July 2007
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The Mailbag

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

Contact:
Patti Langenbach
(800)741-0110 or
(904)733-8500
patti@ostomymcp.com

Brenda Holloway 282-8181

Please plan to join us Sunday July 15th

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July Meeting

Come join us **Sunday July 15th starting at 3PM**.
Our guess speaker for the afternoon will be:

Paul Capitano with Hollister

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.

Keeping Your Pouch Odor Proof

by Victor Alterescu, RNET; via
Quad City (IL) *Newsletter* and S.
Brevard (FL) *Newsletter*

Rinsing a pouch out each time it is emptied is primarily a waste of time. For one thing, it takes longer to empty the pouch and you need more materials around you. You also leave more odor in the room since the pouch is kept open longer. The water, especially if it is warm, may open the pores of the pouch material and encourage odor permeation. Also, rinsing can affect the seal of your adhesive.

Rinsing a pouch after each emptying serves only an aesthetic purpose; the interior of the pouch may be clean but it does not serve a functional purpose. Frankly, it does not matter whether the interior of your pouch is clean any more than it matters if the interior of your colon is clean. The pouch is replacing an organ of storage, the colon and/or rectum.

The most important portion of the pouch that should be cleansed very thoroughly is the tip of the drainable pouch. Rinsing the interior can only increase permeation but cleaning the exterior neck will avoid any odor that may be present as a result of having fecal residue on the end of the pouch. Therefore, I often recommend that a person carry an alcohol wipe (individually wrapped in foil) to clean the tip of the pouch. The pouch is emptied, the toilet flushed immediately, and the lower portion of the exterior pouch cleansed with toilet tissue and alcohol.

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

International Ostomy Association

www.ostomyinternational.org

The IOA Today Newsletter Second 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.

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 he 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.

Watch this newsletter in the future for valuable coupons for $$ off a visit with Kathy the ET Nurse!!!

Cultural Differences

via *The New Outlook* and Green Bay (WI) *News Review*

Just a note about the differences with products made for the U.S. market and those made elsewhere. In the United States, ostomy supplies are paid for by private insurance, Medicare, Medicaid or personally. Most products are made with more aggressive adhesives for longer wearing times. In fact, ConvaTec and Hollister have developed extended wear products for ileostomates and urostomates so they don't have to change as often. Changing these products too often may tear skin because of the aggressiveness of the adhesive.

In Australia, supplies are provided at no charge to those who belong to the Ostomy Association; therefore, people change more often. Most products have weaker adhesives so as not to pull on the skin when removing. In Germany and France, where there is socialized medicine, people use disposable one piece closed pouches for colostomies and ileostomies, and do a complete change as often as they need emptying. The adhesives are designed for this type of use. Companies do not put recommendations on the product literature. They understand that there are so many different applications for ostomy products that detailed instructions do not always lend themselves to the actual utilization. You may personally contact a manufacturer or your ET to discuss if a certain product would benefit you for the application you have in mind.

Most importantly, we all have different body types. Our body is constantly transforming. You may require a different technique, product or service to obtain optimal results for ostomy management. Also, change your appliance as often as needed. Don't be a hero. Don't try to get that one extra day wear time. When your body tells you to change, listen to it. After wearing an ostomy system, we all find out what that means, pretty much. Some people are comfortable changing every two weeks, and some have reasons where they change every four hours. You should ask your ET to show you how to physically inspect a used barrier to measure the degree of wear you received from it. Your exact body chemistry, your activities, the season etc. determine reliable, safe and comfortable wear times. Do what is best for you.

Answers You Will Never Hear About Living with an Ostomy

by Peter McGinn, Editor, Portland (ME) *The Visitor*

Have you ever seen those question and answer articles where people ask the nurse or doctor about life with an ostomy? Well, I can guarantee none of them gave these answers, because I just made them up! Please consult with your therapist and a local comedian before taking any of these seriously:

Q: How will medication affect my ostomy?
A: Could you be any more vague? The general answer is: adversely. Especially important, your stoma should not be allowed to operate heavy equipment with some painkillers.

Q: Can I still do everything I did before surgery?
A: You're trying to trip me up here, aren't you? What did you do before, rob banks? Than my answer is no. Send me a list of what you did before and I'll let you know which of them you can do.

Q: What about alcohol?
A: No thanks, I'm working right now.

Q: What foods can I eat after the surgery?
A: Who am I, your mother? Eat what you want, just keep your elbows off the table and clean your plate.

Q: Should I exercise after surgery?
A: Exercise? Who does that anymore? If God had wanted us to exercise, would she have invented plasma televisions, reality programming and remote controls? Get real.

Q: Why did this have to happen to me?
A: How should I know? This is the column for questions, not complaints. Stop your whining. Just think of it as the ultimate body piercing.

Q: Will spicy foods cause any damage to my stoma?
A: That depends upon how hard you hit the stoma with it. I would advise against it.

Q: In the past, certain foods gave me digestive trouble. Will they affect me the same way after the surgery?
A: You're a little obsessed with food, aren't you? My crystal ball is being repaired right now. Just eat the darn stuff and see for yourself. Sheesh.

Q: What about sex?
A: Thanks for the offer, but I hardly know you.

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 __

Mail to: Patti Langenbach, PO Box 10239 Jacksonville, FL 32247-0239

Medical Care Products, Inc
PO Box 10239
Jacksonville, FL 32247-0239

TO:

Join us
Sunday July
15th starting at
3 PM
Baptist Medical Center
8th Floor
Meeting Room C