February 2008

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The Mailbag

Meetings are held at the Baptist Medical Center
8th Floor - Meeting Room C - 3rd Sunday Quarterly @ 3PM

Next chapter meeting APRIL 20, 2008

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Inside This Issue

MY DOCTOR SAID I HAVE A HERNIA

Dr. R.B. Kelleck, Great Britain, Via Snohomish Insights

The new ileostomate may find it difficult to believe that life without a colon can be completely healthy. To understand this, one needs to know what is the normal function of the colon or large bowel which has been removed. This organ is only found in land animals and its major function is to absorb water from the food residue. When animals first moved from the sea to the land they moved from a world where water was plentiful to one where it might be very scarce and they adapted to this by developing the colon as one means of avoiding dehydration. The only other substance that is absorbed from the colon is salt. All the other things we get from our food and which we need for energy and health are absorbed from the small intestine which is unaffected by the usual operations for ulcerative colitis. People with an ileostomy get just as much food - whether carbohydrates, fats or proteins - as anyone else. The other function of the colon is to act as a reservoir for the waste products of the body until there is a convenient moment for disposing of them. This function is simply taken over by the pouch whether external or internal.

Visit our chapter Website:
http://www.ostomymcp.com/chapter/Jaxchapter1.htm

Hernia and the Ostomate

by Eugene Broccolo; via Orange County (NY) Ostomy Support Group

Hernias can develop postoperatively through any surgical incision. Incisions that are not closed tightly are more prone to hernias. Colostomies represent surgical incisions that cannot be closed tightly because to do so could result in a stricture or narrowing of the bowel opening.

Hernias of colostomies, or pericolostomy hernias, can occur frequently. They can be apparent in the immediate postoperative period, or more often, develop years after the original surgery. They can be recognized as a bulge forming around the colostomy, most noticeably when the patient is standing. Good bowel function is dependent on good abdominal musculature and is especially dependent on the muscles around the colostomy site. Therefore, a colostomy hernia would give symptoms of poor colostomy functions, e.g., incomplete evacuation, difficulty in irrigation and discomfort during elimination.

Most hernias will cause fewer symptoms with some external support, e.g., an abdominal binder, but the colostomy itself and whatever appliance is used will interfere with good compression. Therefore, surgical repair has to be considered for the hernia.

Since the very same problems exist at the time of repair as were present at the original surgery, e.g., inability to obtain a tight closure, the recurrence rate for this type of hernia is much higher than with other hernias.

Because of the possibility that even in the best of circumstances a colostomy hernia can recur, the decision to proceed with surgery should be made only after consideration of all the factors, such as general health and nutrition, the degree of disability and the level of physical activity required.

Why I Attend Support Group Meetings

by LeeAnn Barcus, St Peters, MO; via Chippewa Valley (WI) Rosebud Review

No one wants to be pushed into a support group or made to feel that they have to be part of one, but the benefits are so tremendous it is a shame that many ostomates are missing them. Trust me, when I first went to an ostomy support group meeting, I was one of the youngest people there. The only other young ostomate there was with her mother. All the others were much older than I was. Talk about not fitting in. Well, I almost did not go back. I felt that this group could not offer anything to me in any way. Was I ever wrong!

I went back and continue to attend, because I get so much out of this group. There is a great age difference between most members and me. Many of them are old enough to be my grandparents, but like grandparents, they teach me so much, and not just about ostomies. They have taught me much about how to deal with diversity, life in general, and how to laugh at some of the most down-trodden things.

The older folks made me realize that I make a difference to them. For some, I am the reason they come to the meetings. I also make a difference to that young person who walks through the door on meeting night and sees that there are younger people there. I make a difference when there are topics other than colon cancer. I make a difference when I do the Relay for Life walk with them all. Making a difference is what it is all about, at least to me, and I feel like there is a reason for me to be there.

International Ostomy Association

Are you interested in Ostomy related news from around the world? If so please visit the IOA Website http://www.ostomyinternational.org. There you will be able view past issues of the IOA TODAY Newsletter containing Ostomy related reports from around the world.

The is also an up to date section called Publications. There you will find a number links to Ostomy related publications from around the world. You may visit this page via http://www.ostomyinternational.org/publication.html. Also found on this page you will find the IOA History. This History is now up to date as of December 2007.

What's Normal… Answers from Your Stoma to You

by Liz O'Connor, RN,CETN, Metro Maryland; via Fairfield (CA) Solano Ostomy News

What is normal for my stoma? This is a frequently asked question. Here are some answers from your stoma to you.

My color should be a healthy red. I am the same color as the inside of your intestine. If my color darkens, the blood supply might be pinched off. First make sure your skin barrier/wafer is not too tight (this can vary according to the barrier type, as some require a small gap between your stoma and the barrier material, while others are intended for a snug fit where the wafer material actually touches your stoma). If I should turn black (very unlikely – but it happens occasionally), seek treatment AT ONCE. Go to an Emergency Room if you cannot readily locate your doctor. (Be sure to TAKE AN EXTRA POUCH ALONG so you can remove the pouch for doctors to examine the stoma.)

I might bleed a little when cleaned. This is to be expected. Do not be alarmed. Just be gentle please, when you handle me.

If I am an ileostomy, I will run intermittently and stool will be semi-solid. If you should notice that I am not functioning after several hours and if you develop pain, I might be slightly clogged. Try sipping warm tea and try getting in a knee-chest position on the bed or on the floor. (Have your shoulders on the floor and your hips in the air. Rock back and forth in an attempt to dislodge any food that might be caught.) If I do not begin to function after about an hour of this, call your physician. If you cannot locate him/her readily, go to an emergency room. In the meantime, I might have begun to swell. Remove any pouch with a tight wafer and replace it with a flexible one with slightly larger stoma opening.

If I am a colostomy located in the descending or sigmoid colon, I should function according to what your bowel habits were before surgery (daily, twice daily, three times weekly, etc.). I can be controlled in most cases with diet and/or irrigation. This is a personal choice. There is no right or wrong to it, as long as I am working well. My stool will be fairly solid.

If I am a colostomy in the transverse colon, I will have a more loose stool than a descending or sigmoid colostomy. Because there is less remaining colon in this case to absorb water and solidify the stool, its consistency will be closer to that of an ileostomy.

If I am a urinary diversion, I should work almost constantly. My urine should be yellow, adequate in volume and will contain some mucus. If my urine becomes too concentrated or dark, try increasing your fluid intake. If my mucus becomes more excessive than usual, I might have an infection. I will probably also have an odor and you may have a fever. Consult your physician if this happens.

If at any time, you doubt that your stoma is functioning normally, please seek help. The cause needs to be evaluated. If your problem is a serious one, it needs to be corrected. If it isn't serious, you will be relieved to know that your stoma is alive and well.

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Visit our chapter Website:
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International Ostomy Association
www.ostomyinternational.org

The IOA Today Newsletter First Quarter 2008 is now available. If you would like to keep up with Ostomy related information from around the world, then please sign up for the FREE IOA Today Newsletter.
http://www.ostomyinternational.org/Today.htm
You may also view past issue from the above URL.

Tender Loving Care – Your Stoma Needs it Too!

via Northern Virginia The Pouch

Most ostomy patients would agree that there is no substitute for TLC. That is one of the reasons that the specialty of ostomy nursing exists. It ensures that nurses with a special sense of caring and with special education are taking care of the ostomy patient’s needs. Once you are discharged, remember that your stoma needs TLC also. A few pointers might be helpful.

Generally speaking, it is good to set aside a time for giving priority to stoma care. It might be during your morning shower, after breakfast, or at bedtime. It’s important to make it fit into your routine. Don’t change your schedule for the stoma. Make it change for you. Having a regular time for pouch changing, etc. helps put some order into your schedule. It will also ensure that leakage or other problems can be kept to a minimum. If you know that your pouch always leaks on the fourth morning for instance, then begin changing it on the third night, if that time is convenient.

Don’t be rough with your stoma. It’s not unusual for it to bleed a little when washed. Just be careful not to be too brisk with the washcloth or whatever you use, as that might cause excessive irritation.

Eat a well-balanced diet; following special instructions from your physician, dietician, ostomy nurse, etc. Drink sufficient water and fluids unless you are medically restricted. Persons with ileostomies and colostomies should chew their food very well. Avoid eating too many hard to digest and gaseous foods at one meal.

Urostomy patients need to be sure to have sufficient fluids, unless told otherwise by the doctor, as fluids help prevent infections. Rinsing the pouch daily with a solution of 1/3 white vinegar and 2/3 water helps prevent crystals from building up on the stoma, and the wash will also keep the inside of the pouch acidic. Acid conditions prevent growth of bacteria.

Patients can usually shower with the pouch off or on unless instructed otherwise. Water will not hurt the stoma. Peristomal skin especially needs TLC. A properly fitting pouch, changed regularly, usually accomplishes this. Never tape the pouch if it is leaking. Change it!! If you have frequent leakage and have to change too often, call your ostomy nurse to make an appointment for re-evaluation. Perhaps another type of pouch would be better suited, or perhaps your stoma and peristomal skin need re-assessment. There might be some new products that will work for you. Don’t hesitate to make an appointment.

Pregnancy After an Ileostomy

My Personal Experience

by Karen B. Hart, Metro Maryland; via Seattle (WA) Ostomist

I always wanted to be a Mommy someday. Due to circumstances, it happened after ileostomy surgery. I was 25 years old when I experienced the first symptoms of ulcerative colitis. In 1990, after 6 years of the disease, I had to have ileostomy surgery. A few years later, after I got married and we had settled down, we were ready to start a family.

My gynecologist knew me for years before and after my surgery. The ileostomy surgery had altered the angle of the cervix. It was a little more difficult to get a pap smear than it was prior to surgery, but it has never really been a problem. The doctor did not feel that this would hinder natural delivery. As a matter of fact, he preferred not to perform a Caesarean section, so he did not have to cut through scar tissue created from the surgery. I asked the doctor if he had any other patients with an ostomy and he said he did not. But he had plenty of confidence and that reassured me.

I became pregnant in 1994 when I turned 35 years old. One of the concerns I had as I would grow larger was if people patting my stomach would be able to feel the stoma or the pouch. It wasn't really a problem because it did not occur as often as I thought it would. My clothing covered all signs of the ostomy anyway. I also wondered what would happen to my surgical scar -- would it stretch too? It seemed to do so, right along with my stomach.

Eventually, I had to depend more on a mirror when changing my pouch because I couldn't see everything. I used the same pouches throughout my pregnancy and childbirth that I had been using all along. Leakage had occurred occasionally but no more frequently than pre-pregnancy. (I am currently using better pouches than I had at the time, so it rarely happens now.) At about 5 months, I noticed that the stoma had grown a little wider. I did not have any problems with food blockage (fortunately it has never been a problem for me).

Ostomy Chat Room Weekly Meetings

Yahoo Peoples with Ostomy2* - Mondays, 8:00 pm US Central time
http://clubs.yahoo.com/clubs/peopleswithostomy2

Community Zero (Ostomy) Support* - Wednesdays, 9:00 pm US Eastern time
http://groups.yahoo.com/group/ostomatessupport/

Shaz & Jason's Chat* - Saturdays, 8:00 pm UK time / 3:00pm US Eastern Time
http://www.ostomy.fsnet.co.uk/chat.html

Yahoo UK Ostomy Support* - 1st & 3rd Sundays, 8:00 pm UK time / 3:00 pm US Eastern Time
http://clubs.yahoo.com/clubs/ukostomysupport

Use this form to join our chapter! **You do not have to be an ostomate to be a member and/or support the work of UOA. All information on this form will be kept confidential.**

Name____

Address ____

City ________________________State __________Zip ______________

Phone# Home ____________________ Work# ________________________

Email Address ______________________________

Type of intestinal or urinary diversion: Colostomy __ , Ileostomy __, Urostomy __, Ileoanal Pull-thru __ Continent Ileostomy __, Continent Urostomy __, None __, Other __

You may use my name in chapter Newsletter & Directory: Yes __ No __

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TO:

Join us
Sunday Apr.
20th starting at
3 PM
Baptist Medical Center
8th Floor
Meeting Room C