

BERRIEN COUNTY CANCER SERVICE

7301 RED ARROW HWY.

STEVENSVILLE, MI 49127



**OSTOMY
NEWSLETTER**

January – February 2012



United Way
of Southwest Michigan

“Courage is the art of being the only one who knows you're scared to death!”

HOW DOES AN OSTOMATE LOSE WEIGHT SAFELY?

Via: Metro Halifax (NS) & S. Brevard (FL) Ostomy Newsletter

NO, NOT BY MAGIC, but no one should be overweight, especially an ostomate. Besides the usual medical, surgical, psychological, social, and economic problems, obesity presents prosthesis management problems for the ostomate. Whether a diet is unsafe depends upon each person's specific medical condition or body need. There is no guarantee of safety with individualized trial and error and evaluation, and then it is only 99% safe, and even this can change with time. The safest course to follow is to consult with your physician for metabolic study. Discover if your overweight problem is medical, psychological, or incorrect eating habits, etc. Educate yourself regarding vitamins, minerals, proteins, carbohydrates, calories, nutrition, absorption, allergies, side effects, etc. This data can be obtained from books, at health food stores, and from dieticians, or nutritionists. Eat balanced meals. Seek quality, not quantity. Stay away from junk foods. Diet through natural means by forming healthy nutritional habits and not using medication as a crutch. Exercise actively

SOOOO—HOW DO I CLEAN THIS POUCH?

Via: Hemet-San Jacinto, CA

If you are cleaning a drainable two-piece pouch for reuse, use warm, rather than hot or cold water. Cold water doesn't lift stool or urine as readily from the plastic and the pouch is less pliable. Hot water will cause the pouch to wear out faster and may increase the likelihood of odor. If you want to rinse the pouch while you're still wearing it, use a small squirt bottle to get the water in it, slosh' it around by holding the end and let things empty into the toilet. Unless you have no option, it's best to remove the pouch entirely for cleaning. A bit of ordinary dish detergent with warm water, or, if bacteria is a concern, a bit of white vinegar mixed with water will do the trick. Fill the pouch with the warm water/soap/vinegar solution and slosh it by hand over the toilet, drain and repeat as necessary. It's not recommended that you wash these things in the sink- - the drains are usually too small to handle this sort of waste and the result will not be hygienic. Once you have things reasonably clean, you can hold the pouch under the bathtub faucet and let it rinse. Tub drains are larger and so long as you let a good flush of water follow, and scrub the bathtub on

a regular basis (which you do anyway, right?) your bathroom will not smell. Baking soda in the wash water and down the drain is an excellent deodorizer. You can hang the wet pouch by the ring on a hook to dry or just leave it flat on a towel and it will be ready for use the next day. The inside doesn't have to be bone dry for use, but the outside and ring should be. A lot of products have a thin fabric covering on them—nice against the skin when dry but very uncomfortable if damp. Make sure that part is dry before putting it back on.

PILLOW TALK

by E. McConnel, RNET, Snohomish Co. WA & The Greater Cincinnati Ostomy Association

Ever try to get into a comfortable position in bed only to find that your tummy flab or appliance seems to pull when you are on your side? Don't let it cramp your style. Happiness could just turn out to be a pillow. Try tucking one across your front and lean into it for firm support. If the pillow is too soft, first roll it like a bolster. A flat pillow placed between the legs in such a way that one end is brought up high enough to support the lower abdomen also helps to relieve or prevent any strain. If on your back, try a pillow under the knees for added comfort. If your feet get cold during the night, remember that pillows are not just for heads anymore. A soft pillow on the foot of the bed is perfect for tootsies to snuggle under. Try placing a pillow on top of you, under the sheet if you get stuck in a motel where bed clothing is inadequate for lowered temperatures—it will warm you up in a hurry. Even placing a pillow alongside your body helps. You know there are soft pillows, firm pillows, goose downs, satin jobs, king size, crib size, wedges, rings, triangles—anything your little heart desires. Movie queens surround themselves with heaps of pillows. Turks perch atop them with their legs crossed, tough guys slam their fists into them, kids have pillow fights and dogs and cats curl up and sleep on them. As ostomates, we started out as pillow people, one pressed firmly into our back to keep us on our sides, one under the arm with the IV in it, one clenched tightly in our arms across the incision when we were made to cough, and even one under our bottoms when we painfully tried to sit up. If you have forgotten about pillows, just remember—they are a natural for ostomates. Try them, you might like them.

A LITTLE OSTOMY TEST

Via: Hemet –San Jacinto & Cleveland Ostomy Association

1. Your appliance has been on for 2 days and you experience a burning, uncomfortable sensation around your stoma. You:

- Ignore it. It seems to come and go anyway.
- Wait until the designated day to change your appliance.
- Take a cool bath.
- Change your appliance immediately.

The answer is d. Ideally, your appliance may stay on for five to seven days. However, if you experience burning or itchiness around the stoma, discomfort or pain around the stoma or discoloration of the adhesive, change your appliance regardless of the day. These signs usually indicate leakage. Stool or urine on the skin is very irritating. In addition, itching or irritation under the pouch can be due to dehydration. If you are pretty sure the appliance is not leaking and there is nothing externally wrong with it, try drinking a few glasses of water instead of removing the appliance. Don't be a hero. When it bothers you, change.

2. When you remove your appliance, you notice the skin around the stoma is reddened. To treat it, you:

- Apply cool compresses for a short period of time before reapplying your appliance.
- Apply a protective powder such as Stomahesive or Karaya to reddened skin areas, remove any excess, and continue with reapplying your appliance.
- Apply a soothing cream or ointment to the reddened skin areas.
- Use an alcohol wipe on your peristomal skin.

The answer is b. It is important to observe the skin around the stoma. Use a mirror to help observe the skin and stoma. If the skin appears reddened, irritated or weepy, you may require a protective powder. You may need to change your appliance every two or three days until the skin heals. While creams and ointments may be a reasonable solution for skin irritation in other areas of your body, they may not be useful around your stoma because your appliance will not adhere to moist or oily skin. Cool compresses may be soothing but cannot heal the skin. Alcohol will dry the skin which may cause it to itch.

3. Your neighbors invite you to a pool party. You:

- Decline the invitation since you cannot swim with an ostomy.
- Limit your fluid and food intake for 12 hours prior to the party so your stoma is not active.
- Accept the invitation.

The answer is c. If you enjoyed swimming before the operation, continue to swim after. For extra security while swimming, you may want to picture-frame the adhesive part of your appliance with paper or waterproof tape or apply a skin sealant, for example—Sween prep, directly over the adhesive. Printed rather than solid colored bathing suits help to camouflage the outline of the appliance. Some women prefer bathing suits with skirts and some men prefer boxer-style trunks, but snug fitting suits may be worn to hold the appliance firmly in place. If you have an ileostomy, limiting food and drink will not stop your ostomy from functioning. When the stomach is empty, the discharge is liquid, highly acidic and gassy. Skipping meals or limiting fluid intake leads to dehydration and/or electrolyte imbalance.

TRUE OR FALSE!

Via: The Ostomatic News, Dallas Area Chapter
Researchers have only recently begun to understand the many, often complex, diseases that affect the digestive system. Accordingly, people are gradually replacing folklore, old wives' tales, and rumors about the causes and treatments of digestive diseases with accurate, up-to-date information. But misunderstanding still exists, and while some folklore is harmless, some can be dangerous if it keeps a person from correctly preventing or treating an illness. Listed below are some common misconceptions (fallacies), about digestive diseases, followed by the facts, as professionals understand them today.

Ulcers—Spicy food and stress cause stomach ulcers. True or False? FALSE. The truth is almost all stomach ulcers are caused either by infection with a bacterium called *Helicobacter pylori* (*H. pylori*) or by use of pain medications such as aspirin, ibuprofen, or naproxen, the so-called non-steroidal anti-inflammatory drugs (NSAIDs). Most *H. pylori*-related ulcers can be cured with antibiotics. NSAID-induced ulcers can be cured with time, stomach-protective medications, antacids, and avoidance of NSAIDs. Spicy food and stress may aggravate ulcer symptoms in some people, but they do not cause ulcers.

Heartburn — Smoking a cigarette helps relieve heartburn. True or False? FALSE. Actually, cigarette smoking contributes to heartburn. Heartburn occurs when the lower esophageal sphincter (LES)- a muscle between the esophagus and stomach —relaxes, allowing the acidic contents of the stomach to splash back into the esophagus. Cigarette smoking causes the LES to relax.

Bowel Regularity—Bowel regularity means a bowel movement every day. True or False? FALSE. The frequency of bowel movements among normal, healthy people varies from three a day to three a week, and perfectly healthy people may fall outside both ends of this range. Constipation—Habitual use of enemas to treat constipation is harmless in Non-ostomates.

True or False? FALSE. The truth is habitual use of enemas is not harmless. Over time, enemas can impair the natural muscle action of the intestines, leaving them unable to function normally. An ongoing need for enemas is not normal; you should see a doctor if you find yourself relying on them or any other medication to have a bowel movement.

Irritable Bowel Syndrome—Irritable Bowel Syndrome is a disease. True or False? FALSE. Irritable bowel syndrome is not a disease. It is a functional disorder, which means that there is a problem in how the muscles in the intestines work. Irritable bowel syndrome is characterized by gas, abdominal pain, and diarrhea or constipation or both. Although the syndrome can cause considerable pain and discomfort, it does not damage the digestive tract as diseases do. Also, irritable bowel syndrome does not lead to more serious digestive diseases later.

Celiac Disease—Celiac Disease is a rare childhood disease. True or False? FALSE. Celiac disease affects children and adults. At least 1 in 1000 people and, in some populations, 1 in 200 people have celiac disease. Most often, celiac disease first causes symptoms during childhood, usually diarrhea, growth failure, and failure to thrive. But the disease can also first cause symptoms in adults. These symptoms may be vague and therefore attributed to other conditions. Symptoms can include bloating, diarrhea, abdominal pain, skin rash, anemia, and thinning of the bones (osteoporosis). Celiac disease may cause such non-specific symptoms for several years before being correctly diagnosed and treated. People with celiac disease should not eat any foods containing gluten, a protein in wheat, rye, barley, and possibly oats, regardless of whether or not they have symptoms. In these people, gluten destroys part of the lining of the small intestine, which interferes with the absorption of nutrients. The damage can occur from even a small amount of gluten, and not everyone has symptoms of damage.

WHAT YOU SHOULD KNOW ABOUT GENERIC DRUGS

By Sharon Williams, RNET, Via: The Triangle, Abilene TX & GB News Review

In recent years, generic drugs have become increasingly popular within the \$30 billion US prescription drug market. In fact, generic drugs now account for approximately one-third of prescriptions.

So why are generic drugs becoming so popular? For one reason, in 1984, federal legislation made generic drug approval easier. Plus, patients for many of the most frequently prescribed drugs have expired, allowing for generic competition. Perhaps the biggest reason for the generic drug boom is economic.

According to the FDA, generic drugs generally cost 30 to 40 percent less, and often as much as 80 percent less, than their name-brand counterparts. Usually, generics are exactly the same as their brand-name equivalents. However, some name brand manufacturers may correctly claim their products are better absorbed within the body than their generic competition—leading to quicker relief. This is particularly true with antibiotics, antihistamines and analgesics. If you're thinking about changing from a brand-name to a generic product, don't do it on your own. Some substitutions can be inappropriate. Consult your doctor for a generic equivalent. Or, tell your pharmacist you want the generic version, and ask him or her to call your doctor for approval.

HELPFUL HINTS FROM HERE AND THERE

Zip-lock sandwich bags are useful and odor proof for disposal of used ostomy pouches. Don't get hung up on odors. There are some great sprays and internal deodorants.... Remember: everybody creates some odors in the bathroom. Don't feel you are an exception. Hydration and electrolyte balance is of vital importance. Be sure to drink enough fluids to maintain good hydration (ileostomates, especially). Read and learn all you can about ostomies. You never know when you may find an opportunity to educate someone about the life-saving surgery that has extended so many lives. Learn to be matter of fact about this and never embarrassed. In the beginning after surgery, almost everyone experiences some depression. If you fit into this category, you certainly are not alone. But, it need not be a lasting condition. Try something as simple as walking—long walks. If the depression seems to linger, don't be afraid or ashamed to seek help. There is help out there! Never wait until you've used your last appliance before ordering new ones. Keep a list of your equipment, complete with order numbers, sizes and manufacturers. Let a number of your family know where you keep the list so that they can get the necessary supplies in the event of an emergency. Do not spread paste on the entire back of a barrier—it will produce less than satisfactory results. Use paste only sparingly to fill uneven areas and around the stoma. Paste is a great filler, if used correctly. Use a round clothespin to roll up your tube of paste. (works for toothpaste tubes too.) If you still have your rectum and have pain or a full feeling, you may have a collection of mucus which should be washed out. Check with your doctor regarding this.

CROHN'S MISTAKEN FOR ANOREXIA

Source: BBC News On Line, Via: Inside OUT & G.B News Review

Some children who are very thin are being misdiagnosed as anorexic when they have the gut disorder, Crohn's Disease, a leading expert has warned. Child health specialist Professor Ian Booth told a conference that treatment can be delayed for months as a result. He said teenagers with Crohn's, an inflammation of the digestive tract, could present with growth failure but no digestive symptoms. Professor Booth said doctors should be aware Crohn's was a possible diagnosis. The diagnosis problems arise when children and teenagers are extremely thin and failing to thrive, he told a British Society of Gastroenterology meeting in Birmingham. Doctors may assume the patients have anorexia when they are actually having problems eating and digesting food because of Crohn's disease. Crohn's usually affects the small intestine. People with the condition may develop obstructions in their bowel, making digesting food painful. Punitive Treatment Professor Booth told the BBC News website: "This is an issue which is numerically very small, but individually very important. "Growth failure in the absence of intestinal symptoms can be an important presentation of Crohn's in adolescents. The other important presentation is in wasting, as in malnutrition—so much so—that presented this way in adolescence, it is sometimes confused with anorexia nervosa." He said concerns about misdiagnosing children had first been raised 40 years ago, but cases were still being seen. Professor Booth cited the case of a girl who had suffered from low grade intestinal symptoms for several years. Her main symptom was a refusal to eat. She also had growth failure. "She was diagnosed by psychiatrists as anorexic and was admitted for in-patient treatment," he said. "She was exposed to a fairly punitive style management of anorexia. It was eventually recognized after about six months in hospital that she had small bowel Crohn's disease." Psyche Damaged He added: Crohn's disease can present as growth failure or sometimes masquerade as anorexia nervosa. "But mistakenly treating them for anorexia can cause damage to their psyche." Richard Driscoll, director of the National Association for Colitis and Crohn's Disease, said his organization received several reports each year of patients being misdiagnosed as anorexic. "Young teenagers may be losing weight and then stop eating because their condition makes it painful to eat. If they haven't got any other symptoms, their condition can be classed as anorexia. It's not something that happens frequently, but it does occur."

CALCIUM AND VITAMIN D: BEYOND THE BONES

Via: Consumer Reports: On Health, Via: Great Falls MT, Bib Sky Informer & S. Brevard FL Ostomy Newsletter

A flurry of recent studies has strengthened the case for getting enough calcium and vitamin D—not just to bolster your bones, but possibly to fend off colon cancer, premenstrual syndrome (PMS), and other health problems. In a four-year clinical trial involving people with colon polyps or precancerous growths, calcium supplements reduced the risk of new polyps 19%. Five years after that trial ended, researchers found an even greater reduction of 36%. A separate trial, published in 2003, found that calcium cut the polyp risk only if people consumed enough vitamin D, which boosts absorption of the mineral. Women who ate or drank at least four servings a day of low-fat dairy products or fortified orange juice—good sources of both nutrients—were significantly less likely to develop PMS than those who seldom or never consumed them, according to an observational study from the University of Massachusetts in Amherst. Previous studies have shown that calcium supplements can relieve PMS. Based on the results of eight clinical trials in older volunteers, average age 81, taking 700 to 800 international units (IU) of D—roughly twice the government's recommended dose for that age group—reduced the risk of hip fracture by 26%, while the standard dose provided no protection. That finding supports our long-standing position that the need for vitamin D rises with age. In addition, previous research has shown that adequate amounts of vitamin D may reduce the risk of several cancers and that calcium may help lower blood pressure. But despite the evidence of multiple benefits, most Americans fail to get enough of those vital nutrients. At age 60, everyone should have 1500mg of Vitamin D. At age 55, we need more sun exposure or 600 to 1000 IU.

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

SELECTING UROSTOMY EQUIPMENT

Via: Hemet-San Jacinto, CA Stoma-Life Newsletter
Generally, your appliance should stick to your body for at least three days and three nights. Some urostomates prefer to change daily. Your appliance should be easily concealed under normal clothing and be comfortable in any position, despite the stress you place on it in your daily activities. There are one-piece, two-piece, and custom-designed appliances. Appliances are made of various types of vinyl, plastic, and rubber. In hospitals where there are ET nurses, your personal needs will be evaluated and your appliance will be ordered for you. For some, this appliance is the style worn for a lifetime; for others, weight gain, normal growth, and other factors may later on require a new or different style appliance. Don't continue using a recommended appliance if it is not satisfactory. Try different types until you find one that is both comfortable and convenient to use. Sometimes a one-piece appliance might work better than a two piece unit when... The patient's eyesight is poor or if their hands are shaky. The patient is a youngster who is just learning to care for himself or herself. The new patient is a youngster who is just learning to care for himself or herself. The new patient is depressed or uninterested and clearly will not be bothered with assembling anything. The stoma is flush with the skin and a particular one-piece appliance offers the proper convexity in the face plate for obtaining the best seal. Sometimes a two-piece appliance may be better when.... The patients want to put the face plate over the stoma first, which allows them to be sure that the stoma is correctly centered. (This is particularly helpful when the stoma is irregular in shape and the face plate opening has been tailored to fit.) It is necessary to provide a very small face plate to avoid contours such as scarring, depressions, or high spots on or near the surrounding area. There are manufacturers who make appliances to meet those needs as well. For situations where a particular two-piece appliance offers less silhouette or bulge under clothing. The doctor or the patient wants the pouch to be changed daily for cleaning. With a two-piece appliance, this can be accomplished with ease while the flange remains securely in place on place on the body

SKIN ATTENTION

Via: 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 micropore tape and leave on the area for 48 to 72 hours. (Editor's note: Be careful of 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.

TRAVELING AND CRUISING WITH AN OSTOMY

BY Mel Fishman, Via Broward, FL

Just because you happen to have an ostomy, you should not let that stop you from enjoying traveling. I have had a colostomy for the past 35 years and that has never stopped me from grabbing my hat and taking off to parts unknown. My wife and I have been blessed to take 32 cruises lasting from only one-night jaunts to up to seventeen-day vacations. We've also taken approximately ten land tours ranging from seven to fourteen days. To be on the safe side, I always take more than enough ostomy supplies with me for the length of the trip. I make sure that the tour buses are restroom equipped and that all the airplanes I'm aboard have enough restrooms available so I can change my appliance if necessary. On cruises, I always make sure that I have a chair that fits into the bathroom, so that I can irrigate my colostomy. Also, I ask the Cabin Steward for extra towels. We have been approximately three-fourth's of the way around the world, from Israel on the East to Bangkok on the West, Alaska on the North and to Chile in the South. We enjoyed every trip and made lots of new friends. I'm always available at our meetings to answer any travel questions you may have. Don't allow your surgery or unnecessary fears keep you at home. Just go for it and enjoy yourself. I am sure that you will have a great time.

The Ostomy Support Group will meet with the Cancer Support Group at BCCS on January 17 and February 21 at 1:30 p.m. and The Lakeland Regional Medical Center on January 12 and February 9 at 6:00 p.m.

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

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.

OSTOMY SUPPORT GROUP

2nd Thursday 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

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