

BERRIEN COUNTY CANCER SERVICE

7301 RED ARROW HWY.

STEVENSVILLE, MI 49127



**OSTOMY
NEWSLETTER**

September - October 2010



what matters.™

BAD BREATH

Via: Twin Tier Ostomy Group & Southern Maryland Counties Chapter

Most people think that bad breath comes only from bad oral hygiene. That is not the case. However, it can be from bacteria from decaying food particles which can be prevented by brushing twice daily and flossing once a day. Other things that might help are cleaning the tongue by brushing it, if you can (some people gag from the process). Sucking on a lemon or a piece of sugar free candy sometimes helps. Other causes of bad breath are diabetes, kidney or liver disease, dry mouth, smoking or chewing tobacco, dieting, snoring, stress, age and hormonal changes. Post-nasal drip can cause odor to come from the back of the mouth. This nasal drip can be caused by sinus infection, allergies and head colds. Some of these problems are with us always. Spicy foods may stay on your breath for up to 72 hours. Garlic and onions are absorbed by the stomach and excreted through the lungs. Don't be too quick to put someone down for bad breath. We all have it from time to time and it can be an on-going problem—considering the cause.

SENIORS WITH OSTOMIES

Via: Indian River, FL, Ostomy Association

As baby boomers age, there are a greater number of illnesses just waiting for them. Years of fast foods and stress make a breeding ground for intestinal problems. When they can no longer deny that their fast-paced lifestyles and poor eating habits have caught up to them, they seek medical help. When tests confirm intestinal problems that require surgery, their whole world seems to explode around them when the doctor says, "You need an ostomy." If the patient is fortunate enough to have a doctor who is aware of the local Ostomy Association, he will ask an Enterostomal nurse to visit. After surgery and recovery, the ET, hopefully, will know of an ostomy support group. It is only when an ostomate talks to other ostomates that the problems that seemed insurmountable are gradually chipped away. That is what the UOA and local associations are all about — ostomates helping other ostomates. Where is the best place to get information and help? Why, at an ostomy meeting!

ILEUS — THE OTHER BLOCKAGE

Excerpted from Coquitlam (BC) Coquitlam Connection, Via: S. Brevard Florida

Bowel obstructions come in two varieties, mechanical and non-mechanical. Most Ileostomates have encountered the mechanical variety, usually when we eat something fibrous and do not chew well enough. Ileus, also called paralytic ileus, is the non-mechanical variety. It happens when peristalsis stops. Peristalsis is the natural wave-like contractions of the intestines that move material through the bowel. The symptoms can be very similar to those of mechanical bowel obstruction, and includes pain, vomiting, constipation and diarrhea. Several causes are cited for ileus: infection of the peritoneum (the lining of the abdomen and pelvic cavities), or disruption or lowering of the abdominal blood supply. Heart disease or kidney disease, when coupled with low potassium levels, can trigger the condition. Certain orthopedic surgeries, such as joint replacements or back surgeries and some chemotherapy drugs such as vinblastine (Velban, Velsar) and vincristine (Oncovin, Vincasar PES, Vincrex) also can cause ileus. So how do you know if your bowel obstruction is due to ileus? First, see a physician. Ileus is characterized by a few or no bowel sounds, which your physician can easily check with a stethoscope. Diagnosis can be confirmed by x-rays and CT scans. Blood tests can also be useful in diagnosis. If you do go for x-rays, note that barium swallows are definitely contra-indicated as they can complicate the situation. Barium enemas can be used to visualize blockages but administration can be a problem in persons with ostomies. A soft catheter should always be used in the case of ileostomies. Colostomates who irrigate should bring their irrigation catheter or ask for something similar. Hospitalization is indicated. Treatment involves rest and intravenous administration of necessary salts, water and glucose. The stomach intestinal contents may be removed via a nasogastric tube. Peristalsis usually restarts spontaneously after two to three days of resting the bowel. In cases where a partial mechanical blockage triggered the condition, surgery may be performed. Fortunately, ileus is a relatively rare condition. The total rate is about one in one thousand for both mechanical and non-mechanical blockages. (Coquitlam editor's note: Unfortunately my source did not say what the rate in ostomates was.)

FOLLICULITIS

Via: S. NV. Town Karaya & GB News Review

Folliculitis is an inflammation of hair follicles. It is usually caused by traumatic hair removal. For example, hair under the pouch skin barrier is pulled out when the skin barrier is removed. Prevention is the key to managing skin complications, so, in this case, you should use an electric razor or scissors to clip the hair. If folliculitis does occur, it can sometimes be confused with yeast infection. The skin under the faceplate or wafer is red and small pustules may appear. On closer inspection, though, in folliculitis these pustules will be seen only at the hair follicles. Treatment includes modifying the shaving and the pouch removal method as needed to prevent further damage. Usually the use of a skin protective powder will permit the skin to heal. Consult your doctor or ET Nurse if the problem continues. *(Footnote to this article by the Editor of the "Re-Route" Evansville, IN chapter: Folliculitis can also occur when using an electric razor. If the peristomal skin is not thoroughly cleaned each time before using an electric razor, you may actually "gum-up" the razor's blades causing it to pull the hair from the skin instead of cutting it. This can cause the same redness and irritation that occurs when hair is pulled out when the faceplate is removed. If you use an electric razor, keep the heads clean and replace them if they show any signs of "gumming-up". Replacing electric shaver heads can get rather expensive. As an alternative, you might consider using the disposable safety razor blades such as Bic that are about \$1.98 for a package of 10 at most discount chains. Just use a mild soap without cold cream, lathering the skin lightly before shaving the peristomal area. Then rinse well and dispose of the razor along with your used pouch. The use of a straight-razor is not recommended at all for hair removal. Very few people use straight razors anymore, but the obvious reason for not using them is that they would be somewhat awkward to use in that area and could easily slip in the user's hand causing damage to the stoma.*

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?

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 loosing, 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 September 21st and October 19th.

TAKING YOUR STOMA FOR A HIKE

By: The Honorable Ross Foot, New Orleans, Louisiana

Having just finished an eleven day hike through the mountains with my scout troop and an 18 month old stoma, I offer the following suggestions. Take lots of supplies (pre-cut appliances, adhesive remover, skin gel and cleaning gauze in individual disposable bags. (I mean a lot, there are none on the trail.) Grabbing one complete package is easier than finding all the pieces in the pack and setting up a changing station. In bear country, these are “smellables”, even before they are used, so they need to go up in the bear bag. Make sure you know where they are and keep one package with you during the day. Except the one you are wearing, they all go up at night. Check carefully before climbing into your sleeping bag. Consider a small bear bag with just the supplies so if you need one in the night, you do not have to drop all the crew gear. I suggest one piece drainable pouches with tape. Hip belts run close to the appliance and the chance of accidentally opening a two piece worried me. Make sure its drainable because you can leave the contents in the woods, but you have to pack out the appliance and you don't want the extra weight. Did I mention bring extra supplies? Depending on stoma placement, you will have to experiment with packs and hip belts. With a 45+ lb. pack, you need to get substantial weight to the hips. A placed stoma may require building a bridge. I tried with built up padding on each side of the appliance, but getting the belt tight enough to bear weight was hard. I found a lower cut belt on an external frame pack that fit under the stoma. This meant the pouch had to ride outside of the clothes. The solution turned into salvation. I sewed a green bandana into a pouch shaped envelope with the front piece an extra 4 inches tall. I then wore a cloth belt above the stoma and tucked the flap over it tying the two corners to each other. This cover would hang out under the shirt, but over the hipbelt. After explaining to the kids they never gave it a second thought and no one else knew what it was. This puts the hip belt against bare skin. Next time, I will wrap the touching part of the belt with cloth or sheep skin. The cover turned out to save the day. I planned two days per pouch with a few extra. The first failed at 30 hours. Quick math let me know I was not going to have enough. Did I say take lots of supplies? With heat being the culprit and sweat under the appliance causing adhesion failure, I found periodic soaking of the cover would create an evaporation based air conditioner. (We were over 11,000 feet so evaporation was very effective.) Appliances lasted up to three days, or until I forgot to wet the pouch cover. This was July, so cooler weather should lessen the problem, but you still have great exertion. Make sure to carry a headlamp style flashlight. Affixing an appliance is a two handed job and at night with bears and mountain lions around, you want to be as quick as possible when standing out alone. We hiked Philmont Scout Ranch and there was no activity I could not do. I chose to skip one strenuous rock climb. One section involved a rock hugging technique described as a “smear” and I was concerned with redefining the term. Two years earlier, we completed a wilderness hike three weeks before my cancer diagnosis. There was a great psychological benefit for my 14 year old son to see Dad as well as before. The scouts now know what we need to remember, an ostomate is not limited in any way. If you have any doubts, go take a hike! *About the author: Ross Foot was diagnosed with colo-rectal cancer at age 47. He had colostomy surgery at age 48 at Oschner in New Orleans. He has been a judge for 12 years and was just reelected to another 6 year term. He teaches at the National Judicial College in Reno and handles the training of new judges in Louisiana and runs the La. Judicial Retreat Program. He snow and water skis, plays tennis and hikes. He is active with the Boy Scouts and has served as an adviser to scouts with ostomies. Next year, he is planning a canoe trip to Canada.*

STRESS AND INTESTINAL GAS

Stress is the cause of one of the most common gastrointestinal complaints. Flatulence occurs in people during stressful situations. While under stress, breathing is deeper and one sighs more, encouraging a greater than normal intake of air. Dr. Richter, a gastroenterologist at Massachusetts General Hospital, states that the average person belches about 14 times a day (GI Series Newsletter, Vol. 1, No. 4). The person with a flatulence problem does not belch more often. However, they may experience the sensation of needing to belch and get little relief from doing so. Here are some ways to relieve gas.

1. Avoid heavy, fatty meals, especially during stressful situations.
2. Reduce the quantity of food consumed at one sitting. Eat small low-fat meals about every three hours.
3. Avoid drinking beverages out of cans or bottles. Avoid drinking through a straw.
4. Avoid foods and beverages you personally cannot tolerate.
5. Avoid any practice that causes intake of air, such as chewing gum, smoking and blended foods that contain a lot of air.
6. Drink at least 8 glasses of water a day.
7. With the advice of your doctor and ET nurse, experiment with foods in your diet to achieve adequate bowel regularity.
8. Avoid eating too many fiber foods in one meal. Gradually add fiber foods in your diet to prevent excessive intestinal gas.
9. Avoid skipping meals. An empty bowel encourages small and gassy stool. Poor digestion can often exaggerate the symptoms associated with flatulence. Digestion enzymes aid in food assimilation and chemical digestion. Enzyme supplements should always be taken immediately before or after eating. Food coats the stomach and helps prevent gastric juices and acids from destroying the enzyme action.

Depression and the New Ostomate

by Mark Shaffer, from Northern Virginia *The Pouch*; via Chippewa Valley
(WI) *Rosebud Review*

At a recent support group meeting, a subject came up that I found intriguing. One of the participants in the rap session stated that he found himself depressed and withdrawn even though it had been a year since his surgery. He wondered how long he could expect that feeling to last and, I think, whether it would go on for the rest of his life.

Some ostomates adjust almost immediately. These folks see an ostomy as a cure for an illness that threatened their lives or restricted their activities. Others take a few months, generally feeling better about the situation as soon as they master the fine art of pouch changing and maintenance. For many, ostomy surgery begins a process that appears to be, and is, very close to the grieving process, and like any grieving process, the amount of time needed to feel emotionally whole again will vary.

It took me almost two years following my surgery before I felt like I had regained my former personality and was ready to move on with my life. So there is no magic amount of time needed to adjust to your new ostomy. Allow yourself the time you need and realize that the feelings of depression and isolation will eventually go away. If the depression is severe, don't be afraid to seek professional help.

If your isolation is caused by a lack of confidence in your appliance, seek help from an ostomy nurse. If your appliance is working fine but you still feel separated from others, seek help from other ostomates. Go to a meeting and meet others in the same situation. If you don't already have one, call your local support group and ask for an ostomy visitor who can talk to you about how he or she managed post-operative emotions. But above all, give yourself time to adjust.

Drug Therapy For The Ostomate

by John J. Wroblewsky, RPh; via Ostomy Management and Evansville (IN) Ostomy News

The most well-adjusted ostomate can run into trouble when he or she starts taking medication. The potential of side effects or adverse reaction increases as the number of medications the patient is taking goes up. Compounding the risk is that consumers today are turning to over-the-counter medication and are prescribing for themselves to offset rocketing health-care costs. A few basic principles of drug use are, therefore, important to keep in mind.

A drug can't do any good unless it gets to its target organ. This simple idea is all that's behind the concept of bio-availability. In almost every case, a drug must be absorbed into the systemic circulation before it can exert a therapeutic effect. Since drugs are absorbed primarily through the intestines, ostomates can be at a particular disadvantage.

Many factors influence the absorption of drugs. These factors include the chemical nature of the drug, the dosage form in which it is introduced into the system, and the condition of the patient who is taking the drug. Iron, for instance, is absorbed in the duodenum, and vitamin B12 in the terminal ileum. While the chemical nature of most drugs allows absorption along a significant length of the intestinal tract, the shorter the functional intestine, the less will be absorbed. Only a very few drugs, such as alcohol, can be absorbed to any great extent through the stomach.

Another chemical factor involved in bio-availability is the intrinsic solubility of the drug. Some drugs are rather insoluble in the digestive juices and absorption into the bloodstream will vary greatly, even in patients with an intact bowel. Clearly, a patient with a shortened ileum is at risk for mal-absorption of any poorly absorbed drug.

The dosage form, too, is a major factor in bio-availability. As a general rule, the smaller the particle size provided to the GI tract, the easier it is absorbed. True solutions have the best bio-availability by the oral route and suspensions are almost as good. Chewable tablets have a pretty good record if they are chewed well; in most cases they are better than capsules or compressed tablets.

Ostomates who have had a significant portion of their intestine removed may achieve better absorption by emptying the contents of a capsule into applesauce, or crushing a compressed tablet and adding the powder to food.

A word of caution though—not all tablets can be safely crushed, and not all capsules should be emptied. Generally speaking, time release tablets should not be crushed, nor should time release capsules be emptied. The result could be 12 to 24 hours worth of medication being released all at once.

Certain drugs can react chemically with foods. Tetracycline is notorious for combining with heavy metals and with ions such as calcium which is present in milk, yogurt, ice cream and other dairy products.

Enteric-coated tablets should never be crushed. The reason those tablets are coated is to prevent acid degradation in the stomach or to protect the mucosa from irritation. Enteric-coated tablets are a poor choice for ostomates. Entire tablets have been recovered intact in an ostomy pouch.

A patient's diet can affect the drug absorption too, either by absorption of the medication into the food, chemical interaction, or by delaying gastric emptying. Since many drugs are affected by acid, prolonged exposure to stomach acid may decompose the medication.

Physicians, pharmacists and especially enterostomal therapists have an important role in educating ostomy patients so they'll know what to expect and avoid in drug therapy. Ostomates owe it to themselves to be informed and alert, to minimize risks and to ask when there remains the slightest doubt.

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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