



## 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](mailto: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

For the November meeting, Charlotte Allen gave a presentation on being thankful that you do not have certain ostomy complications. She reviewed ways of managing peristomal irritation, and many more complications.

### NEXT MEETING

For the December 11 meeting, we will have our annual Christmas event. Please bring a simple finger food to share with the group as well as a \$5 gift for the gift exchange. This is always a fun time of fellowship and feasting on good food as we get into the holiday spirit.

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

**We meet in the Diabetes Center at 1742 Hickory St. (corner of Hickory St. and N. 18th St.) 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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## A Successful Recovery from Ostomy Surgery

### Tips and strategies for coming back strong after surgery

By Diana Gallagher, MS, RN, CWOCN, CFCN

For many, ostomy surgery is lifesaving, but initial feelings can sometimes be negative. For individuals with years of unresolved incontinence or inflammatory bowel disease, however, life after surgery is frequently viewed as a positive improvement and the promise of a return to a normal life.

The following are important tips to help you transition into your new life and embrace living with an ostomy.

#### 1. Selecting a Surgeon

Select a surgeon with valuable experience in the type of surgery that you are facing. General surgeons as well as specialty surgeons can perform ostomy surgery. Specialty surgeons are those who have completed additional education, training and fellowships within the specialty. These surgeons will be identified as Colorectal or Urology Surgeons. You can find a local physician through the websites for the American Society of Colorectal Surgeons or American Urological Association.

#### 2. See an Ostomy Nurse

Before surgery, your surgeon may refer you to a specialty nurse, like a Certified Wound Ostomy and Continence Nurse (CWOCN). If not, you will need to find a specialty nurse. This nurse will help ease your transition into living with an ostomy. Although education may be provided during your hospital stay, it can be difficult to focus and remember because of anesthesia, surgical pain and stress. Your ostomy specialist will provide comprehensive education including practice pouch changes before surgery. In addition, he/she will identify and mark the best location for your ostomy. During surgery, it is difficult for your surgeon to know where the waistband of your pants sits, where creases or irregularities exist and other special considerations to consider when selecting the optimal site.

#### 3. Contact a Support Group

Attend a United Ostomy Associations of America (UOAA) affiliated support group (ASG) meeting in your community. You may think that you do not need a support group or not feel comfortable in a group setting. Put those feelings aside; listening in the beginning is a good start. Join your local group, even if you don't initially find someone your age with a similar story, there is a lot to learn. UOAA affiliated support groups are truly one of the BEST places to obtain the necessary education, helpful hints, support, and resources. Don't feel that you are alone.

#### 4. Find the Right System

Determine which pouching system will work best for you. In the beginning, you will most likely receive sample products from a number of companies. It is helpful to keep the two-piece products from each manufacturer separated; wafers from one company will not necessarily snap onto a pouch from another company. The sampling program will help you try a variety of products to learn which ones work best for you.

## A Successful Recovery from Ostomy Surgery Continued

### 5. Order Your Supplies

Order your regular supplies. Once you know what you like best, an order can be placed through a distributor. There are countless distributors to choose from and depending on insurance, your supplies can be delivered monthly or every three months. The first time that you order, it is logical to order a month's worth of supplies. As your expertise develops, you may fine-tune your list. Insurance normally pays 80% of supplies that are medically appropriate. If you have a secondary plan, the remaining 20% may be covered. Check for a list of the established limits for each product. Reorder supplies early so that you are never without what you need.

### Free Ostomy Care Guide

The Phoenix Magazine New Ostomy Patient Guide is an essential source of information that answers the most basic questions patients have after surgery. Articles address common concerns and challenges including what type of pouching system to use, clothing, how to change an ostomy pouch, intimacy, nutrition and much more.

Over 100,000 copies have helped new ostomates learn how to successfully live with an ostomy.

### 6. Get Organized

Select a place to keep your ostomy supplies organized. Many people keep their basic supplies in a bathroom drawer, others buy a plastic organizer with several drawers that can be moved about. Excess supplies can be stored in a closet but regardless of where you choose to keep supplies, it is best to avoid temperature extremes and high levels of humidity.

### 7. Be Prepared

In addition to the extra supplies that you keep on hand at home, always keep a small pouch with all the supplies necessary for a complete change with you. Like your other supplies, these should be kept away from temperature extremes and humidity. Hopefully, you will rarely need to make an unplanned change, but being prepared, makes most ostomates feel secure and confident. If you anticipate an occasional return to the hospital, keep a bag packed with your preferred supplies. The hospital

may not have the brands that work best for you.

### 8. If Problems Arise

Promptly consult your ostomy specialist for any problems. This might be a decrease in normal wear time, a change in your stoma or a problem with your peristomal skin. A good practice for all is to hydrate properly to avoid complications.

### 9. Get Back to Living

Recover from surgery and LIVE life to the fullest. Having an ostomy does not change who you are or what you are able to do. After recovery, work to strengthen your abdominal muscles to help prevent hernia risk and enjoy all your old activities including swimming. Every October UOAA holds the Run for Resilience Ostomy 5k where people of all ages prove living with an ostomy does not need to be limiting.

### 10. Advocate for Yourself

You will find that not everyone is knowledgeable about ostomies. Educate others when possible, but always be willing to advocate for yourself and others. You can also help by supporting UOAA's advocacy program and taking part in events like Ostomy Awareness Day held on the first Saturday in October. UOAA works toward a society where people with ostomies and intestinal or urinary diversions are universally accepted and supported socially, economically, medically and psychologically.

### 11. Tell Your Story

Your story has the power to help others as they begin their journey. Connect with others at a support group meeting, online or contact The Phoenix Ostomy Magazine to help the next person who has this lifesaving surgery.

For more information, visit [www.ostomy.org](http://www.ostomy.org) or contact United Ostomy Associations of America at 1-800-826-0826.

**O: Odor** *By Annette Peterson who has been a colostomate since 2004 due to Crohn's disease and lives in Chicago.*

For some people, one of the side effects of ostomy surgery and the adjustment is a constant odor that seems to permeate everything in the beginning. I couldn't seem to get rid of the odor, and I felt like a walking Port-O-Potty. I was complaining about it to just about anyone that would listen. They would offer suggestions: "Are you keeping it clean? Maybe it's all in your mind." I could not believe it, because the offending smell was definitely there.

I sought the proper help with medical people and even consulted a health specialist. I woke up smelling it, smelled it all day and went to bed smelling it. While I was at home recovering, my sister-in-law said, "Let me smell what you are talking about." As she approached me, I opened my sweat pants. She stuck her nose in my pants and sniffed, "I can't smell anything at all." We both laughed hard as I comprehended it was in my head, and I realized we knew a lot about each other—maybe too much.

*Used with Permission from Brenda Elsagher from: I'd Like to Buy a Bowel Please: Ostomy A to Z, [www.livingandlaughing.com](http://www.livingandlaughing.com)*

## Ostomy Reversals

By Joanna Burgess-Stocks, BSN, RN, CWOCN

- Not everyone who has an ostomy as a result of colorectal cancer and other diseases will have the option of having their ostomy reversed. Some people will need to keep their ostomy for life.
- Your surgeon will determine when an ostomy will be reversed. There are many factors that determine a reversal such as the extent of the disease, a patient's overall health and treatment process (radiation and chemotherapy). Most patients with temporary ostomies will have the ostomy for about 3-6 months.
- Surgery for reversal of an ostomy is usually much less involved than the surgery that you had to create the ostomy. So if you are feeling nervous, keep that in mind. A typical hospital course is 3-4 days on average.
- For some patients, interrupting bowel function with a temporary ileostomy increases the chances that you will experience alterations in bowel function after reversal of your stoma. These symptoms can include rectal urgency, frequency, fragmentation of stool and incontinence. It is important that you notify your surgeon as soon as possible with these symptoms. Treatment includes behavioral strategies based on the symptoms and includes dietary modifications, incontinence products, skin care (use of barrier creams such as zinc oxide) and medications such as loperamide. More involved but helpful recommendations are pelvic muscle retraining (PMR) to regain sphincter strength and biofeedback. This therapy is done by a highly trained physical therapist.
- If the temporary ostomy is due to cancer some physical therapists recommend PMR prior to surgery or radiation to assess muscles and teach strategies for ongoing muscle strengthening that can be carried over after surgery. This helps to address any coordination or existing weakness prior to radiation due to chemo or post-operative recovery. If PMR is recommended after surgery, it is best to wait at least 6 weeks and with the surgeon's approval.



## Mailing List Update

We are updating the Hendrick Ostomy Support Group mailing list and would like to send more of our newsletters via email. **Please complete the bottom portion, cut it off and return it in the enclosed envelope or respond by email to [callen@hendrickhealth.org](mailto:callen@hendrickhealth.org).**

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