

Growing Old with an Ostomy

Forwarded by The Green Bay Ostomy Support Group

Aging has become a 21st century phenomenon. There have always been a few people who have lived to an old age, but having masses of people living to old age is new. In the U.S., 25 million people are now 65 years or older—the fastest growing group in the population. By the year 2030, one in five Americans will be elderly.

Among these fast-growing groups are the “old old” . . . those over 85. By the end of this year, the over-85 population will have doubled, and the population 65 and over will have increased by 39% from just a generation ago. However, the elderly are not the nursing home crowd. Most live in the community, with only 5% in extended care facilities.

The biological clock stands still for no one. While the aging process brings wide individual variations, aging is a universal process. It is the second law of thermodynamics that everything becomes old. Aging can present particular challenges for people with ostomies—be they older people with new ostomies or those whose ostomies have grown older with them.

A New Ostomy at Senior Age

Because the population as a whole is living longer, greater numbers of people are suffering illnesses that require ostomy surgery. Challenges the senior with a new ostomy may face, which all of us can help with, include the following:

Fear of Increasing Dependence and Non-acceptance by Family

Family acceptance and support are essential for complete rehabilitation.

Unpreparedness for a Stoma

Surgery may often be done as an emergency procedure, with little time for the older person to adjust to this change in body image. It is common for an older person to be confused after surgery because the hospital routine is unfamiliar. Bed rails are up and he/she is confined as though a child. It is in this condition that he/she first becomes acquainted with his ostomy.

A Hard-to-Manage Stoma

Particularly if created in emergency surgery, the stoma may be adjacent to a wound or done in haste and poorly positioned. Ostomy visitors and caregivers can and should teach the senior with a new ostomy acceptance and self-care. It might take extra patience. The ability to learn does not diminish with age, but speed of performance and reaction time decline. It will take longer to learn new tasks. A word of advice to those working with seniors: Allow your student to learn one task very well before proceeding to the next one.

The Person with an Aging Ostomy

Different challenges can arise with the individual who had an ostomy created in his/her middle years and is now older. Some of the common concerns experienced by people in this category include the following:

A peristomal hernia that requires new skills to manage may develop. Most doctors do not recommend revising a peristomal hernia unless the hernia interferes with normal bowel function. Loss of muscle and skin tone, coupled with weight change, can cause the pouch to leak or fit poorly and skin may become excoriated.

If one has a colostomy and irrigates, irrigations may take longer, become unsuccessful or may no longer be needed. Try to increase fluids and make dietary changes so irrigation is not required.

Common Challenges

One common problem affecting the older person with either a new or an aging stoma is impaired vision, which may be remedied by using visual aids, magnifiers, better light, and large-print instructions for ostomy care. Another result of growing old is decreased sense of touch and smell. The older person with an ostomy may not sense a pouching system leaking or smell the odor.

When we are older, we lose skin elasticity, and our skin becomes dry. It is best to use only water to clean around the stoma. It really does not become very dirty under a skin barrier. Daily skin barrier changes can traumatize the skin, if you use a

standard wear barrier. Pouching systems should fit well enough to be worn for two, three or four days. Under ordinary circumstances, it is not advisable to wear a pouching system more than four days. Belts should be avoided as they may cause skin friction.

Arthritis, which makes handling the pouching system difficult, is another common challenge. A one-piece pouching system or one without a clip may be easier to apply. About 41% of all people over 65 are physically impaired because of a chronic medical condition.

Living Well with an Ostomy

By Elizabeth Rayson

If you have an ostomy, you know that the practical aspects of ostomy care are just some of your concerns. Elizabeth Rayson's book, *Living Well with an Ostomy*, delves into those practical aspects, yet provides candid coverage of the things they may not tell you in the hospital.

This comprehensive guide is organized so you can find exactly what you are looking for, whether you are new to the experience or a pro looking for new answers. Rayson begins with descriptions of the various types of ostomies and moves on to highlight what to expect before and after ostomy surgery. You will find information on basic care, selecting a pouching system, diet, skin and medication. Rayson never leaves you guessing. Most chapters wrap up with frequently asked questions and thorough answers.

In the second edition, the new three chapters of *Living Well with an Ostomy* live up to its title, with informative conversations about how to live the rest of your life. Rayson addresses managing an ostomy on the job, while traveling, and playing sports. The most eye-opening chapter examines body image, relationships and sexuality. Rayson approaches this hush-hush subject with a blend of expertise and compassion. She provides frank information about what both men and women might expect after ostomy surgery and offers constructive advice. She covers everything from telling a new

partner about your ostomy to pregnancy with an ostomy.

Just when you think Rayson has explored everything, you will find a chapter about ostomy care and tips for the elderly, caring for babies and children with ostomies and dealing with an ostomy as a teenager. Sprinkled through the pages you will also find anecdotes and advice from people who have been there and done that.

You will not only want to keep *Living Well with an Ostomy* for the handy resource section and glossary at the end, but for the chapters you might not need now but may need in the future. It is just that kind of book.

Showering with Tape Sensitivity

By Mike D'Orazio, CWOCN

Taking a shower with an ostomy may present certain challenges when water runs on the barrier. Moreover, some of us wear an ostomy barrier without any tape. This is fine. There is a wide variety of products out there, and you should pick the ones you like best. Many who wear a tape-less system do so because of skin irritation caused by the tape. Generally, the problem with tape or adhesive sensitivity is one of duration of contact to an irritating agent.

If when you shower, you are not able to use a hand-held spray, then short-term application of tape to the top edge of the wafer and skin should provide some protection against early failure secondary to water penetrating the top edge. Remember, most of the water flows down along the body surface and attacks the top edge of the wafer. If you place a strip of tape along this edge, it should prevent the water from disrupting the edge seal. Even if you feel it necessary to apply tape to three sides—top and sides—you can still do so for the short duration you are in the shower. Once you are out of the shower you can gently remove the tape and go about your daily routines until the next shower, reapplying tape as needed.

One other important issue with tape is to avoid undue tension or strain of tape as it is applied against or removed from the skin. More often than not, folks get into trouble with taping strategies because of tension-induced trauma rather than the contact sensitivity potential. One can develop an irritation from tape that is under tension against the skin that looks like contact sensitivity when in fact it is topical tension trauma or shear, which can mimic in appearance and feeling the discomforts of true contact sensitivity.

The Gift of Time

Adapted By The New Outlook

What does your ostomy mean to you? Does it create a persistent nuisance, need constant care,

present difficult problems, embarrasses you, leaks at irregular intervals, and makes you resentful?

On the other hand, do you relegate it to a significant but minor part of your daily routine, and now enjoy a new lease on life? What would have happened to you if the surgery had not been performed? You probably had to choose between a pine box six feet under or a bag on your tummy. That does not leave much room for negotiation.

A surgical diversion to create an ostomy or internal pouch is usually done as a life-saving procedure. Some are temporary solutions to an acute problem, and some are permanent diversions. Some are done as cures for whatever ailed you in the first place, and some alleviate worry, pain, misery and medical expenses.

All of them buy you the special gift of extra time. What are you going to do with that precious gift? Are you going to waste it or are you going to do something productive or memorable with it? Are you going to crawl into a psychological hole and remain there, feeling sorry for yourself until your time runs out? Alternatively, are you going to appreciate and live life to the fullest, making good use of the gift of time that you have remaining? The choice is yours. Choose wisely.

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http://www.ostomycanada.ca/events/biennial_conference_of_uoac



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Check Us Out On The Web

www.ostomymcp.com

Other Websites Of Interest:
 United Ostomy Association of America: www.uoaa.org
 Your Ostomy Community Connection Center: www.c3life.com

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/>

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

UOAA Chat Sundays 9pm ET / 6pm PT
<http://www.yodaa.org/chat.php>

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