

BERRIEN COUNTY CANCER SERVICE

7301 RED ARROW HWY.

STEVENSVILLE, MI 49127



**OSTOMY
NEWSLETTER**

September - October 2011



United Way
of Southwest Michigan

MARSHMALLOWS...AN ILEOSTOMATES BEST FRIEND

Via: Various Websites and New Life Newsletter & GB News

- * Eat a couple of marshmallows up to 30 minutes before changing. One ostomate says: "I eat a couple of marshmallows just as I go into the shower, which takes me 10 to 15 minutes to complete. I also skip a meal before changing my appliance. Combining the marshmallow, lack of food and a blast of cold water on my stoma in the shower for about 20 seconds does a pretty good job of shutting me down during the changing process."
- * Put an ice cube in a thin washrag and circle the stoma for about 20 seconds. This will shock the stoma into delaying output for a while.
- * Just before removing the pouch and flange, rinse the pouch with warm water, shake the pouch up and down well, which will clean the out-put away from your stoma. Then do a cool water rinse, and the stoma will slow the output for a while, giving you time to change the pouch.

THINGS NOT TO DO IF YOU'RE AN OSTOMATE

Via Solano, CA, Chippewa Valley, WI & S. Brevard, FL.

This is a collection of items compiled from the Internet and many other sources. It is just a reminder that we should not take ourselves too seriously.

Do Not

- * Drop a clip in the toilet. It is a prudent idea to always carry a spare clip.
- * Stand up too quickly when the clip is caught on the edge Of the toilet seat. Most of us have done this and had to stop instantly in mid-air because the clip caught on the inside edge of the toilet seat. The clip will lift the seat and you feel like a fish caught on the end of a line. Quite a bad visual image, but we only do it once— or maybe twice? No, we'll make this goof our whole lives and it will surprise us every time! This is especially a problem for a woman. Imagine being at someone's home and dropping the toilet seat loudly just before you leave the bathroom. Everyone just looks and wonders why a woman would be dropping a toilet seat.
- * Use a hot setting when drying your appliance with a hair dryer. Use the cool setting only. Plastic melts!
- * Let your dog jump on you when your pouch is full. The dog's nails may puncture the pouch.
- * Drink Power Ade Mountain Blast or Gatorade Blue Bolt before a doctor visit. Those products can turn output bright green. This is especially true if you have an ileostomy. All food dyes turn your stool the color of the dye temporarily. It will surprise you the first time it happens. This includes Blue Hawaiians or red beets. Beets make you look like you're bleeding to death.
- * Fail to heed this warning (for men only: You may want to angle the pouch toward the outside of your leg. This warning is especially true if you use a drainable pouch. This will keep the clip away from your private parts. Sorry if this is a wee bit graphic for the faint of heart, but it will make you more comfortable.
- * Fail to heed this advice (for women only): The clip may bother you also. You have the same option as men (angle the pouch toward the outside of your leg). Also, keep the clip away from a sanitary napkin. If the clip gets caught on the pad's adhesive, the clip could be pulled off.
- * Put a cat on your lap. A cat's claw could cause a tear in your pouch. If you sleep with a cat, notice this: Cats sometimes curl up next to the pouch when you're sleeping to keep warm.
- * Be surprised at what happens when you drink beer. Beer may blow up your pouch with gas. This may be helpful when you need a flotation device.
- * Put underarm-type deodorants around the pouch or barrier. The deodorants might dissolve the pouch or barrier. If you want some kind of odor control—although modern pouches are odor proof—use mild mouthwash (Cepacol works well) or one of the commercially-made products that will not harm your stoma or your pouch. Many chemicals can damage an appliance.
- * Note from an ET nurse: Do use whatever techniques and products work best for you!

HOW TO TELL SOMEONE YOU HAVE AN OSTOMY

Via: The “Ralph Kaye” San Antonio, TX. Chapter

In this world of technological advances, there are all kinds of people clamoring for information about you. Here are some questions you should ask yourself when giving out personal information. “How will I benefit from certain persons having certain information? How will the person asking the questions benefit from my answers?” Thinking back to those critical days of adjustment just after your ostomy surgery, you may only have wanted people around you that you trusted and loved. At that time, you may have needed the support of a spouse, friend or children. In order for those people to support you, they needed to know about your ostomy surgery. By sharing this information you were helped through what for some was a very difficult time. Once you were home, friends and neighbors started to call and then to visit when you felt up to it.

The question arose as to “What do I tell them about my surgery?” Probably, you thought about each person and his or her relationship with you—the closeness you felt for that person and his or her relationship with you—and maybe, the sincerity of that person’s concern for you. After considering these factors, you may have made a decision to tell the person about your ostomy. Based upon the reaction to your story, you made another decision—whether to tell about your ostomy to those who inquired about your health. As your health progressed and you began to return to work, the question arose again. “Should I tell my employer about my ostomy?” Here again a couple of questions needed to be asked. “Do I need support from my employer because of my ostomy? How does my employer knowing about my situation help me?” This becomes situational. For example, if I work an assembly line and must take prescheduled breaks, and I’m still adjusting to emptying my pouch, I may or may not need a different schedule for breaks than those enforced. My employer needs to know that I’m not just breaking the rules, but have a real need. Whether to tell someone you have an ostomy becomes a matter of who has a right to know, and how you will benefit from their knowing. To tell someone you have an ostomy becomes clearer when the benefits are weighed. Simply explain that you had some surgery for whatever reason you had your surgery, and it necessitated having an alternate route made for emptying either your bowels or bladder. By having had this surgery you were given the chance to increase the length and quality of your life. Share with the person whom you have decided has a right to know about your surgery, using pamphlets and brochures available from the United Ostomy Association and other sources. Educate those persons you believe have a vested interest in your well being.

CROHN’S DISEASE AND ULCERATIVE COLITIS: WHAT YOU NEED TO KNOW

Although Crohn’s disease and ulcerative colitis are complicated diseases with potentially serious consequences, with prompt and proper treatment most people diagnosed with either of these conditions are able to lead normal, productive lives.

Via: Healthy Perspective, Prince William Health System by Michael C. Brown, MD

Crohn’s disease and ulcerative colitis are forms of inflammatory bowel disease (IBD) and are distinct from Irritable Bowel Syndrome (IBS) explains Dr. Michael C. Brown, a gastroenterologist who practices at Prince William Hospital. Crohn’s disease and ulcerative colitis are both caused by immune system dysfunction. In the case of ulcerative colitis, the body’s own immune system attacks the lining of the colon, while in Crohn’s disease problems can develop not only in the colon but also in the small intestine “and in unusual cases, the stomach and the esophagus,” says Dr. Brown. The exact cause of these diseases, says Dr. Brown, is not clear. “Both diseases are more common in developed countries, which is true with any autoimmune disease,” he notes. “There is a lot of thought and research going into the idea that the body’s immune response is triggered by bacteria and then misdirected against the body itself.” In addition, both diseases are influenced by genetic factors.

Crohn’s disease and ulcerative colitis usually develop in young people between fifteen and thirty years old and older adults in their seventies and eighties, although it is possible to develop either illness at any age. What can make diagnosis and treatment challenging is that the type and severity of symptoms can vary significantly between individuals. Bloody diarrhea, frequent bowel movements, and feelings of urgency are typical for ulcerative colitis.

But for Crohn's disease, "the symptoms really depend on where the disease is active," according to Dr. Brown. "If it's in the colon, it can mimic ulcerative colitis. If it's in the small intestine you can have more problems with abdominal pain, bloating, nausea, or a combination of these." Also substantial weight loss can occur, the result of chronic inflammation and poor absorption of nutrients. Anyone with chronic or progressively worsening symptoms of this sort should seek a physician's evaluation. If Crohn's or ulcerative colitis is suspected, colonoscopy and biopsy are used to properly diagnose these illnesses. "During colonoscopy, inflammation and ulcers can typically be seen," says Dr. Brown. "It can be quite severe." Dr. Brown notes that Crohn's and ulcerative colitis are typically chronic illnesses requiring "a specific balance of medications and sometimes surgery at some point." How these diseases are diagnosed and treated is very individualized, explains Dr. Brown. "It's not one disease, and for each patient it's very different." Dr. Brown stresses the importance of early and proper diagnosis to prevent long-term complications of these diseases. "Malnutrition can be very serious. For children, that malnutrition can affect future growth and development. Chronic ulcerative colitis can lead to an increased risk of colon cancer. And Crohn's disease can lead to the formation of intestinal strictures". Developing a good relationship with a physician who will closely monitor symptoms and adjust treatment accordingly is one of the most important steps a patient can take to manage these illnesses, says Dr. Brown. Fortunately, he adds, "Most people are able to go about their lives relatively normally and deal with the disease and its symptoms as needed."

OSTOMATES NEED FAMILY SUPPORT

Via: Greater Cincinnati Chapter & The Hamilton/Fairfield Chapter of UOA

Spouse and Family Support for Ostomates produced by UOA for spouse and family members, especially written for those new to the ostomy experience. Those who have had years of experience as an ostomy family member may also find it valuable.

Introduction: The spouse of a person with an ostomy plays a vital role in the rehabilitation process. It is important to understand basic ostomy information and the psychological impact of the procedure. Spouses may experience feelings of grief, guilt and anger. These feelings are perfectly normal and will lessen in time as both parties adjust to the ostomy.

Role of Spouse: Your role as a spouse is one of support and encouragement. These elements are vital to any relationship and provide a basis for an emotional recovery and acceptance of the ostomy. This life-saving, body-altering procedure can affect people in different ways. How you react to the physical changes from surgery will be conveyed to the ostomate in many ways. Watch your body language. If you were a person who liked to cuddle before the surgery, then continue to reach out to your spouse. Couples have a tendency to "protect" each other and not be truthful about their feelings. Initiate open communications with your spouse and discuss any concerns either of you may have about the surgery (I.e., fear, anger, resentment, relief). Ask questions about changes you do not understand. Remember...the person with the ostomy has not changed, only their anatomy has. How you and your spouse accept that change will influence your quality of life. Armed with adequate information and a positive outlook, you may find that having a family member who has survived body-altering surgery often leads the entire family to a greater appreciation of life.

THOUGHTS ON ODOR MANAGEMENT

by Rosemary Van Ingen, ET, Via: Northern Virginia Chapter Pouch

Isn't it interesting that people with normal intact bowel tracts and urinary systems manage odor problems in an acceptable manner in our society? But when disease or trauma strikes, and the person is the owner of an ostomy, the one big concern is the fear of offending society with an odor.

What's an ostomy? Basically an ostomy is a man-made exit site that changes the point of exit from the bottom or back of our body to the front. Our eyes and noses are obviously on the front of our body, which leads us to be more aware of our changed body image and our odor-producing products. I'm sure you've heard the statement, "You've come a long way, baby." Yes, ostomy management has come a long way-considering that as little as ten years ago, we had very few 100% odor-free pouching systems.

Ostomy Collecting Receptacles- When ostomy surgery was first developed, ostomates wore anything to collect output. Tin cans, rubber gloves, cups of all shapes and sizes, bread wrappers, and plastic margarine cups just to mention a few, were standard equipment for the ostomate. Not only the feasibility, but the odor problems this type of equipment produced, was enough to give ostomy surgery and people who had ostomies a very deplorable place in our society. Presently, almost all the ostomy pouching systems available to us today are made of odor-barrier materials.

Odor Detective Work- Therefore, if an ostomate does have a fecal or urinary odor about them, some detective work should be done: Check out the application of the pouching system to the body. Is it leaking? Check out the closure of the pouching system—is it closed properly so that no fecal matter is oozing out after the closure? Do not put holes in the pouch as gas will seep out continuously.

Urostomy Odor Cautions- The urostomate should rinse or wipe off the spout of the pouching system with a bathroom tissue after emptying. Those few drops left in the spout after closing the pouching system can cause a urine odor under clothing. It is interesting to note that most urostomy pouching systems on the market are odor-proof, but the connecting tubing and bedside and leg bag are not. You must dispose of and replace these products when they take on urinary odors, or else your entire living quarters will smell.

Elimination in Ostomates vs. Non-Ostomates- Emptying an ostomy pouching system is comparable to a person with an intact bowel or urinary tract having a bowel movement or emptying their bladder. How does the non-ostomate handle the odor produced by the normal function of their body? Room deodorizing sprays are popular; a quick flush of the toilet when defecation occurs, and opening a window are some acceptable methods that have been used for odor management.

Why are Ostomates so uptight about elimination odors when our pouching systems are emptied? This constant complaint has encouraged ostomy supply manufacturers to create products to meet the need for odor control. Just remember, there is not a man or woman on this earth whose wastes do not smell. If someone tells you that their waste products are odorless, then a nose overhaul is in order for them!

SCHEDULE FOR POUCH CHANGE

Via: Sherman Area Ostomy Association, "Ostoline"

There is no preset schedule for pouch changes; the idea is to find your individual schedule for pouch change that prevents leakage and provides you with control. The uncomplicated stoma that is appropriately sited and well-constructed usually can be managed with a pouch change frequency of every 5-7 days; with more durable products, some individuals can maintain secure seals for 10 days or longer. In contrast, the person with a poorly sited stoma or a retracted stoma may require twice-weekly pouch change to prevent leakage; occasionally, daily or alternate-day changes may be required.

Establishment of the optimal frequency for pouch changes requires individual adjustment and experimentation. Signs of undermining and impending leakage are itching and burning of the peristomal skin, odor when the pouch is closed, or visible melting down of the skin barrier. The pouch should be changed promptly when any of these signs are present.

DON'T THROW THEM AWAY

Your unused ostomy supplies would be greatly appreciated, regardless where you may live.

Ostomates often change the type of appliances that they wear, sometimes resulting in a surplus of ostomy supplies that he or she may never use again. Some ostomates are fortunate enough to be able to be reconnected and no longer need pouches. If you or a loved one find yourself with an unused supply of ostomy supplies that have been properly stored to protect their usefulness, don't throw them away! Consider donating them to the local chapter. You can specify that you would like them to be used locally if possible. Over the years, many tri-state ostomates needs have been met by such generosity.

Such supplies are used first to meet local needs. After requests for help are met, remaining supplies are sent to Friends of Ostomates Worldwide. They are then distributed to ostomates in third world countries who do not have access to the modern ostomy appliances that we have here in the United States. Don't take your pouches for granted, and please, never throw supplies that are no longer needed away! The Berrien County Cancer Service takes unused ostomy supplies and gives those out free of charge to local patients in need.

If you would like to donate your supplies directly to Friends of Ostomates Worldwide, please contact the FRIENDS OF WORLDWIDE - USA President, Mary Jane Wolfe

If you live in Canada, please contact FRIENDS OF OSTOMATES WORLDWIDE - CANADA President - Jean-Pierre Lapointe.

HOW TO BE A HYPOCHONDRIAC

by Dean Edell, M.D. Via Metro MD

If you're a hypochondriac, I'd like to thank you. I owe much of my success to hypochondriacs. After all, if you're in search of a new disease, who better to turn to than me? I've got lots of wonderful new illnesses to keep you up to date on. Between five and thirty percent of patients are hypochondriacs. Not only that, but physicians are now consulted for minor medical problems, from back pain to colds, that in the past would have been treated at home. It is important to realize that hypochondriacs don't make up their discomforts-they just exaggerate them. Hypochondriacs even seem more sensitive to hot and cold, and to loud noises. The newest research tells us that this is a learned behavior. Most hypochondriacs had parents who over-reacted to their childhood illness. Recent studies have shown that the more attention you give your pain, the worse you'll feel. If you ask people having their teeth extracted to rate their pain every twenty minutes, they'll say they're in more pain than if you ask them to rate their pain every couple of hours. Another interesting experiment compared men walking on a treadmill and listening either to their own breathing or to traffic sounds, through earphones. Those who listened to their own breathing were more likely to complain of headaches and racing of the heart. I realize that it's sometimes difficult to decide if a symptom is serious enough to warrant consulting a doctor. But if the researchers are right, it seems that the more we concentrate on that symptom, the worse we'll feel. I'm reminded of the time my mother brought home a copy of the Merck Manual, a book that describes most of the major diseases known to medicine. Every time we looked up a symptom in it, we were sure that some family member had a horrible disease. When we finally threw it out, we all felt healthier. Now, I'm not trying to tell you to ignore your body. But you do have to accept that you'll have many minor discomforts for which medicine doesn't have an easy explanation. In an era when everyone is working to keep medical costs down, the privilege of running to a doctor for every ache can't last long. In the meantime, true hypochondriacs can be taught meditation, relaxation exercises, and other methods of focusing on the body in constructive ways.

**The Ostomy Support Group will meet with the Cancer Support Group
at BCCS on September 20 & October 18.**

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

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.

A letter to be used as a receipt and for tax purposes will be sent for all donations.

Another opportunity to help Berrien County Cancer Service

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

Before you follow any medical advice in this newsletter, or any other publication . . . check first with your doctor or ET nurse.

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