undergo a pre-employment physical. Before accepting a position with a new employer, find out the name of their health insurance company and contact it directly to find out whether the plan covers your ostomy-related needs.

The Ostomy Support Group will meet with the Cancer Support Group at BCCS on March 16th and April 20th.

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 Enterostomal 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?

TIPS FOR THE UROSTOMATE

Via: Ostomy Outlook, Stillwater, OK

Check the pH of your urine about once a week to be sure the urine is acidic, with a pH of less than 6.0. Always wash your hands before working with your appliance or stoma, to avoid introducing bacteria into the stoma. Reusable or disposable appliances that are not cleaned adequately or are worn for long periods of time can cause urinary tract infections from bacterial growth in the pouch and urine. Signs and symptoms of a urinary tract infection include fever, chills, bloody urine, cloudy or strong-smelling urine, and pain in the back and kidney area. If you experience these symptoms, see your physician!

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.

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