



LETTER FROM THE EDITOR

If errors are noted in your name or address, please bring these to my attention. If you know of someone to add or delete from our mailing list, please notify me. I can be reached at work, 325-670-4302, or by e-mail, callen@hendrickhealth.org. We are now sending our newsletter electronically to those who request it be sent that way. Please send me your e-mail address if you would like a link to the newsletter.

If you know of someone who would be a good speaker at one of our meetings, please contact us.

– Charlotte Allen, MSN, RN-BC, CWOCN

LAST MEETING

For our October meeting we recognized Ostomy Awareness Day by having a pouch decorating contest. There were some creative entries. We also enjoyed some games and had a good time fellowship. Charlotte made little treats for the group with a candy pumpkin for the stoma.

NEXT MEETING

For the November 14 meeting, we are going to discuss living with an ostomy, and the blessings we enjoy. Come prepared to share with the group.

We meet in the Diabetes Center at 1742 Hickory (corner of Hickory and N. 18th) at 6:30 p.m. Hope to see you there!



CONTACT US

For more information, please contact us at 670-4302.

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Coping With Chronic Pain

by Lynn Wolfson, via Broward (FL) Broward Beacon, Winter 2015; and North Central OK Ostomy Outlook

Broward Editor's Note: Lynn was born with Hirschsprung's Disease which severely affects the digestive system, and she has had over 30 surgeries since she was four years old. At this time, she has her seventh ostomy, a gastric tube for stomach venting since she is unable to vomit, a Jejunal tube for feeding due to severe motility issues, difficulty breaking down of foods and malabsorption of nutrients. In addition, she has a neurogenic bladder and needs to catheterize two to three times a day. Lynn enjoys traveling the world with her family.

Chronic pain is something that most people with digestive diseases live with on a daily basis. Learning to cope with this pain and to live a productive and meaningful life, can be a tremendous challenge. However, with the appropriate support, attitude, exercise and diversions, it can be managed. However, this is not easy to learn and is very individualized.

It is very important that a person with chronic pain surround themselves with people that are positive and supportive. These people are the ones that you want to see on a regular basis. This may include family, friends, book clubs, card groups, synagogues or church groups or any other group that meets on a regular basis. Talk to these people and get to know them. Listen to their challenges and give creative positive solutions. I find that when I am helping another individual, I forget about my own ailments for the moment. I put my feet in their shoes and look at life with a whole new perspective.

Attitude is another important characteristic. Unfortunately, for most of us, this chronic pain is here to stay.

Accept it. Try to understand the difference between chronic pain and acute pain. Make a list of the things you have done in the past that have helped. I keep this list on my phone. My list includes venting my gastric bag, catheterizing, lying down, pushing my hernia back in place, making sure my ostomy is outputting a sufficient amount, stopping eating and feeling for any hardness in my abdomen. If I find that my output is very low or I feel a hardness in my abdomen, I know to call the doctor. I find exercising on a regular basis keeps me healthy and happy. For me, I swim 30 laps three to five times a week at the YMCA. I also walk around my neighborhood. Perhaps there are other exercises which you are capable of doing and can enjoy.

Lastly are diversions. For me, I enjoy knitting hats. I find by keeping my hands moving and my mind focused on my hands, it helps me to endure the pain. I consider knitting as turning the negative energy of pain into positive energy of giving a hat to someone in need. Perhaps others would enjoy doing a puzzle or building a model or painting or needlepointing. I also find playing Scrabble or Words With Friends on the computer another diversion. It took me a while to figure out what works for me. Try to learn what causes your pain or when your pain is at its worst. I find I am painful after eating or standing or sitting too long. Once I realized that, I adjusted what I was doing. Coping with chronic pain is a challenge. However, once I gained control and understood my pain, I found I started to enjoy life. We have all been given the gift of life. However, no one's gift was free of flaws. Accept our strengths and use them to create a meaningful and productive life.

Caring for Excoriated Skin

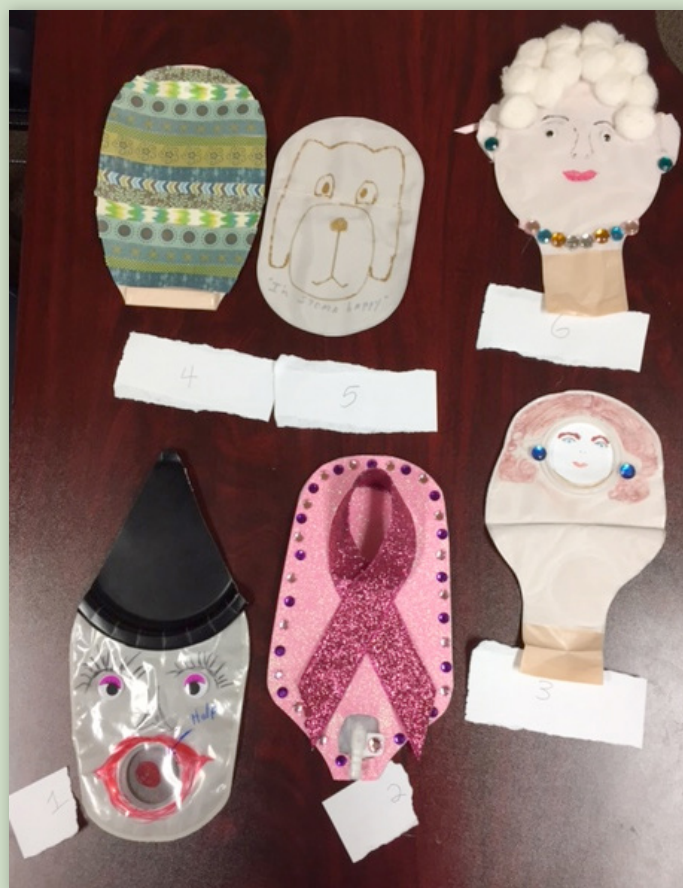
by Diane Duran, CWOCN, Edited by B. Brewer, UOAA Update Oct 2011

If, after removing your wafer, you find your skin to be red, denuded of skin, painful or sensitive, you have excoriated skin. Excoriated skin is often caused by pulling off your wafer too vigorously. The correct way to remove your barrier is to simply hold down your skin and gently pull the wafer down and away from your skin. If needed, you may use an adhesive remover pad and, going from side to side, carefully take off the old barrier.

After gently washing the stoma and surrounding skin with warm water, dry the skin thoroughly. You may use a hair dryer set to cool. Don't rub the skin when drying...just pat it. Then, sprinkle the skin with a quality ostomy powder (like Hollister Adapt or ConvaTec Stomahesive powder) ...dust off the excess and then you have the option to seal the powder with a non-alcohol containing skin prep. Wipe the skin with the skin prep until you can't see any more powder. But be careful; the new extended wear barriers do not adhere well when applied to skin prepared with a skin prep. In this case, the powder on the skin alone will work just fine.

Then, if you wear a two-piece system with a square barrier: instead of placing your wafer squarely on your skin, rotate it 45° to a diamond shape. With the next wafer change, put it on squarely, and rotate every other change. This gives at least part of your excoriated skin a good chance to heal. Putting a barrier on your skin actually enhances healing. Covered skin heals faster than bare skin, so don't feel that you have to air it out for skin to heal properly. And remember, be gentle with your skin and it will be good to you.

EDITOR'S NOTE: After applying stoma powder, to avoid removing the powder with a skin prep, use a barrier spray to seal the powder before applying the skin barrier.



L: LIFE

Used with Permission from Brenda Elsagher from: I'd Like to Buy a Bowel Please: Ostomy A to Z, www.livingandlaughing.com

We were stationed in Chile with the US Navy and were amongst an association of Americans who lived there. Two of the women were former school teachers who had retired and lived in Santiago. They had a Scottie dog, which was very ill with symptoms what resembled to me dehydration, nausea and vomiting. I asked them, "Does your dog like Coca Cola?"

"Sure," they said. "Give the dog some Coke. He just needs electrolytes," I told them. Within hours, the dog was responding better. They reported a few days later that the dog had fully recovered, and they credited me with saving his life. I would not have known that he needed hydration had I not been an ileostomate.

Barbara Hawes of Chantilly, Virginia, has had an ileostomy since 1962 due to Crohn's Disease. She has been the editor for her ostomy chapter newsletter for many years. She is married to Bill and they have two children, five grandchildren, and are active in church. Barbara works part time as secretary and enjoys reading in her spare time.

Medicare Enrollment Review Your Medicare Part D Coverage and Save Hundreds of Dollars!

By Bob Baumel, North Central OK Ostomy Association

Medicare's Open Enrollment Period runs from Oct 15 to Dec 7 every year. If you are a Medicare beneficiary and have a Part D Prescription Drug plan, you may be able to save hundreds of dollars a year by reviewing your Part D coverage during this period and switching to a plan that offers better terms. This happens because the Part D plans, which are offered by private insurance companies, change their terms every year (including premiums, deductibles, drug formularies, copays, etc.). So, a plan that may be a great deal one year is often a terrible deal the next year. If you are sufficiently computer savvy, you may be able to go through this process yourself using the Plan Finder at www.medicare.gov. For everyone else, volunteers trained by the Oklahoma Insurance Department are available for one-on-one counseling sessions as part of Oklahoma's Medicare Assistance Program. (Note: Similar programs are available in other states as part of the "SHIP" network [State Health Insurance Assistance Programs].)

NOTE: Some company retirement plans limit the ability of retirees to change their Part D coverage without losing some retiree benefits. Before considering changing your Part D coverage, be sure you don't have a retirement plan that limits your choice this way.

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Ostomy Challenges

Living with an ostomy can be a bit challenging at times. One of the most important things to remember is that everyone's ostomy is different. The following are reasons to contact a WOC nurse for advice:

- A change in the size or appearance of the stoma.
- Skin problems around the stoma including a rash, open sores, redness or weeping.
- Ongoing leakage of the pouching system.
- Weight gain or loss that may cause difficulty with pouching system.
- A cut in the stoma.
- Difficulty in getting an appliance to secure to the skin around the stoma.
- General questions regarding ostomy care and management. Issues may revolve around diet, bathing, activity, odor, diet and travel.
- Contemplating a change in pouching system.