June 2007 Volume 11 Issue 6

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

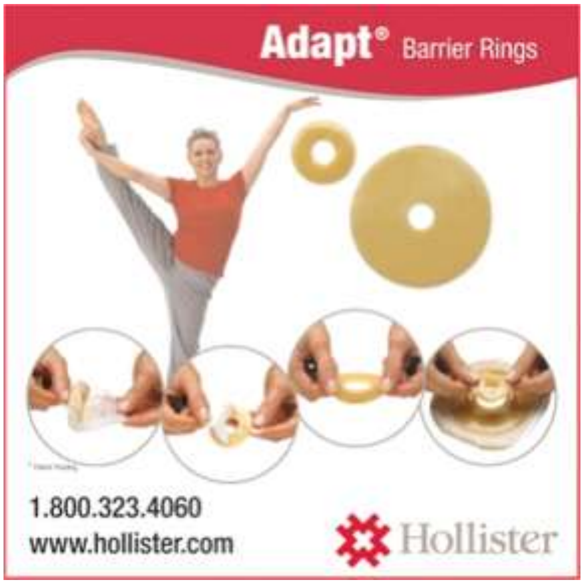
Brenda Holloway 282-8181

Please plan to join us Sunday July 15th

Chapter Members

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

Paul Capitano with Hollister



12TH IOA WORLD CONGRESS
August 7-12, 2007
Fajardo Inn – Puerto Rico
Registration form at:
www.ostomyinternational.org
email; ongressliaison@ostomyinternational.org

Medical Care Products, Inc
Toll Free 800 741-0110
WE ARE ON THE NET
www.ostomymcp.com

WHAT A DIFFERENCE AN UOAA MAKES!
REBORN FROM THE ASHES OF DISEASE

UOAA Upcoming Conference

Aug 16-**18, 2007 • UOAA National Conference • Chicago, IL**
www.uoaa.org

Types of Pouching Systems

Pouching systems may include a one-piece or two-piece system. Both kinds include a faceplate/flange (barrier or wafer) and a collection pouch. The pouch (one-piece or two-piece) attaches to the abdomen by the faceplate/flange and is fitted over and around the stoma to collect the diverted output, either stool or urine. The barrier is designed to protect the skin from the stoma output and to be as neutral to the skin as possible.

Colostomy and Ileostomy Pouches	Can be either open-ended, requiring a closing device usually called a clamp or tail clip; or closed and sealed at the bottom. Open-ended pouches are called drainable and are left attached to the body while emptying. Most commonly, closed end pouches are used by colostomates who can irrigate (see below), or by patients who have regular elimination patterns. Closed end pouches are usually discarded after one use.
Two-Piece Systems	Consist of a separate flange and pouch. The pouch contains a closing ring which mechanically attaches to a mating piece on the flange. The most common closure is a pressure fit snap ring, very similar to that used in TupperwareTM.
One-Piece Systems	As the name implies, are those in which the wafer and pouch are assembled together in one piece and not separate.

Both two-piece and one-piece pouches can be either drainable or closed

Irrigation Systems	Some colostomates can "irrigate," using a procedure analogous to an enema. This is done to clean stool directly out of the colon through the stoma. This requires a special irrigation system, consisting of an irrigation bag with a connecting tube (or catheter), a stoma cone and an irrigation sleeve. A special lubricant is sometimes used on the stoma in preparation for irrigation. Following irrigation, some colostomates can use a stoma cap, a one- or two-piece system which simply covers and protects the stoma. This procedure is usually done to avoid the need to wear a pouch.
Urinary Pouching Systems	Urostomates can use either one or two piece systems. However, these systems also contain a special valve or spout which adapts to either a leg bag or to a night drain tube connecting to a special drainable bag or bottle.

These are the major types of pouching systems. There are also a number of styles. For instance there are flat faceplates and convex shaped ones. There are fairly rigid and very flexible ones. There are faceplates with and without adhesive backing and with and without a perimeter of tape. The decision as to what particular type of system to choose is a personal one geared to each individual's needs. There is no right or wrong choice, but each person must find the system that performs best for him or her.

The larger mail-order catalogues will illustrate the types and styles from all or most of the suppliers. If you have any trouble with your current pouching system, discuss the problem with an ostomy nurse or other caregiver and find a system that works better for you. It is not uncommon to try several types until the best solution is found. Free samples are readily available for you to try. There is no reason to stay with a poorly performing or uncomfortable pouching system.

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.

International Ostomy Association
August 7-12
2007
Puerto Rico
VIVA LA VIDA • VIVA LIFE • VIVA LA VIDA • VIVA LIFE
IOA
12TH
WORLD
CONGRESS

www.ostomyinternational.org

Types of Accessories

You may need or want to purchase certain pouching accessories. The most common items are listed below.

Convex Inserts	Convex shaped plastic discs that are inserted inside the flange of specific faceplates.
Ostomy Belts	Belts that wrap around the abdomen and attach to the loops found on certain pouches. Belts can also be used to help support the pouch or as an alternative to adhesives if skin problems develop. These usually add a measure of security.
Pouch Covers	Made with a cotton or cotton blend backing, easily fit over the pouch and protect and comfort the skin. They are often used to cover the pouch during intimate occasions.
Skin Barrier Liquid/Wipes/Powder	Wipes and powder help protect the skin under the wafer and around the stoma from irritation caused by digestive products or adhesives. They also aid in adhesion of the wafer.
Skin Barrier Paste	Paste that can be used to fill in folds, crevices or other shape or surface irregularities of the abdominal wall behind the wafer, thereby creating a better seal.
Tapes	Tapes are sometimes used to help support the flange or wafer (faceplate) and for waterproofing. They are available in a wide range of materials to meet the needs of different skin sensitivities.
Tape Remover	Tape remover is helpful in cleaning the adhesive that might stick to the skin after removing the tape or faceplate, or from other adhesives.

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

E.T. Nursing Services, Inc.
Wound, Skin and Ostomy Specialty
9926 Beach Boulevard, Suite 116
Jacksonville, Florida 32246
(904) 642-3120

Psychosocial Issues

A. Patient's Concerns about Surgery
The reaction to intestinal or urinary diversion surgery varies from one individual to the other. To some, it will be a problem, to other, a challenge; where one person considers its life-saving, another finds it a devastating experience. Each person will adapt or adjust in their own way and in their own time.

Body Image/Self-Esteem Concerns
Permanent and significant changes in the body's appearance and functional ability may change the way the person internalizes their body image and self-concept.

Fear of loss is normal and facing any loss is difficult. What are patients giving up by having this operation? Is there any gain? How changed will they be? Such thoughts may lead to weeping or depression, or they may be denied.

It is important to understand the impact of the ostomy surgery on the patient's change in self-image and how they perceive themselves. It may be accepted as the lesser of two evils, or they may refuse to acknowledge its existence, or may hold onto the belief that it is a temporary situation.

Within the rehabilitation process there are times that patients should have the opportunity to express or deny their feelings, about their surgery, the changes in their body or their self-image.

Self-Care Concerns
Patients have to be reassured that they will be taught self-care and that they will be able to master the management process. Basic anatomy and physiology should be explained to new patients, so they can better understand the extent of their surgery. Management options should be offered.

Patients should begin to assist the ostomy nurse with caring for the ostomy as soon as possible. Becoming involved in this process will begin to build confidence and help the patient to regain control of his situation.

Relationship Concerns
Patients may fear that their social role may be changed and that others may not accept them as in the past. One of the first concerns seems to be how to tell others about your surgery, who to tell and when.

- Patients should be prepared to explain their surgery with a few brief statements such as, "An ostomy is a surgical procedure for the diversion of bowel (or bladder)."

- They should understand that they do not have to tell everyone about the surgery. Be selective about who and how much to tell. It may be only to friends who will be supportive throughout the rehabilitation process.

Returning to the work place may present a concern about restroom facilities, interaction with co-workers, and feelings of being "watched."

- Maybe a few of their co-workers may need to know in the event of an emergency.

- Employability and insurability are issues for some individuals. If these issues develop, seek help from healthcare professionals and/or talk with others who have found solutions to any of these issues.

Sexuality issues are common concerns for the new ostomate. Linked closely to our feelings of sexuality is how we think about ourselves and our body image.

Any sexuality concerns that you have should be discussed between the patient and his partner. It is likely that the partner will have anxieties due to a lack of information. An intimate relationship is one in which it matters how well two people can communicate about the most personal of human functions, that is, bodily elimination and sex.

•Ostomy surgery may present more concerns for single individuals. When to tell depends upon the relationships. Brief casual dates may not need to know. If the relationship grows and leads to intimacy, the partner needs to be told about the ostomy prior to a sexual experience.

B. **Phases of Psychological Adaptation**
Almost every patient goes through four phases of recovery following an accident or illness that results in loss of function of an important part of the body. The patient, along with the family, goes through these phases, varying only in the time required for each phase. People may experience the various phases of adaptation in a different order and at varying rates. Some people may skip certain phases entirely and some may move up and down at different times.

These phases are shock, denial, acknowledgment and resolution.

1**. Shock or Panic**
Usually occurs immediately after surgery. The patient is unable to process information and may be tearful, anxious and forgetful. This phase may last from days to weeks.

2. Defense/Retreat/Denial
This phase may last for weeks or months and delays the adaptation process. During this phase, the individual denies or minimizes the significance of the event and defends himself against the implications of the crisis. You may note the avoiding of reality and "wishful" thinking.

3. **Acknowledgment**
As the patient moves to the next step of acknowledgment, he begins to face the reality of the situation. As you give up the existing old structure, you may enter into a period, at least temporarily, of depression, of apathy, of agitation, of bitterness, and of high anxiety.

4. **Adaptation/Resolution**
During this phase, the acute grief begins to subside. The patient copes with their situation in a constructive manner and begins to establish new structures. They develop a new sense of worth. This phase may take one to two years.

With the aid of an ostomy nurse and the ostomy visitor, you learn about living with a stoma.

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