



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 email 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

We did not meet in July. I hope you all are having a great summer.

NEXT MEETING

For the August 14 meeting, we will have our annual ice cream social and play ostomy Bingo. Vanilla ice cream will be provided. Feel free to bring another flavor of ice cream or your favorite ice cream topping or cookies. Also bring an inexpensive item as a Bingo prize.

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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Important Ostomy Questions & Their Answers

By Amparo Cano, MSN, CWOC, and Debbie Walde, BSN, CWOC

What are peristomal skin problems?

A study revealed that 61 percent of people with an ostomy have a peristomal skin problem as assessed by a Wound Ostomy Continence (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 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.

What are some hospitalization tips for ostomates?

Never assume hospital personnel know the difference between ostomy types. Ask if the hospital has an ostomy nurse. If they do, call them and let them know you're an ostomate and you'd love to just meet them even if they do not need to be involved in your immediate care. Never assume they have ostomy supplies you use in stock. Always keep an emergency supplies kit ready in your closet full of everything you need for at least five changes of your ostomy appliance during an unexpected stay. Bring a warm bathrobe. Hospitals are kept very cool to keep them sanitary. Never assume the medications they give you are correct.

Can I skip meals from time to time?

No, it increases watery stools and gas.

I wasn't lactose intolerant before surgery but I am now. Is this normal? Yes.

What can I eat to decrease diarrhea?

Tapioca, toast, applesauce, bananas, boiled rice and peanut butter.

Can I go swimming?

Yes! United Ostomy Associations of America (UOAA) has a swimming with an ostomy toolkit: *Facts and Your Rights*. You should not be denied access to a pool facility.

Is it important to know what portions of my bowel were removed?

Yes. This is important regarding your diet, medications and absorption of foods.

Where can I get detailed information on diet, etc.?

United Ostomy Associations of America has a very good diet and nutrition guide at ostomy.org.

Having Skin Problems *Via Metro Md, & S. Brevard, FL Ostomy Newsletter*

Skin problems are usually caused by improperly fitting pouches, leakage of stool on the skin, hair follicle irritation, perspiration or the misuse of skin barriers. An important aspect in preventing skin problems is keeping a seal. To keep a pouch on irritated skin, it is necessary that the skin is dry. When the skin is irritated, it does not remain dry and cannot be dried with a cloth. A basic method of drying the skin includes a warm heat lamp or hair dryer. "Heat lamp" refers to any type of lamp with a maximum 25-watt bulb placed at least one foot away from the stoma and allowed to shine for 10 minutes. You will find that a desk lamp is good to use. Cover the stoma with a piece of damp tissue or cloth to prevent a drying effect directly to it. Never use a sun lamp. This is an ultraviolet light and will burn your skin. If you have had radiation therapy to the skin around your stoma, do not use any lamp or light to dry your skin. A hair dryer of less than 850 watts may be used if there is a cool setting.

If you find you need to purchase any new skin products listed under remedies, it would be advisable first, to call your enterostomal therapy (ET) nurse for suggestions. You may be familiar with the use of one of two products from your hospitalization. If you are comfortable using them, go ahead.

A rash can be located under the tape, under the face plate and on any part of the skin where the pouch comes into contact with the skin. A generalized reddish appearance that covers an entire area, similar to a diaper rash, will be seen. It may be caused by a leaking appliance, perspiration, allergies to tape or hair follicle irritation. To remedy, use a hair dryer to the skin (low setting); sprinkle a small amount of powder (karaya, stomahesive) on the skin, wipe off the excess, then blot with a skin sealant to seal the powder to the skin. Make sure it's dry before applying the faceplate. Wearing a pouch belt too tight may also break the seal. If the rash does not clear up in two to three days, consult an ET nurse.

Ulcerated areas can appear anywhere on the skin around the stoma or on the stoma because the stoma opening of the pouch is too small and/or activities are causing the faceplate to rub or cut into the stoma. To remedy, enlarge the size of the pouch opening. (The opening should be at least 1/8" larger

than the stoma.) Evaluate your activities; you may need a different size or shaped faceplate; loosen your belt; if too tight, the belt may cause the face plate to press into the stoma. If this does not help in clearing up the ulcerations around the stoma in two to three days, consult an ET nurse.

Infected or irritated hair follicles under the faceplate, raised red areas (similar to acne) at the shaft of the hair follicle, are caused by not keeping the area under the faceplate shaved. To remedy this, you must let the irritation improve before removing anymore hair by shaving or cutting. Use a hair dryer and/or very low heat lamp to dry the skin if oozing is present. Use a skin barrier between skin and pouch adhesive until irritation improves. If irritation doesn't clear in two to three days, consult your ET nurse.

Weeping skin can prevent a pouch or skin barrier from adhering to the skin for long periods. If your skin is severely irritated and weeping, it may be necessary to change your pouch more frequently to prevent leaking and further damage.

UOAA Partners in Ostomy Webinar

via UOAA Newsletter, February 2017

You can still view this educational slideshow online. On February 14, UOAA partnered in a webinar hosted by Fight Colorectal Cancer. "Navigating the Ostomy Experience" was presented by UOAA Management Board of Directors member and CWOCN Joanna Burgess-Stocks. It covers a broad spectrum of topics in 60 minutes, and is an especially helpful education tool for the new, or soon to be, person living with an ostomy. You can still share, listen or watch the presentation online. Or you can see Joanna speak in person with a new presentation at our conference this summer!

<http://fightcolorectalcancer.org/fight/library/things-ostomy-feb-2017-webinar>

Editor's Note: I saw Joanna present this live at the national WOCN conference and it is a very informative presentation. The audio for the introductory remarks are not real clear, but as Joanna starts speaking, it clears up.

Ostomy Donations

If you or someone has no insurance and are in immediate need for ConvaTec 2 1/4" two-piece drainable pouches, a large donation of pouches and skin barriers has been made to the Hendrick WOC Nurses. Available pouches include pre-cut opening, solid skin barrier and flexible tape border pouches.

A donation of one-piece Hollister pouches has also been received. These pouches have pre-cut openings of either 1" or 1-3/16".

For more information, please contact Charlotte Allen at 325-670-4302 or Vina Gilbert at 325-670-4312, Monday – Friday, 8 a.m. - 4:30 p.m. Since our daily schedules vary, please call prior to coming as we may be out to the office seeing patients or teaching a class.

Retracted Stomas

via Winnipeg (MB) Inside/Out; and Regina (SK) Ostomy News

A normal stoma has a slight protrusion from the skin level; this allows it to fit with ostomy pouching systems and to protect the skin from stoma output. Retraction means that the stoma is flush or below skin level.

Sometimes the stoma may protrude when standing, but disappear into the skin when sitting. Retraction is relatively common, with about 10–24 percent of stoma patients experiencing retraction. It's also more common with ileostomies than colostomies, and tends to affect heavier patients more frequently. Retracted stomas can cause problems since the stoma outputs its contents directly to the skin. This can compromise the adhesives on barriers and cause skin irritation if not cleaned regularly. However, there are solutions to help prevent leakage and keep the skin clean and the barrier safe:

- **Convex Barriers/Wafers** – The curved shape of the barrier helps the stoma protrude enough to keep the contents from leaking under the barrier.
- **Ostomy Belt** – The belt helps support the barrier and the pouching system to prevent leaks by supporting the appliance around the waist.
- **Adhesives** – Some barrier adhesives provide an extra tackiness that is far more waterproof; these adhesives can help prevent the skin and wafer from being compromised by leaks.

In extreme cases, a doctor may recommend **surgery** to fashion a new stoma through the skin.

Editor's note: For pouching problems, contact your physician for a referral to an ostomy nurse. In Abilene, you may see Charlotte Allen, RN, CWOCN, at 325-670-4302 or Vina Gilbert RN, CWOCN, at 325-670-4312.

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You are cordially invited to Hendrick Ostomy Support Group's

Ice Cream Social

August 14 at 6:30 p.m.

Diabetes Center—1742 Hickory St.

Vanilla ice cream will be provided.

Bring toppings, other ice cream flavors or cookies.

We will also play Stoma Bingo, so bring a gift worth a dollar as a prize.