

BERRIEN COUNTY CANCER SERVICE

7301 RED ARROW HWY.

STEVENSVILLE, MI 49127



**OSTOMY
NEWSLETTER**

July – August 2011



United Way
of Southwest Michigan

FAT OR FICTION? FIVE COMMON DIET & EXERCISE MYTHS

By Joy Bauer MS, RD, CDN

Myth #1: By following a proper diet and exercise program, you can turn body fat into muscle.

False. Fat and muscle are two separate entities. You must burn fat and build muscle. When fat is burned, where does it actually go? When you lose weight (by eating less and exercising more), an enzyme located in fat cells disassembles the fat compounds, and sends the components into the bloodstream. Liver and muscle cells take up these components and disassemble them even further, until what's left is a compound called acetyl-CoA. Acetyl-CoA then enters the Krebs cycle, a series of chemical reactions that takes place in the mitochondria -- the cell's "power plant." The end product of this dismantling of acetyl-CoA via the Krebs cycle and subsequent cellular processes is: Carbon dioxide, which is expelled when you exhale. Water, which is lost as urine and perspiration. Heat, which helps maintain body temperature ATP, the molecule that fuels cellular activities that require energy.

MYTH #2: As you age your metabolism declines and there is nothing you can do about that.

False. While it's true our metabolism naturally slows down by about 2-5% per decade after age 40.... There are plenty of things we can do to fight back. Exercise is key. Engage in aerobic exercise - 4 to 5 days/week: It's obvious that aerobic activities like running, brisk walking, swimming and bike riding burn calories and increase metabolism while you're working out. But interestingly enough, several studies show that aerobic activities cause your metabolism to stay increased for a period of time after exercising. Work your muscles: Lifting weights and/or other strengthening activities like push-ups and crunches on a regular basis (at least 2-3 times each week) will boost your resting metabolism 24/7. That's because these activities build muscle, and muscle burns more calories than body fat. In fact, if you have more muscle, you burn more calories—even sitting still. When it comes to food, keep your metabolism revved with these three tips: Eat enough food – at least 1000 calories: Your body and metabolism thrive on food - when you fast, crash diet, or restrict calories below 1000, your metabolism will SLOW down in a response to conserve energy. Eat every 4-5 hours: Because our bodies work hard to digest and absorb the foods we eat, your metabolism revs in response. This is called the thermic effect of food. Take full advantage and schedule meals and snacks every 4-5 hours. Incorporate lean protein with every meal: Eating all foods creates a thermic effect and will boost metabolism after consumption. However, the consumption of protein has the absolute greatest metabolic boost when compared to carbohydrate and fat. PLUS, eating the appropriate amount of protein will ensure you're able to maintain and build muscle mass (the more muscle mass you have, the greater your metabolism). Daily Protein Requirements: 50% of your weight = daily grams of protein Some of the best protein sources include: fish, chicken, turkey, lean sirloin steak, skim milk, yogurt, eggs and egg substitutes, tofu, and beans.

Myth #3: It's better to eat 6 mini meals versus 3 squares.

False. This entirely depends on your personal lifestyle and food preference. ...and as long as your food choices for the entire day are healthy and not too high in calories, either eating style can work. I find many people prefer to eat more volume less frequently because of hectic schedules and/or heartier appetites. If that sounds like you, just be sure your collective daily calories are in check and try not to go longer than 4-5 hours without eating. That's because your blood sugar may drop causing low energy, headaches, and unnecessary eating in response to feeling blah. Also, be sure to always keep small emergency snacks on hand in case you're running late for lunch or dinner - perhaps a fruit, non-fat yogurt, or baby carrots. The bottom line: it's about choosing an eating style that fits with your lifestyle and you can live with!

MYTH #4: It's OK to sub a fattening dessert for a meal now and then

True. Call me a disgrace to my profession, but I say, YES! As long as "now and then" means no more than a couple times a month, I think it's OK to enjoy a Ben & Jerry's dinner, or a Krispy Kreme breakfast. Chances are, if you deny your craving, you'll end up eating your regular meal plus the fattening dessert. Better that you cut your caloric losses by allowing yourself to indulge once in a while.

MYTH #5: Health professionals recommend people eat 5 to 9 servings of produce a day. It is incredibly hard and unrealistic to work in 9 servings of produce a day!

False. Nine servings may seem like a lot, but a serving isn't all that large. In the vegetable category, one cup of leafy greens, ½ cup raw or cooked veggies, or 6 ounces of juice count as a serving; for fruit, it's one medium piece, ½ cup fresh, frozen or canned, ¼ cup dried, or 6 ounces of juice.

EXTRA INTESTINAL COMPLICATIONS OF IBD

From the research news bulletin of the C.C.F.A., Via: Loraine Co. OH

A recent study suggests that once surgery is performed for ulcerative colitis, it may be more effective at relieving certain complications than medication. Patients who have pan colitis, the type of ulcerative colitis that affects the entire colon, often experience numerous symptoms that seem unrelated to their condition. These “extraintestinal complications” often include arthritis. A study by Basu and colleagues from the Cleveland Clinic in Florida showed that, of 46 patients with pan colitis who had surgery, 58% had an improvement in extra intestinal manifestations, compared with only 14% of the 22 patients who received medication. Arthritis and arthralgia were the most likely extra intestinal complications to improve, but other symptoms that improved were: erythema nodosum (red sores on the legs); pyoderma gangrenosum (ulcers on the legs); uveitis (inflammation of the uvea of the eye); oral ulcerations; and ankylosing spondylitis, a type of arthritis affecting the joints of the spine.

ILEOSTOMATES

From: Snohomish County (WA) Via: S. Brevard FL & UOA Insider

Can an ileostomy be controlled with strict diet or irrigation? A definite “NO” to both questions. Occasionally, a doctor may irrigate an ileostomy with a lavage set for food obstruction. This procedure should be done only by your doctor to prevent perforation of the small bowel and further surgery. An ileostomy cannot be controlled by any diet. It is vitally important, that everyone with an ostomy eat at least three nutritionally balanced meals a day. If your doctor has given you a special diet, remember that when your stomach is void of food, it will fill up with gas. Excess gases result in a noisy ileostomy. It may also increase the activity of the small bowel, causing the ileostomy to discharge very liquid feces. Diet is an individual matter. Some people can eat all varieties of food, including foods with skins, without affecting the consistency of the stool or the activity of the bowel. Others find that any violation of a low residue diet leads to frequent and watery movement leads to frequent and watery movements. Each person must discover his own dietary pattern through trial and error. A WORD TO ILEOSTOMATES... If you are ever depressed, just think of all the ailments you no longer have to worry about: rectal cancer; colon cancer; hemorrhoids, Diverticulitis; appendicitis, constipation—sometimes, it’s amazing that anyone can survive with the colon intact!

DON’T SWEAT IT!

By: Christine Newberry, RN, WOCN, Cymed Via: The Greater Cincinnati Chapter

Does sweating cause you pouching problems? If you work or live in a warm environment, if you are an athlete or just prone to sweating, you may have problems keeping your pouch barrier on.

Here are three approaches to solving your problem:

Sweat less! Some antiperspirants can be used underneath an ostomy barrier. Many antiperspirants dry after application and leave little residue that would affect the adherence of a pouch. C.C. a cyclist in Maryland, uses Tussy 5-day Antiperspirant that is sold in packets. Mitchum and Crystal, among others, have been used successfully by ostomates to diminish perspiration. Do your own research and find one that works for you.

Increase Adhesion! If your barrier is floating off, consider increasing the quantity of adhesive. SKIN TAC has recently been produced in a new wipe-on form. This is a thin, clear adhesive that is easily removed with alcohol; Torbot manufactures it. Hollister makes a medical adhesive spray. And for the truly needy, there are paint-on adhesives that, though more cumbersome, can make a dramatic difference in adherence. Two of these are NuHope Adhesive and Skin Bond by Smith and Nephew. All of these products are available at most ostomy product dealers.

Try a Breathable Barrier. The MicroSkin adhesive barrier on all Cymed pouches is moisture-vapor permeable and allows perspiration to flow through the barrier rather than being trapped beneath it. John Dermengian recently wore a Cymed pouch through the grueling Iron-Man Triathlon. His pouch held up through 16 hours of extreme physical exertion and lasted a total of 6 days. A sample of these pouches is available from Cymed Ostomy Company at 800-582-0707.

The Ostomy Support Group will meet with the Cancer Support Group At BCCS on July 19 & August 16.

ASK THE ET PANEL

So. Maryland Counties Chapter & Hemet-San Jacinto, CA. Newsletter

Question: Does the appearance of my stoma change over time? Does it age?

Answer: The size and shape of a stoma generally changes within 6-8 weeks after surgery. This is why it is not recommended to purchase pre-cut pouches immediately after surgery. Alterations in the abdominal contour related to weight gain or loss or abdominal muscle weakness can result in a change in the size and shape of the stoma. If the size and shape do change, the size and type of pouching would need to be adjusted. The stoma doesn't "age", but a healthy stoma is always pink or red and moist.

Question: Should an ostomy be a consideration when taking medications for other conditions?

Answer: Patients with inflammatory bowel disease, multiple small bowel resections, or radiation enteritis require special consideration for medication regimes because of the decreased absorption capacity. Some forms of medications are not completely absorbed with patients who have an ileostomy. Examples of such medications are enteric coated tablets, large tablets, and time released capsules and spanules. Liquid forms will ensure the best absorption.

THE RISK OF BEING SET IN YOUR WAYS

By: Sharon Williand, RNET, Metro WA "By-Pass" & Golden Gate Chapter

Sometimes, it takes a catastrophe to shake us out of our complacency. It is easy to fall into the "ostrich syndrome." This is unfortunate, particularly when it comes to ostomy management. It is only through education that individuals grow, learn and reach their fullest potential as ostomates. While writing this column, I was reminded of several examples of individuals recently seen by our ET team. One gentleman had a sigmoid colostomy performed many years ago and had developed a huge peristomal hernia. He irrigated his colostomy daily and had been using what now classifies as an antique set. The irrigator was a latex bag with no measuring guide to gauge the amount of solution being given. There was a hard rubber catheter with no shield present on the irrigator tubing. He had been forcing the tubing into its full twelve inch length. He poked and poked until it finally went in. All-in-all, it was a miracle that he had not perforated the herniated bowel. He had not been successful with irrigations, continually losing as much water around the catheter as he was instilling. It was difficult for him to accept an explanation of why he was flirting with danger. After all, he had ALWAYS done it this way! Only after a great deal of persuasion was he agreeable to trying a new set with a measuring guide on the irrigator and a cone in place of the catheter. One elderly lady called the ET office in a state of panic. She was no longer able to obtain the rubber pouches she had been using for 25 years. She had been ordering through the mail from a distant state. She had no idea of any other pouch that could be substituted and also had no idea of what supplies were locally available. She was totally amazed at the new light-weight odor-proof pouches now on the market. Another case involved a gentleman who had put up with a continued skin irritation from a cement he had been using for many years to adhere his ostomy pouch. He was obviously allergic to this preparation and would periodically have to discontinue wearing a pouch to allow his skin to heal. Had he known several years ago about the new hypoallergenic skin barriers when these became available, how much more comfortable his life could have been. In conclusion, being an ostrich with your head in the sand is for the birds! Keep updated— read the "Ostomy Quarterly," attend ostomy support group meetings, ask your doctor, ET, and pharmacist "What's New?" You may be surprised at the improvements you will discover.

STUDY: MRSA STAYS IN THE BODY YEARS LATER

Via: Amanda Lents

New research shows dangerous MRSA infections can stay dormant in our bodies for up to a year after we are initially infected. Researchers at Harvard followed nearly 300 patients who tested positive for antibiotic resistant MRSA for one to four years. Nearly a quarter of the patients developed infections in the following year. Mostly pneumonia infections. Researchers say this study shows there are long-term risks associated with the bug, and more needs to be done to develop new treatments.

COLOSTOMY NOISES

Via: OAB, Birmingham, AL & Greater Cincinnati Chapter, UOA

Colostomates are somewhat embarrassed by noises emanating from the stoma. There are two kinds of noises, those caused by the escape of gas and some due to the movements of the intestines. The latter is the "growling" stomach and nearly everyone experiences such noises at times. It is usually a good idea to have a little something to eat before going out because it is the empty stomach that growls. The escape of gas comes from the air we swallow without food, or that which we gulp when we are nervous. Gas can also enter the intestines from the bloodstream and even less common from fermentation of food. This is not common because usually the food has been very disappointing in the control of gas. Pure charcoal seems to absorb gas better than any other preparation. Tablets containing bicarbonate of soda can cause gas to be emitted from the mouth but some may also be expelled from the stoma.

OSTOMY OBSERVATIONS

By: Renard Narcaroti, Via: Philadelphia Ostomy Assoc. & Greater Cincinnati Chapter

It is very common from our experience at the chapter that when people come home from having ostomy surgery that there will be a brief period of grief and mourning. However, you should only have this feeling for a short period...it should only be temporary. As you once again return slowly to an active lifestyle, you will be transformed to the person you once were before the surgery or the disease/circumstances that brought you to this point. If depression lingers or is severe, this is not normal. You should see your doctor. He/she can help you with these feelings. Often they are caused by the shock of surgery to your system, the psychological adjustment to being well or a chemical imbalance. Your doctor has ways to help you so that you may be back to yourself once again. If you have an ostomy, you should learn all you can about it, not only for your own sake, but also for the sake of setting a good example and being able to advise others with an ostomy. You will at sometime have the opportunity to educate someone about this life-saving surgery and alleviate his/her fears. Never, ever, be embarrassed about having an ostomy. You will be amazed at how many people will truly admire you for the courage you show in adapting to the ostomy. Remember, there are very few, if any, people who never have any medical problems during their lifetimes. While you are learning about your new life, know how to change your ostomy system. New people regularly come to our meetings and tell us that they have someone else change their pouch...this always surprises us. This may be acceptable for a brief time, while one recuperates, and it is good for a family member to know how to change it in an emergency. Nevertheless, not doing it yourself is equivalent to a normal person not wanting to sit on the toilet and do his/her business by himself/herself. This habit needs to be changed in order to have a better quality-of-life and to adapt to changing circumstances, ie., when nobody else is around. Be proud of your ostomy. Do not act as if by owning an ostomy that you are less of a person or somehow a less complete person. You are just one of the sporty new front-end exhaust models. Develop a support system of people you can count on to assist you with ostomy issues. Your ostomy nurse, your friends and relatives, and your local ostomy support group are proven ways that work. There are over a half-million of us in the United States, you are far from alone. Most importantly, we are very glad to be alive. For most of us, the alternatives for not choosing ostomy surgery would have resulted in our deaths. Another observation from talking to our members is that we Americans seem to like to compete with ourselves to wear our ostomy systems as long as possible. Why do we do this? There is no prize given for the longest wear time. We have one member who would wait until he had a leak before he changed his ostomy system. We vigorously tried to persuade him that it is better to have a regular routine, e.g., using the best practice of changing one's ostomy system every three to four days. Having one accident is so much worse than changing it at regular, responsible times that this should never even be considered an option. The number one concern with people about to have ostomy surgery is odor, according to multiple surveys performed by ostomy nurses. Know this; we have less of a problem with odor than normal people do. Modern pouching systems are completely odor-proof when closed. Under clothing, people with ostomies absolutely have fewer parts exposed to make odors than normal people. Everybody creates some odors in the bathroom-just like you and me. Another observation published by recent medical studies is that we will stay healthier when we exercise regularly-that means at least a half-hour every single day as long as this is safe for you to perform. We must also consume a low fat diet and drink at least 64 ounces of water a day. If you have an ostomy and do not drink enough water, you are asking for trouble. Advances in surgery and drug therapy have provided us an opportunity to experience a "second chance" at life. If we lived in many other countries, or before WWII, we would probably be dead right now. However, we are not. We are alive and well. Be happy, you have been given a new life.

YOU MAY HAVE SEEN THIS BEFORE

Reprinted from Metro MD and Delene St. Clair's Archives, Via: "The Right Connection, San Diego Area Chapter

The Ostomates' Most Often Asked Question: What is the correct way to empty your appliance (regardless of what type of ostomy you have)? So many ostomates want to make this so complicated and so unnatural! Some kneel on the floor in front of the toilet, others stand facing the toilet bowl; others take off the pouch and empty and rinse in the toilet bowl; Some remove the pouch, empty it in the toilet and then wash it in the sink; still others fill the pouch with water, swish it around and then empty it again. We could go on and on about the way pouches are emptied. Name it, and its been done before! Why not make life as easy as possible and make pouch emptying as easy, natural and stress-free as a normal trip to the restroom. When the pouch is 1/3 to 1/2 full, empty it, as the weight will cause tension and loosen the adhesion of the appliance, resulting in leakage. Throw out the syringes, plastic bags, tin cans and whatever else it is that you use. Maybe the nurse at the hospital told you that you had to wash it out, that you had to kneel or face the toilet. But think about an easier system; Sit on the toilet with the pouch between your legs; Lean forward; With the closure clip on, turn the contents upward, away from the body; Remove the clip; Carefully aim the end of the pouch into the toilet and empty; With toilet paper, wipe off the end of the pouch; Refasten with the clip and presto, you're ready to go!

YOU ARE THE CUSTOMER!

Via: Green Bay News Review, Green Bay, WI

The oft-used phrase, "The customer is always right", has been around for as long as any of us can remember. In fact, each one of us may have had to remind a store clerk or two of the age-old adage. But have we ever thought of the doctor-patient relationship as one between a service provider and his or her customer. If you step back and think about it in the proper context, the patient is, in fact, the customer and, as patients, we need to be treated accordingly. The doctor-patient relationship is used for illustrative purposes. The concepts apply in all medical personnel and hospital situations. As the customer group in medical situations, we too have responsibilities. We need to be "good" patients. We need to follow established procedures. We need to take prescribed medications, etc. But, we also have the right and need to understand clearly what is being proposed and why, what our options are; and what are the likely (and unlikely) consequences/results of a particular procedure or treatment. To insure our complete understanding, we must insist on clear and concise explanations and we must be prepared to ask questions (hint: write the questions out ahead of time) and to have the questions answered to our satisfaction. A very simple rule to follow is "if you don't understand it, then it is wrong". If a verbal explanation or anything in writing is unclear, don't accept (or sign) it until you, the patient/customer are satisfied. Remember....It's not "right", unless you understand it. Hopefully, the foregoing "food for thought" will lead to a more comfortable relationship between you and all medical personnel. Best of luck!!

STOMA SURGERY: TRYING TO GET IT RIGHT!

By: Joshua Katz, MD, Cleveland Clinic, Florida, Via: Broward Ostomy Association

Creation of a stoma (Ileostomy, Colostomy, or Urostomy) represents a major, immediate, and sometimes permanent change in the life of a human being. This can have profound effects upon lifestyle, intimacy, employment, recreation, and travel. Fear, misunderstanding, loss of self-image and social isolation can compound the situation. Colorectal surgeons and nurses who care for patients with a stoma must recognize that to save someone from a life threatening condition means little if the life the person returns to is made miserable by a poorly functioning stoma. The objective of any operation involving a stoma is to create a stoma that the patient can care for with simple routine using an appliance that fits reliably, comfortably, and protects the surrounding skin. Time between faceplate (wafer) changes should be at least three, and preferably five to seven days. There should be no leakage of feces around the appliance. Creation and utilization of a stoma is a team approach, involving the patient, the Enterostomal Therapy Nurse (ET), and the colorectal surgeon. Patients must assume responsibility for their own health and well-being. They need to learn about their disease and understand what operation is being performed and why. They need to know whether they have a colostomy or ileostomy, and whether it is permanent or temporary. An important rule to keep in mind is "WHEN YOU DO NOT KNOW, ASK." It is useful to keep a medical summary of one's medical and surgical history written down. List current medications, physicians' names, addresses and telephone numbers. If a relative or friend has power of attorney or is a healthy proxy, or if there is a living will, this should be recorded too. One may also choose to obtain copies of operative notes and discharge summaries from recent or complex procedures and hospitalizations. This record is particularly critical when traveling or relocating. It is important to know that by law, all information about a patient must be made available upon request of the patient. This means that at any time, you can request a copy of your medical record. In particular, patients planning a long journey (more than one week) or relocation, should notify their doctor, travel with a copy of their medical record, and prior to leaving, seek and obtain the name and number of a physician at their destination. destination. The Enterostomal Therapy Nurse (ET) also plays a critical role in the preoperative and post-operative management. Prior to surgery (in elective or non-emergency cases) the surgeon and ET sit down and review with the patient what procedure is being done and why. The patient then has his/her body examined while standing, sitting and lying down to determine the best place on the abdominal wall to locate the stoma. One or more sites are then marked so that the surgeon knows where to place the stoma during the procedure. Principles of stoma location and creation include: Keeping the stoma away from bony landmarks (ribs, hips) scars, creases; Making sure the patient can see the stoma.; Not placing the stoma in the midline abdominal incision; Keeping the stoma within the rectus muscle to prevent peristomal hernias where possible, preventing tension and assuring adequate blood supply; Everting (budding) the stoma to permit proper pouch placement. Enterostomal therapist can help patients adapt postoperatively to living with their stoma by assessing the quality of the appliance and its fit and modifying the pouching methods before developing a regimen with which they are comfortable. The ET can facilitate and direct the process. Patients with ostomies should consider a yearly visit with an ET to reassess pouching methods and to assess for problems. While these principles of preoperative assessment and operative management are considered the standard of care by colorectal surgeons, there is as yet no data that proves the validity of these principles. Also, there are some patients with optimally constructed stomas who are miserable and some patients with extremely poorly constructed stomas who function well. For this reason, Cleveland Clinic, Florida, is conducting research to determine if the currently espoused methods actually impact upon quality of life and stoma function. We have developed a "stoma scoring system" and have used this to assess 70 patients in conjunction with validated quality of life estimates as well as appliance wear time and leak rate. Data are currently undergoing statistical analysis and the results will be published.

BERRIEN COUNTY CANCER SERVICE
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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 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 office.

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 office. 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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