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 325-670-4302 or 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

Since March was Colon Cancer Awareness Month, Dr. Brad Kendrick, colorectal surgeon, spoke at last month's meeting. Vina Gilbert also did a short presentation. Both focused on the need for screening for colon cancer.

NEXT MEETING

For the April 10 meeting, we have requested a speaker from Hendrick Sleep Disorders Center to talk about sleep studies. We do not have final confirmation from them at this time.

MAY & JUNE MEETING

For the May and June meetings, we will hold visitor training. This program trains ostomates to visit patients with new ostomies. Mark your calendars now to attend. The WOC nurses really want volunteers to be encouragers to new ostomates!

Everyone is welcome. Bring your spouse or a friend or come alone.

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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UOAA Advocates

These are important and exciting days for UOAA's advocacy program. We are in the final stages of forming an Advocacy Committee to help us achieve our goals and look forward to introducing you to our Committee in the coming weeks. Joanna Burgess-Stocks, ostomate, WOC nurse and current member of UOAA's Management Board of Directors, is the Chair of this committee, and I am honored to work with her. In the meantime, we have charted our course and hope you will take the opportunity to review UOAA's Advocacy Agenda.

Once again in 2017, healthcare reform is in the spotlight and it is critical that we ensure the needs of persons living with ostomies and continent diversions are included in the stakeholder conversations.

In particular, we must first ensure the ongoing availability of quality health insurance by accompanying any repeal of the Patient Protection and Affordable Care Act (ACA) with a viable replacement at the time of repeal.

Second, we must make certain that the 115th Congress preserves the basic patient protections from the ACA:

- Prohibit discrimination against patients with preexisting conditions
- Prohibit lifetime and annual caps on insurance benefits
- Allow young adults to stay on family coverage until they are 26
- Limit patient out-of-pocket spending in a meaningful way

These protections have made it possible for many people living with an ostomy to obtain insurance coverage and protect them from stratospheric medical bills. Furthermore, they are essential to ensuring access to quality, affordable healthcare coverage. UOAA is pleased to launch a new advocacy software platform to help you take action on important initiatives, and where you can keep on top of the latest advocacy news by signing up for our Advocacy Network.

Please be sure to personalize our call to action message with your personal story for maximum impact.

E-mail to TAKE ACTION!
ostomy.org/Advocacy_Action.html

We are Stronger and Louder Together! Please share this "Call to Action" with family and friends. Feel free to email me at advocacy@ostomy.org if you have any questions or comments. We look forward to accomplishing great things with all of you in 2017!

Jeanine Gleba
UOAA Advocacy Manager

Important Ostomy Questions and Their Answers

By Amparo Cano, MSN, CWOC, and Debbie Walde, BSN, CWOC, via Dallas (TX) Ostomatic News

When should I seek medical assistance?
You should call the doctor or ostomy nurse when you have:

- Severe cramps lasting more than two or three hours.
- A deep cut in the stoma.
- Excessive bleeding from the stoma opening (or a moderate amount in the pouch at several emptying).
- Continuous bleeding at the junction between the stoma and skin, severe skin irritation or deep ulcers
- Unusual change in stoma size and appearance, severe watery discharge lasting more than five or six hours.
- Continuous nausea and vomiting or the ostomy does not have any output for four to six hours, and is accompanied by cramping and nausea (ileostomates only).

What are peristomal skin problems?
A study revealed that 61% of people with an ostomy have a peristomal skin problem as assessed by a WOC or ostomy nurse. The primary cause of skin problems was from effluent coming in contact with the peristomal skin. Body shape and skin type are as individual as personality—some people can establish a good seal between the skin and the barrier, while others may find it a challenge getting a tight seal to avoid leakage and may need a little extra help to make their ostomy appliance fit securely and to care for peristomal skin.

How do you replace fluids and electrolytes?
A rule of thumb for the ileostomate is to drink a glass of replacement fluid each time the pouch is emptied. Try replacement drinks such as sports drinks, fruit or vegetable juices (V8), broth or Cera Lyte. Electrolytes (sodium and potassium) are lost when the body loses a lot of water. Foods containing potassium are orange juice, bananas and tomato juice. If diarrhea is caused by antibiotics or bacterial imbalance, replace the normal intestinal flora (bacteria) with yogurt, buttermilk or acidophilus.

Can I skip meals from time to time?
No. An ileostomate should not skip meals as it can increase watery stools and gas.

Does paste make the pouch stick better?
No. Paste helps to prevent liquid drainage from getting between the skin and the skin barrier. This protects the peristomal skin and often extends the life of the skin barrier. Paste is not an adhesive and too much paste can actually interfere with a good seal.

When should skin barrier powder be used?
Skin barrier powder is used when the peristomal skin is moist due to irritation. When the skin has recovered and healed the powder should be discontinued. If another type of powder, such as an antifungal powder has been prescribed, it should be used according to instructions.

How often should a pouching system be changed?
The answer is "it depends." It depends on many factors, such as type of discharge, skin condition, type of skin barrier used, location on the body and construction of the stoma. The key is to achieve predictable wear time. Changing a pouch twice a week is very acceptable. Most clinicians agree that a pouching system should be changed at least once each week. If the pouch is being changed frequently due to leakage, a WOC nurse should be consulted.

How often should I empty the pouch?
The type of ostomy and amount of output will influence how often is necessary. You will want to empty your pouch regularly throughout the day – usually when it is one-third to one-half full. It is not a good idea to let your pouch overfill.

How do I travel with an ostomy?
Once you have recovered, your ostomy should not limit your travel. When you travel it is important to plan ahead. When flying, pack supplies in your carry-on baggage. Cut them in advance, to avoid having scissors in your carry-on. (See UOAA's Ostomy Travel Tips page at ostomy.org/Ostomy_Travel_Tips.html for lots of information on airport security). If you will be gone for an extended period of time, notify your supplier so that your products can be shipped to another address, or locate a supplier at the location where you will be staying. Remember to store your products in a cool, dry place.

What is convexity?
Convex skin barriers help to gently press the skin inward around the stoma, to make the stoma protrude more or smooth out imperfections in the peristomal skin. This gentle pressure can help to create an improved seal and may extend wear time.

(continued on the next page)

Vina Gilbert

Vina Gilbert has recently successfully completed all the requirements through the Wound Ostomy Continence Certification Board to become a Certified Wound Ostomy Continence Nurse (CWOCN). She also completed work on her master's degree from University of Phoenix in November 2016. She has been caring for patients with ostomy and skincare issues for almost a year, but now she can add all those letters to her name. Vina has previous experience as an orthopedic nurse and truly loves caring for her patients. Besides seeing to their healthcare needs, she is a real prayer warrior for them as well. Charlotte Allen, MSN, RN-C, CWOCN, is glad to have another CWOCN at Hendrick Medical Center. Congratulations, Vina!

Important Ostomy Questions and Their Answers *(continued)*

What are some medication precautions for ileostomates?

- Do not take enteric coated or time-release medications.
- Do not crush or open medications.
- Inform the pharmacist.
- Never take laxatives.

What foods may affect ileostomates?

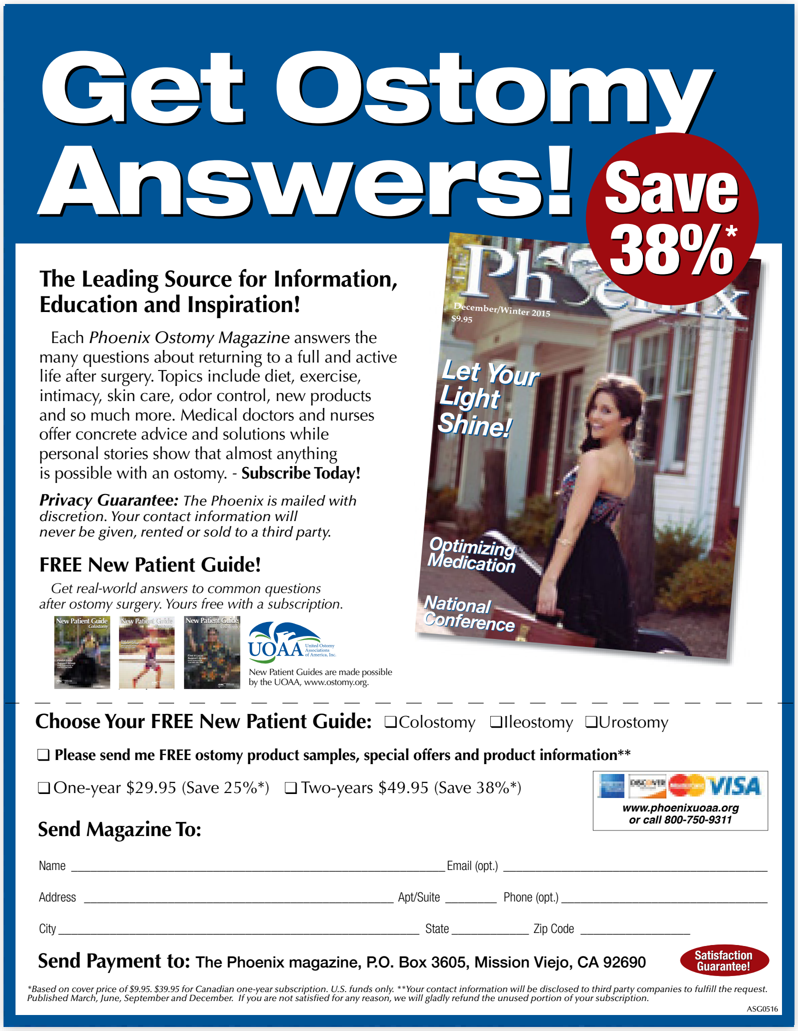
Apple peels, cabbage raw, celery, Chinese vegetables, corn, whole kernel, coconuts, dried fruit, mushrooms, oranges, nuts, pineapple, popcorn and seeds.

What is the* push-pull *technique?

Rough removal of your skin barrier wafer can tear out hair on the peristomal skin. Pulling out hair causes folliculitis, an infection of the hair follicles, and is characterized by red, sore, itching and eventually weepy skin. It can also look like a pus-filled or open pimple. Never pull your skin barrier wafer off, but instead hold wafer in place while pushing your peristomal skin in toward your body. This method is far gentler to your skin.

What foods cause gas?

Some foods cause excess gas, so these may need to be reduced or avoided. Foods such as beans, hard boiled eggs, fish, melon, milk products, onions, spicy foods, asparagus, cauliflower, cabbage family and carbonated beverages cause flatus. Some behavioral changes to reduce flatus include avoiding drinking through a straw, smoking and chewing gum.



N: Novelty

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

A couple of summers ago, we were visiting relatives at their cabin. My husband, Bob, is a novelty and has always been a source of curiosity for our great nephews and nieces because he is paralyzed from his shoulders down, and he uses a wheelchair. In 1964, Bob became a C4-5 quadriplegic after getting hurt in a shallow water diving accident. The great nieces and nephews are fascinated by Bob and like to help him.

The bathroom in the cabin is very tiny, and he can't get fully into it with his wheelchair. I have to position him in the doorway (halfway in, halfway out) when I am washing him and brushing his teeth. The kids watch and think it's cool. Sometimes we require privacy for toileting needs.

One afternoon when we didn't think anyone was around, we went in to empty his leg bag, which is strapped to the lower calf of his leg. I lifted his leg up to the toilet and pulled the rubber cap off the bottom of the bag and the urine squirted out into the bowl. Little did we know that one of our little nieces was watching and promptly yelled, "Mom, Mom, Uncle Bob can pee through his leg!"

Penny Peters is wife to Bob Peters who has been a urostomates since 1981. Bob is involved in disability-related local, state and national activities that seek to improve the lives of people with disabilities.