

BERRIEN COUNTY CANCER SERVICE

7301 RED ARROW HWY.

STEVENSVILLE, MI 49127



**OSTOMY
NEWSLETTER**

November – December 2011



YOU CAN'T QUIT

Via: Rambling Rosebud & Indian River, Florida

The following is an ageless essay from an American whose indefatigable style in the face of adversity inspired millions around the globe during his struggle with cancer. I hope it will inspire you even now, for his wisdom lives on beyond his own days in this life. Although in this, he focuses on his fight against cancer, the author's can-do attitude can be a boost to ostomates whether or not they have fought cancer, for he carried on a very active life—as a urostomate.

“The worst moment of my life was when I discovered I had cancer. I know what this dreaded disease can do to a person and what the chances of survival are. But if you think of yourself as a statistic, then you are really in trouble. You have to believe you can win this fight. You have to gear yourself to the continuity of the struggle, knowing that there will always be days when you won't feel good. My faith and hope gets me from day to day. Deep down, I believe in miracles. They have happened to a lot of people who were given up to die and then were restored to good health. But there are days when I get discouraged, when I start feeling sorry for myself, I tell myself, “the doctors told you this would happen. You can't do anything about it, so get on with living.” If you can't get over self-pity, then the games all over. I think the biggest mistake is giving up. Adversity is an experience, not a final act. Some people look on any setback as the end. They are always looking for a benediction rather than an invocation. Most of us have had enough problems so that almost any day we could fold up and say, “I've had it!” But you can't quit. Life is a struggle. If anything is easy, it's not likely to be worthwhile. The important thing in any setback is whether you can pick yourself up. That helps me with my illness. I keep thinking, “Well, tomorrow's another day.” There are many people who say, “It's all right for you to talk about tomorrow being another day, but if you knew how much pain I suffer.....” I do know. Let me tell you something. When you give, you receive back a thousand fold. If you have a well and draw water from it, it fills. If you don't draw water from it, it gets stagnant. You have to learn to give yourself. I hope that I can demonstrate for others that you don't have to throw in the towel when you have something like cancer. Be grateful for every day of your life. Be buoyant about it, and do the best you can with what you have.”—The Honorable Hubert H. Humphrey

WHAT IS THE RIGHT WAY TO USE SKIN BARRIER PASTE

Via: www.convatec.com & Hemet-San Jacinto, CA.

There are a variety of types and brands of skin barrier pastes, so check with the manufacturer of the brand you're using for specific instructions. Skin barrier pastes are used as “caulking” to fill in the space between the stoma and the opening in the skin barrier. Skin barrier pastes are not “glue”, and should not be used to keep the pouch on the abdomen. The pastes fill in gaps or uneven areas, protect the skin around the stoma, and can increase wear-time.

Generally, this is the procedure you should follow if skin barrier paste has been recommended to you.

1. Remove the soiled wafer and gently clean the skin around your stoma in the usual way. Pat the skin dry.
2. Apply a bead of skin barrier paste around the stomal opening on the body side (sticky side) of the skin barrier/wafer or apply the paste to the skin immediately surrounding the stoma.
3. Let the paste air dry for about one minute.
4. Gently place the wafer over the stoma and on to the skin. Hold in place for a few minutes, allowing the warmth of your hand to mold it to your abdomen.
5. Attach your pouch to the flange on the skin barrier.

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 the 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. 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.

HELPING PATIENTS ADJUST

Via: GB News Review

The patient with an ostomy is apt to foresee a life of ostracism. Even though he/she may have been ill and limited in activity for a long period, it will be difficult for him/her to acknowledge the inability to voluntarily control his/her bowel or urine function. As his/her family doctor, you may be able to handle the patient's questions and emotional difficulties better than the consultant, a stranger to the patient. But, the best medicine is a visit by a healthy, happy, fellow ostomate. It is also important that the patient is associated with an Enterostomal Therapist. If the patient is a woman, the sight of an ostomate in a slim sheath without a telltale bulge can provide assurance. And, the visitor will answer the type of questions the patient might be reluctant to ask others. The following are typical questions new ostomates ask, and the answers a fellow ostomate can provide.

CAN I HAVE INTERCOURSE? When the patient asks about the potential for sexual intercourse, it's a harbinger of a successful adjustment. A man will be concerned about his ability to perform; a woman about her ability to attract and satisfy. All too often, the subject is skirted or, even worse, is handled negatively with, "What difference does it make at your age?" or "This operation is going to save your life—isn't that enough?" According to the United Ostomy Association, it is estimated that approximately 10-20 percent of male ileostomates suffer impairment of sexual function and potency. But fortunately, this is only temporary in most cases. Males who have had urinary ostomies early in childhood can usually perform sexually, but they may be sterile. More than half of the males who have urinary surgery as adults for bladder malignancy are impotent. The average age for this surgery is 74. Male colostomates vary in their degree of potency from full potency to complete impotency. In many instances, potency is retained, but in these cases the patient is sometimes sterile. In some patients, potency is lost due to the extent of the surgery. In a few cases, regardless of the type ostomy, it may take as long as two years to regain potency.

IS MARRIAGE POSSIBLE FOR ME? Many ostomates have married. An ostomy is not a barrier to getting married. The first ET nurse, Norma Gill, was married after her ostomy surgery. And usually, no marriage breaks up solely on the basis of the ostomy, although it may put added pressure on an already weak relationship as will any serious illness or emotional event. In fact, a remarkable 82% of ostomates are still married to the same spouse a year after surgery. This compares to 76% of the normal population.

CAN I HAVE A CHILD? A patient contemplating pregnancy should consult her physician for evaluation of her individual situation, but an ostomy in a woman does not preclude a successful pregnancy. In addition, an ostomy is not an indication for a caesarean section. Many ostomy women have normal vaginal births. There is a need, however, for close medical care during pregnancy. The ostomy may tend to enlarge or protrude. This may require a temporary change in her ostomy management system to permit modifications to the size and location of the stoma. An ostomy woman may also require more careful monitoring of her diet and fluid needs. But, on the other side, ostomy women never worry about constipation or hemorrhoids like their continent friends.

CAN I TRAVEL? The patient can go anywhere in any type of vehicle. An ostomy alone does not stop someone from climbing mountains; riding horseback; flying in airplanes; driving in autos; riding bicycles; taking cruises; etc. All ostomy patients should buy a copy of the book, "Yes, We Can!", by Barbara Kupfer. It is currently the best resource on traveling and offers all types of valuable advise on traveling with an ostomy and tips for everyday living.

WILL I BE ABLE TO SLEEP AT NIGHT? Any comfortable position may be assumed with a correctly applied ostomy appliance. Having an ostomy will probably improve the sleep of a patient who had previously been sick.

CAN I PARTICIPATE IN SPORTS? Ostomates report enjoying many types of sports-water skiing, body surfing, skin diving, tennis, golf, baseball, football, hockey, weight lifting, running, bicycling, hiking...you name it. Rough contact sports require special protection for the stoma, but, there are professional athletes in all types of sports with stomas. An ostomy alone, is not a reason not to participate in sports. You can assure your patient that he/she will be back on the golf course, hitting them as good as always. The ostomate's desire is to return to his/her normal way of life and there is every reason he/she will do just that.

THE WINTER OF LIFE

Via: E-mail & The Regina Ostomy News

You know, time has a way of moving quickly and catching you unaware of the passing years. It seems just yesterday that I was a young girl, just married and embarking on my new life with my husband. And yet in a way, it seems like eons ago, and I wonder where all the years went. I know that I lived them all... And I have glimpses of how it was back then and of all my hopes and dreams... But here it is...the winter of my life and it catches me by surprise...How did I get here so fast? Where did the years go and where did my babies go? And where did my youth go? I remember well...seeing older people through the years and thinking that those older people were years away from me and that winter was so far off that I could not fathom it or imagine fully what it would be like... But here it is...husband retired yesterday and he's really getting gray...he moves slower and I see an older man now. He's in much better shape than me...but, I see the great change... Not the one I married who was dark and young and strong...but, like me, his age is beginning to show and we are now those older folks that we used to see and never thought we'd be. Each day now, I find that just getting a shower is a real target for the day! And taking a nap is not a treat anymore...it's mandatory! Cause if I don't on my own free will...I just fall asleep where I sit! And so, now I enter into this new season of my life unprepared for all the aches and pains and the loss of strength and ability to go and do things. But, at least, I know, that though the winter has come, and I'm not sure how long it will last...This I know, that when it's over...I will enjoy the Spring in the arms of my loving Father...and wait for my loved ones to come when their winter is over too... So, if you're not in your winter yet...let me remind you, that it will be here faster than you think. So, whatever you would like to accomplish in your life, please do it quickly! For remember that scripture...our life is but a vapor, it vanishes away...So, do what you can today, because you can never be sure whether this is your winter or not! You have no promise that you will see all the seasons of your life...So, live for today and say all the things that you want your loved ones to remember...

EATING & DIGESTION AFTER ILEOSTOMY SURGERY

Via: Metro MD

There is no such thing as an ileostomy diet. An ileostomy is not a sickness, so there is usually no health reason for not eating the foods you ate in the past.

If you have a special diet because of heart disease, diabetes, or other health problems, you should ask your doctor about a diet that will work with both the problem and your ileostomy. You may wonder if you will be on a limited diet after surgery. Here are a few simple guidelines about your diet. Doctors often have their patients follow a low-residue diet the first weeks after any abdominal surgery. This includes only foods that are easily digested and excludes raw fruits and vegetables. Be sure to find out when you can start a regular diet. Eat all foods that you like except those restricted by your physician. Try one food a day that you have not eaten since surgery. Eat small portions at first, then gradually increase the amount. Chew well. If a small serving gives you cramps, diarrhea, or odor, eliminate that food from your diet temporarily and try it again in a few weeks. If it still bothers you, try it again in six months. Eat a balanced diet. You need protein, fats, carbohydrates, vitamins and minerals, just as you did before your illness. Your diet should include dairy products, vegetables and fruits, meats, fish, or legumes high in protein and cereals, bread, and liquids every day. Watch for foods that cause watery discharges with cramps or partial obstruction of the small bowel. Some foods may tend to clump together to form a mass difficult to digest or expel. If this occurs, the ileostomy may squeeze out the water and retain the pulp. Nut, kernel corn, popcorn, coconut, Chinese vegetables, coleslaw and celery are among the trouble makers if eaten in large quantity. Many ileostomates find that these foods can be tolerated in small amounts if chewed well and eaten in combination with other foods. Experimenting is the only way to find out for sure. Eat regularly. Skipping meals to avoid gas or discharge is unwise because your small intestine will be more active, and more gas and watery discharge might result. Some people find it best to eat a lesser amount of food four or five times a day. Drink plenty of liquids. A minimum of one quart a day is recommended. Dehydration and loss of electrolytes are possible if not enough fluids are consumed in a day. Foods which are difficult to digest such as whole corn, Chinese foods, skins or seeds, may appear in the pouch, undigested, if not chewed well. Medication in the form of coated tablets or time-release capsules may also come out whole in the pouch and be of no benefit at all. Beets will make ileostomy output turn a reddish color rather like blood, but there's no harm done. Tomato juice and food dyes may change the usual color of ileal discharge as well. Tomato skins can also appear in the pouch.

For some ileostomates, milk or large quantities of beer can cause a watery discharge, as can iced beverages. How long is it before intestinal contents flow through the stoma after eating? This varies with each individual. It may take anywhere from 20 minutes to several hours after eating. Some ileostomates find their movements occur regularly after eating; others find their movements are irregular. What you eat or drink, your mood, and your health may affect how long it takes, as does the length of the remaining ileum and many other personal characteristics of your digestive system.

What does it mean when the skin around my stoma is itching?

1) The skin around the stoma may be exposed to drainage, causing minor irritation. Check your pattern, and remember it should be 1/16th inch larger than the stoma., unless you are using an extended wear barrier. Then you would cut it to fit the stoma.

2) You may have a yeast infection. If you are diabetic or have been on antibiotics, you are more prone to yeast infections. It is easily treated by using Mycostatin powder on the skin around the stoma. Obtain a prescription from your physician. Apply a thin layer of powder to the skin, rub it in gently, brush off excess and seal it with a protective wipe such as Skin Prep. Change the wafer in two or three days to check the progress. Contact your WON/ET nurse for further help or information.

How often should I change my Appliance?

This becomes an individual decision. Many people establish a routine changing day based on the following:

1) Leakage occurs, 2) Itching or irritation occurs, 3) Routine basis changes to prevent the preceding from occurring.

If your pouching system is not holding, you need to contact an ET nurse to determine a better system for you.

DON'T NEGLECT INTESTINAL BLOCKAGES
By Bob White, Editor of S. Brevard, FL Ostomy Assoc. Via: The Pouch, Northern VA.

My first article on the dangers of blockages in ileostomates was written in our newsletter's first year, 1982. Since then, I have either written on the subject or reprinted other articles at least ten times. After the death of my beloved wife, Eleanor, in February 2006, as a result of complications arising from that pernicious condition, I resolved to call attention to it once more. Other things took my attention, but then, in the April 2006 issue of the Metro Halifax Ostomy Association newsletter, I read

an article by Carol Ganje of the Greater Seattle Ostomy Association; it was a graphic description of her hospital experiences resulting from two intestinal blockage (IB) attacks.

It awakened me once more. Like Carol, Eleanor suffered, in rapid succession, two such blockages. In the first, we went to the ER at 7:00PM one day, leaving it at 2:30 AM the succeeding day, supposedly cleared of the condition. Two days later, I sat at home watching Eleanor, who had seldom complained of discomfort, suffer excruciating pain which we both knew must be a recurrence of the blockage. When she finally consented to have me call 911 (it was a Friday—EVERYTHING medically bad happens on weekends), we were taken to the ER at Palm Bay Hospital where an excellent ER team took my Eleanor under their wing. The immediate symptoms were arrested, IVs and pain killers were administered, and Eleanor was eventually admitted to the ICU where she remained until, on February 20, she slipped away from us. Her entire system had been affected by the failure of her digestive organs, and she was unable to recover her strength. Carol survived her experience with IB—Eleanor, and others, did not. What can cause a blockage? A slowly closing stoma due to scar tissue, or, more often, injudicious choice of foods. It's not the purpose of this article to discuss the causes of IB. It is rather to warn everyone that if the symptoms arise—the lack of flow, the griping, above all, the awful pain—FOR GOD'S SAKE, SEEK HELP WHEN IT BEGINS, NOT AFTER EIGHT OR TEN HOURS OF SUFFERING!!!! A great ER team may be able to save you then, but the odds against a successful result grow with every hour that goes by. If this seems alarmist, it's intended to be. The loss of a loved one is a grievous blow. It's much worse if, possibly, it could have been prevented with the recognition of a problem and the taking of immediate steps to deal with it. DON'T FOOL WITH INTESTINAL BLOCKAGE!

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.

WASH THOSE HANDS

Via: M.A.O.G. Memphis, TN. & Hamilton/Fairfield, OH Chapter

We were taught that infectious agents (bacteria, etc.) were primarily carried through the air. We know that direct contact with infected materials, particularly from our hands, is the number one transmitter. The hand that covers a sneeze, removes a soaked bandage or scrubs a bathroom, carries microorganisms on its surface and in skin crevices, including the fingernails. If this same hand, unwashed, goes on to handle food, dress a baby or bandage a cut, or change an ostomate's pouch, it can spread "bugs" most effectively. Frequently hand washing is the most important activity we can perform to prevent infections to others and ourselves. But thorough washing requires effort beyond a mere quick rinse: at least 20 seconds of vigorous friction with soap is the minimum. As this relates to ostomy care, it means washing before and after emptying.

BEST OFFER WILL BUY – Cable Nelson Spinnet Piano, medium oak color with bench included. Proceeds will benefit BCCS. Phone 269-429-3281 for information.

BERRIEN COUNTY CANCER SERVICE
7301 Red Arrow Highway – Stevensville MI 49127
(269) 429-3281

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
49107

Michigan Gateway Community Foundation
111 Days Avenue
Buchanan, MI

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.

OSTOMY SUPPORT GROUP

2nd Tuesday of each month- 6:00 p.m.

Lakeland Regional Medical Center

Community Room

1234 Napier Ave

St. Joseph, MI 49085

Phone: (269) 983-8804

OSTOMY SUPPORT GROUP

3rd Tuesday of each month- 1:30 p.m.

Berrien County Cancer Service

7301 Red Arrow Highway

Stevensville, MI 49127

Phone: (269) 429-3281

BERRIEN COUNTY CANCER SERVICE, INC.
7301 Red Arrow Highway
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