

BERRIEN COUNTY CANCER SERVICE

7301 RED ARROW HWY.

STEVENSVILLE, MI 49127



**OSTOMY
NEWSLETTER**

November – December 2010



what matters.™

AGING AND THE OSTOMATE

Via the Oakland County, MI Chapter

Growing old is a life-long process, and the physical, social, and psychological liabilities of aging are all part of it. Thanks to gerontology and geriatrics, we know more information than ever before on an intelligent approach to aging. As we grow older, subtle changes occur in our bodies. The most insidious is our skin. It loses elasticity and becomes thinner and drier, thus becoming prone to wrinkles and irritation. These changes can become real problems for those who must wear an appliance all the time. To prevent leakage as the skin becomes more wrinkled, one should stand up straight when changing the appliance. With one hand, stretch the skin so that it is tight, and with the other hand attach the appliance (using a mirror may help you see what you are doing). The skin over the entire body tends to bruise more easily and heal more slowly as we age. We need to be more careful when removing an appliance. A skin barrier covering the entire area under the appliance, or a very thin application of a skin-care product may help protect the tender skin. Aging may also result in less strength in the hands. Arthritis, lessening mobility, or pain in the fingers can make it difficult to put together a two-piece appliance. A one-piece appliance may eliminate the task of stretching a pouch over a faceplate. To sum it up, aging is a phenomenon we must all face, and when one considers the alternative, it's not too bad!

IS YOUR APPLIANCE SHOWING?

Via: The Right connection, San Diego Area Chapter

Are you worried about your appliance showing under your clothes? Or your stoma protruding enough to show? People today lead busy lives at a fast pace. Everyone is concerned with his or her happenings. Aren't you? By the way, what is the color of your bus driver's hair? Did the sales clerk wear a dress or slacks today? What color was the bank teller's tie? Give up? Forget about the uncalled for worries and enjoy each day. Remember that your attitude about your image will affect the attitude of your family and friends.

HELPFUL HINTS AND BORROWED BITS

It is important that you be aware of the symptoms of kidney infection: elevated temperature; chills; low back pain; cloudy urine (ileal conduits normally produce mucous threads in the urine, which give a cloudy appearance, but bloody urine is a danger sign); and decreased urine output. It is a good idea to avoid alcohol when taking any drug, but be particularly cautious with: pain medications, tranquilizers, antidepressants, antihistamines, and muscle relaxers. Rice Krispies can help slow the amount of stool; a great breakfast choice with skim milk or eaten dry.

KIDNEY STONES AND THE ILEOSTOMATE

By: Jill Conwell, RNET, Corpus Christi, TX, Via:

Orange (Via Evansville Ostomy Chapter))

Kidney stones are fairly common medical problems. They occur in about 5 percent of the population. They are more common in men with a sedentary life-style and in families with a history of kidney stones. The average age of first occurrence is about 40, but they can occur at any age. For ulcerative colitis patients, the incidence of developing kidney stones is about double that of the rest of the population. For ileostomates, the incidence is 20 times greater. There are two basic types of kidney stones: uric acid and calcium. Both may occur in ileostomates since the underlying cause is dehydration. Uric acid stones are more frequent. One reason for this is the chronic loss of electrolytes, producing acid urine. The stones may vary in size and shape, some being as small as grains of sand, while others entirely fill the renal pelvis. They also vary in color, texture and composition. Symptoms during the passage of a kidney stone include bleeding due to irritation, cramping, abdominal pain, vomiting and frequent cessation of ileostomy flow. When ileostomy flow stops, distinguishing between an obstruction versus a kidney stone may be difficult since the symptoms are similar. Treatment of most kidney stones is symptomatic and in most cases the stone passes spontaneously through the urinary tract. Medication for the spasms is usually administered. The urine should be strained in order to collect the stone for analysis. Once the composition of the stone is determined, steps should be taken to prevent recurrence of an attack. The physician will prescribe medication or dietary modifications depending on the type of stone.

The Ostomy Support Group will meet with the Cancer Support Group at BCCS on November 16th and December 21st.

Ya Gotta Laugh

by: Brenda Elsagher

via: *Winnipeg Ostomy Association, Secure Start a quarterly newsletter from Hollister Inc, (Autumn 2006); the South Fraser Connection, Nov 2007; Vancouver "Ostomy Highlife" Jan/Feb 2008; Ostomy News On-line, Okanagan Mainline Ostomy Association, January, 2008*

Stand-up comic and author Brenda Elsagher finds the lighter side of having an ostomy.

One day our whole family went to the clinic. I was having hemorrhoids examined, my husband was having a mole removed, my five-year-old son, John, was being tested for strep, and my three-year-old daughter, Jehan, was along for the ride. Some families go to the zoo.

My appointment took the longest, and two hours later the doctor said, "I'm almost 100% sure that you have cancer of the rectum." I was a 39-year old-mom trying to comprehend the horror of what he said while my children played at my feet. Almost immediately I told the doctor, "You have to make me well. I intend to dance at my children's weddings." Three weeks later I had my rectum removed, a hysterectomy, an appendectomy, vaginal reconstruction and a permanent colostomy. Couldn't they throw in a complimentary tummy tuck while they were at it?

My children motivated me to get through the painful healing process as did the thought of my husband ending up with a better second wife. Many days I put on clothes and a smile when it was the last thing I wanted to do.

From the moment we knew where we were headed, we lined up support. One friend took calls from church friends who delivered meals every other day for five weeks. Another came over on the days my husband was at work. Many people did house cleaning and sent prayers, flowers, gift certificates and notes. My co-workers even picked up some of my work and helped run things smoothly in my absence.

We talked simply but directly with our children about why Mommy couldn't hold them for a while and the reason they had to be careful around Mommy's tummy. "Colostomy" and "pouch" became as much a part of my children's vocabulary as "Fun with Dick and Jane." My children can't remember a time when I didn't have an ostomy.

When they were young, I popped in a video for them to watch in my bedroom as I spent an hour irrigating in the adjacent bathroom. Irrigation isn't for everyone who has a colostomy, but for me it became an odd blessing.

As my confidence with my ostomy and my children grew, I would allow them to play in the yard while I was in the bathroom. I always kept the window open so I could talk to them below.

One day I overheard a neighbor child ask, "Where is your mommy?" My son answered, "She's in the bathroom. My mommy poops out her tummy." We all laughed hysterically. And years later as I rushed to get my kids off to school, something wasn't adjusted right. I was just about to pour their milk, when splat! A pile of poop sat on the kitchen floor. My son looked at it and said, "Gross." Having small children while dealing with an ostomy is not only possible, but it helped me focus on something besides myself. My children see me as a busy, strict, funny, loving, crazy mom who happens to live with an ostomy. They are teenagers now and not bothered by my ostomy at all. These days they're only concerned when my wallet is empty.

Drug Therapy for the Ostomate

by: John J Wroblewsky, R.Ph.

via: Ostomy Management and the Winnipeg Ostomy Association, The Re-Route on-line, Evansville, IN (January, 2008)

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 medications and are prescribing for themselves to offset rocketing health-care costs. A few basic principals of drug use are, therefore, important to keep in mind. A drug can't do any good unless it goes 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, and vitamin B12 are absorbed only in the upper 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 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 safely be crushed, and not all capsules should be emptied. Generally speaking, timed release tablets should not be crushed, neither should time released capsules be emptied. The results 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 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 are a poor choice for ostomates. Entire tablets have been removed intact in an ostomy bag. A patient's diet can affect the drug absorption too, either by absorption of the medication onto the food, chemical interaction, or by delaying gastric emptying time. 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 but the slightest doubt.

Allergic Reactions

by: Kathryn Hoyman, RNET - Minneapolis Chapter

via: UOAA UPDATE 2/2008

Many times I hear that people are allergic to adhesive tape or paper tape or skin prep or any number of different products that are used in ostomy care. Allergies may occur with any product. They may occur with the first use of a product or after years of using a product without problems.

Actual allergic reactions to ostomy products are not common. But, some people do have issues relating to an allergic reaction to certain products at certain times. And many people have sensitivities at one time or another.

Many conditions appear to be an allergic reaction but are actually another problem. It is important to know whether or not you are truly allergic to a product, because eliminating products reduces your options. Believing you are allergic may cause you not to try a pouch that might be perfect for you.

Allergic reactions are usually severe. They will cause blistering and wet, weeping skin wherever the products touch you. Two situations are frequently labeled as allergic by mistake:

First, if a skin sealant wipe is used, it needs to dry completely to allow the solvents to evaporate. If the pouch is applied while the solvents are still on the skin, sore skin can easily occur. Since the solvents can't evaporate through the skin barrier as they can through the paper tape collar, this will look like an allergy to the skin barrier.

Second, each time you remove a pouch, the adhesive takes with it the top layer of dead skin cells. However, if you are removing a pouch more frequently than it was manufactured to perform, cells can be removed faster than they are replaced (Some barriers are made to be removed daily while some should not be removed more often than every three days. Your ET and the manufacturers will help you determine the barrier that's best for your needs.) This is called "skin stripping." Everyone's skin reacts differently to having tape removed. But it's important to be gentle and not remove a pouch more frequently than necessary. Skin that is stripped will be sore in some spots and not in others. Sometimes skin around the stoma becomes fragile and strips easily. A barrier, tape and pouch with a very gentle adhesive must be found.

To test whether you are really allergic: Take a small piece of the test material and place it on any convenient part of your skin far away from your stoma. After 48 hours, take it off and see whether you are reacting. If pain, itching or blistering occurs, take it off immediately.

If it's an allergy you will react. If you have a history of allergies, test in this manner before trying on any new ostomy product. It is better to have half an inch of sore skin on your leg than around your stoma. You need healthy skin around the stoma for a good seal and satisfactory performance from an ostomy pouching system.

If you develop an allergy to a product you have used for a long time, you can call the manufacturer. They may have made changes in the manufacturing process. Calls from users are sometimes their first notice that the new improvements are or are not working.

Skin Attention

via: Evansville Ostomy News, Golden Spread Ostomy Association, Amarillo, TX

Some ostomates can use anything on the skin and "get away with it." Others have to search for just the right combination of products for satisfactory use. New ostomates benefit from the follow-up visits to the ET because careful consideration is given to the various products used around the stoma area. If you are experimenting on your own, consider the following information for using different products. Patch testing is recommended before proceeding to use the new product. The skin on the inner surface of the arm or leg or the opposite side of the abdominal area from the stoma are good areas to use for a simple test. For example, cut a piece of the washer, tape, disc, etc., and affix it to the chosen area. Secure with a strip of micro pore tape and leave on the area for 48 to 72 hours.

Editor's note: Be careful on the tape too; it could be a problem also. Any burning sensation or itching during the testing time could signify sensitivity to the material being used and therefore, should be removed immediately, washed and dried well. After 48 to 72 hours, remove the patch and if there is no redness or irritation, it is safe to assume that the product can be used. With some persons, a "delayed reaction" may not occur until a few days later. For more extensive testing than this - contact a dermatologist.

Too Much of a Good Thing

By: Sharon Williams RNET

via: UOAA UPDATE 2/2008

Do you need one-and-one-half hours to change your pouch? Does your stock of ostomy supplies resemble the store-front of a local pharmacy? Do you need a "road map" to remember what product goes on first, second, third, etc.? If so, you may be the victim of the "too much of a good thing" syndrome.

Occasionally an individual will come to the Stoma Clinic carrying a large sack containing a vast array of skin care products. He explains “all items are needed in order to apply my pouch.” Unfortunately, the reason the individual usually seeks assistance is due to a problem with pouch adhesion, skin breakdown or inability to afford ostomy products. One particular gentleman who comes to mind was utilizing a special skin cleaner and cream, two types of skin cement, a double-faced tape disc, a paste, AND a popular skin-barrier wafer before the pouch was applied. He had started out with a fairly simple system of ostomy management. However, in his quest to achieve what he felt should be a seven-day wearing time with his pouch, he had been adding product after product. Besides the many items he was now using, he had what he described as a “closet full of products at home. After checking his abdomen, it became obvious that what he needed was a product change in the convexity of his pouch and NOT the addition of another product. He also needed a more realistic view of wearing time for his particular situation. Realistically, not everyone may be able to achieve a seven-day, leak-free wearing time. It is much better to anticipate leakage and establish a regular time prior to this. Here are a few hints to remember to help achieve a successful ostomy management system.

Keep it simple. Do not use extra cement, skin-care products, etc., unless absolutely necessary. Sometimes, extra products actually interfere with appliance adhesion or create skin problems.

Plain water is still the best cleaning agent for skin around the stoma. Do not continue to use therapeutic products after the problem has been solved. As an example: Kenalog spray and Mycostatin powder should not be used routinely when changing the pouch. These products are prescribed for particular skin problems. Kenalog is usually recommended for its anti-inflammatory effects and symptomatic relief of the discomfort associated with skin irritation. However, continued and prolonged use of Kenalog after the problem is resolved may lead to “thinning” of the outer layer of skin, thus making it more susceptible to irritations.

Mycostatin powder is useful for yeast infection. However, using Mycostatin after the infection clears serves no purpose. Seek advice.

See your physician or ET Nurse if you find yourself a victim of the syndrome. They can provide assistance in selecting the most appropriate and economical ostomy management system for your needs.

Those First Few Pouch Changes

By: An “old timer”

via: UOAA UPDATE 2/2008

Zinging through another change the other day, my mind wandered, as if often does when I am doing some routine chore. I’ve had an ileostomy for more than ten years and have had more than 600 pouches. I use the typical two-piece with a flexible wafer that sticks to my abdomen. What I got to thinking about was a problem I had with my very first few pouches—getting the old one off. To work right, the wafer has to stick really well; otherwise it will come loose and make a mess, usually at the worst time and place. The problem I had was that it hurt to pull off the used wafer. I still remember the first one I had to remove. It was only a few days after surgery, and the nurse came in to teach me about changing the pouch. After she left, I went to work, but every time I tugged at the wafer, it hurt like “h***”, just like pulling a giant Band-Aid off tender skin. It took a half-hour, “ouching” the whole time. I was extremely depressed when I finally got done. “How am I ever going to live with this?” I thought. Nowadays, removing the wafer takes about three seconds and is so routine there’s almost no sensation; in fact, my problem is keeping my mind on what I am doing. One detail that makes a big difference was a tip from my nurse, “instead of grabbing the wafer and pulling on it, you hold one edge in one hand and push the skin away with the other hand.” Believe me, it works! The reason I am writing this note is to reassure you if you are just starting out with an ostomy. Every pouch you change will get easier, and the pain of getting each off your tender skin keeps getting less and less. Stick with it—you will get past this too.

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.

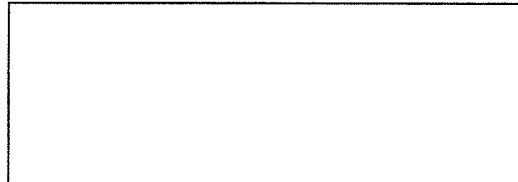
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