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The Mailbag

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

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Next chapter meeting
January 20, 2008

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Ostomies versus False Teeth

from Spacecoast Shuttle Blast, FL; via Seattle (WA) The Ostomist

How often have members of ostomy groups said that having an ostomy is no worse than wearing false teeth? Non-ostomates often laugh at this and can’t believe that we are being honest.

False teeth? Everyone dreads the day that teeth must go and an expensive set of “false choppers” replaces them. But think of false teeth as the equivalent to that “awful surgery?” Never!

Well, before folks feel so sorry for us ostomates, let’s look at the similarities. Everyone would prefer to keep his own teeth—or his own colon or bladder. Wearers of false teeth try to pretend their teeth are real—many ostomates hide their surgery. A big problem is keeping false teeth in place—same way with ostomy appliances. No one wants the “click” of teeth to be heard—ostomies may gurgle audibly.

After a few months, false teeth are supposed to feel like a natural part of you—also true of your ostomy appliance. As one grows and changes, a set of false teeth may have to be changed—and appliances may have to be changed due to weight gain/loss or stoma retraction.

False teeth are expensive—but so is ostomy surgery. False teeth must be worn all the time—ostomates wear appliances, or at least tiny pads, all the time. Many products are sold to keep false teeth clean and odor-free—the same is true for ostomy equipment. Let’s say that false teeth are a necessary evil, a little nuisance in the mouth—at the opposite end of the tract may be the nuisance of a stoma needing an ostomy appliance or pad.

So the next time a distressed family member says a relative will “have his life ruined” by having an ostomy, ask whether someone who has all his teeth suddenly knocked out has a ruined life. If we could think of ostomies with the same calm humor with which we view false teeth, wouldn’t everybody see them for what they really are? Not really worse than false teeth.

You Have Adjusted to Your Ostomy When…

via Hemet-San Jacinto (CA) *Stoma-Life*

- You stop spending all of your spare time in the bathroom waiting for your stoma to work so you can empty the pouch right away.
- You can move about freely, without holding your appliance as though it might fall off any minute.
- You make that first trip to the mailbox without taking along your ostomy supplies.
- You stop grabbing your abdomen when the grocery clerk asks if you need help to the car with your bag.
- You go out for the evening and realize too late that you left your emergency kit at home.
- You begin to think how lucky you are to be alive instead of how unlucky you are to have an ostomy.
- You attend the monthly support group meetings with an expectation of learning more about your ostomy rather than staying at home worrying about it all.

If My Body Were a Car

by the Ostomy Outlook, Oklahoma

If my body were a car, I would be thinking this time about trading it in for a newer model. I have bumps, dents and scratches in my finish and my paint job is getting dull, but that is not the worst of it. My headlights are out of focus and it is especially hard to see things up close. My traction is not as graceful as it once was. I slip, slide, skid and bump into things even in the best of weather. My whitewalls are stained with varicose veins. It takes me hours to reach my maximum speed. My fuel rate burns inefficiently. But here is the worst; almost every time I sneeze, cough or sputter either my radiator leaks or my exhaust backfires.

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Visiting a Patient with a Temporary Ostomy - A Personal Reflection

from Regina (SK) *Newsletter;* via S Brevard (FL) *Ostomy Newsletter*

As a certified visitor with the local ostomy chapter, I have had many occasions over the years to visit patients who have just undergone surgery that left them with a temporary ostomy. Usually a temporary ostomy is done on an emergency basis, as the result of a blockage or obstruction in the colon. This may be the result of diverticulitis, colon cancer, inflammatory bowel disease or Crohn's disease, and the result is a temporary ostomy to allow the bowel to heal. The intent is to reconnect the bowel at a later time, and many patients are told by the attending physician to expect to have an ostomy for anywhere from three to nine months.

My first thought as I headed off to visit a patient with a temporary ostomy was that this would be a piece of cake, and the visit would involve lots of questions about management of the ostomy. I also figured that the patient would be greatly relieved knowing they would not have to deal with an ostomy on a permanent basis. Boy, was I wrong!

This particular patient was angry beyond all belief, upset with what had happened to her and definitely not prepared to deal with anything as disfiguring as a colostomy. To be sure, she wasn't angry with me, but the medical profession as a whole suffered her wrath and it was quite evident that the nursing staff gave her a wide berth. She was NOT going to like this ostomy thing! Not having encountered this kind of reaction before, I wasn't exactly sure how to proceed, but I found myself listening to her frustrations and empathizing with her situation. This calmed her somewhat and she told me that I was the first person who had not treated lightly her fears about the ostomy. She felt people did not take her seriously because hers was only a temporary situation.

The visit actually went fairly well after that and although she was still angry with many things, I left feeling that she would manage her colostomy quite well in the short period of time she would have it. It impressed upon me that people with temporary ostomies struggle with the same fears and anxieties that all of us who have permanent ostomies do. In addition to this, because the surgery is done on an emergency basis, they have absolutely no time to prepare themselves for the eventual outcome, the ostomy.

Do I sound like an all-knowing and understanding saint?? Well, I don't feel like one on some of these visits. In general, I find most persons who have just had surgery resulting in a temporary ostomy to be very upset and unusually angry. They just hadn't expected this! I am sympathetic, as mentioned before, but the thought also crosses my mind, "Deal with it!" Recently, I paid a visit to a woman who, after her emergency surgery, asked me how I could tolerate having a permanent ostomy! At that moment it seemed bizarre that I should be counseling her when I am the one who has to live with this thing on a full-time basis. She could look forward to a reversal. On the other hand, hard as it may sound, her comment actually helped me and I didn't have to hesitate a second for the answer. I know I cope with it because I wouldn't be here if it weren't for my surgery for colorectal cancer. I was 37 at the time and I suppose I had every reason to be angry but I wanted so desperately to live. The surgery and colostomy gave me a second chance at life, for which I am grateful.

I would like to be able to remind some of the people who have to live with temporary ostomies that their surgery likely saved their lives too, and that a few months is really not such a long time to live with an ostomy. But I also have to remember how very frightening this surgery is and how it is still considered such an awful thing to have an ostomy. Despite our attempts to educate the public about the normal lives we lead, who among us wouldn't choose not to have an ostomy? So I internalize my thoughts and sympathize and try to make the patient feel better about coping with their new situation. But a question still lingers: Why do some people marvel at their good fortune while others retreat into anger and disgust? We humans are a complex lot.

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International Ostomy Association

www.ostomyinternational.org

The IOA Today Newsletter Fourth Quarter 2007 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.

Pelvic Muscle Exercises

by Claire Westendorp, RN,ET and Kina Pelletier-Carson, RN,ET, Kingston (ON); via Metro Halifax (NS) *News*

Q: A few weeks ago, I had surgery to create a pelvic pouch. I have been instructed to perform pelvic muscle exercises to prevent incontinence. Can you explain the best way to do this?

A: The pelvic floor is made up of muscles called Kegel muscles. These muscles support the body's lower organs, including the bowel and bladder. There is often a lot of pressure on these organs as we walk, exercise, cough or bend over. These muscles may be weakened by the pelvic pouch surgery. Exercising the Kegel muscles is a good way to strengthen them.

First, it is important to locate and identify the correct muscles to exercise. Tighten your anal muscles as if you are trying to refrain from having a bowel movement; release the anal muscles. You are sure that you are tightening the correct muscles if you can stop your urine in midstream. Avoid tightening your abdominal or thigh muscles as they do not strengthen the pelvic floor muscles.
As soon as you have identified the correct muscles, you are ready to start your exercise program. You may sit, stand or lie on your back with your head elevated on a pillow. With practice, you will find the best position for you. Here's how to proceed:

Tighten the anal muscles as hard as you can. There may be tenderness at first.
Hold the muscles tight for 10 seconds.
Relax the muscles for 10 seconds.
Repeat as instructed by your doctor or ET nurse.

Generally, it is best to begin with 5 to 6 repetitions. Remember that one repetition consists of 10 seconds of tightening and 10 seconds of relaxation.

You may wish to try a variation of this exercise. While sitting, standing or lying with your head elevated, tighten and release the anal muscles in rapid succession. Repeat 10 to 15 times. Another variation is to tighten the anal muscles while you exhale. Hold the muscles for a count of 30 seconds. Repeat 5 to 10 times.

For additional help with your Kegel exercises, consult your ET.

Set in Your Ways?

By Sharon Williand, WOC nurse

There is a risk in being set in you ways. Sometimes it takes a catastrophe to shake us out of our complacency. It is easy to fall into the "ostrich syndrome." This is unfortunate, particularly when it comes to ostomy management. It is only through education that individuals grow, learn and reach their fullest potential as ostomates.

While writing this column, I was reminded of several examples of individuals recently seen by our WOC nurse team. One gentleman had a sigmoid colostomy performed many years ago and had developed a huge peristomal hernia. He irrigated his colostomy daily and used what now classifies as an antique set.

The irrigator was a latex bag with no measuring guide to gauge the amount of solution going into his colon. There was a hard-rubber catheter with no shield present on the irrigator tubing. He had been forcing the tubing in to its full twelve-inch length. He poked and poked until it finally went in!

Overall, it was a miracle that he had not perforated the herniated bowel. He had not been successful with irrigations, continually losing as much water around the catheter as he was instilling. It was difficult for him to accept an explanation of why he was flirting with danger. After all, he had always done it that way. Only after a great deal of persuasion was he agreeable to trying a new pouching system, which included a measuring guide on the irrigator and a cone in place of the catheter.

One elderly lady called the WOC nursing office in a state of panic. She was no longer able to obtain the rubber pouches that she had been using for the past 25 years. She had been ordering these through the mail from a distant state. She had no idea of any other pouch that could be substituted, and she had no idea of what supplies were locally available. She was very amazed at the new lightweight, odor-proof pouches now on the market.

These stories were not meant to scare anyone, but to enlighten you. There are many fine ostomy products in the marketplace today. If you are not obtaining excellent results from yours, try another. The ostomy manufacturers are very gracious in sending out free samples for us to try. In addition, there are products always being discontinued because they have become obsolete. If this happens to a product you are using, it is time to move onto one of the better quality products made to replace it, or eliminate it altogether. Product is better than it has ever been before for people with ostomies. Swallow hard and try something new.

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

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20th starting at
3 PM
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