



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 at 325-670-4302 or at 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

At the June 12 meeting, we completed our visitor training. There were 11 people that learned how to visit patients with new ostomies or their caregivers. It was a great group, and the training went well.

NO MEETING IN JULY

Remember, we will not meet in July. Everyone have a great summer.

NEXT MEETING

For the August 14 meeting, we will have our annual ice cream social and play Stoma 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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5 Things I drink to Stay Hydrated with an Ostomy

By Christine Kim, ostomyconnection.com

Having ileostomy surgery at 21 years old, I did not take hydration very seriously. Many ostomy nurses told me that maintaining fluids was a lifelong obligation, but that advice unfortunately didn't sink in until my mid 30s. I've had many trips to the emergency room due to dehydration and blockages, but thankfully I started feeling better after an hour or so hooked up to an IV solution.

For many years sports drinks, soda and fancy coffee drinks were my main beverages of choice (no wonder I was dehydrated). I've learned that those beverages are filled with artificial ingredients, synthetic additives and food dyes—that's not good. These days I look for healthy alternatives that work for my body, not against it. Here are five beverages that help me stay hydrated with an ostomy.

1. **Lemon water**—this one is really simple, but the effects are profound! Adding this powerful citrus fruit to water is a tasty way to stay hydrated and keep my digestion in motion. What I do: Start the day with a big glass of water and few squeezes of lemon first thing in the morning. It energizes me!
2. **Natural Herbal Tea**—Ginger root tea and peppermint tea have been known to improve digestion and there's some evidence to back that they can have a powerful effect on headaches, too. Herbal teas have distinct scents and tastes, plus many are naturally caffeine-free. Chamomile is one of my favorites because it has a calming effect. What I do: Boil water. Place mint leaves, peeled ginger root or tea sachets in a cup and cover with water. Steep for about five minutes. Remove after steeping, or sometimes I just leave them in.
3. **Golden Milk**—Golden Milk (also called turmeric tea) is the ultimate bedtime concoction. It's soothing and delicious. The combination turmeric, coconut milk, sweeteners and spices is warming and it's something that helps me with sleep issues. And bonus—the recipe is easy! What I do: Warm two cups of coconut milk and one teaspoon of turmeric in a pot, whisk until fully mixed. Then add a dash of cinnamon, honey or maple syrup to taste.
4. **Infused Filtered Water**—Water is the best thing I can put in my body, yet I snubbed it for years, because it's sort of boring. I need to drink water to stay hydrated, prevent headaches and my ileostomy does not function as well without the proper intake. There are simple, delicious recipes that can make drinking water interesting again! Fruit and herb infused water is so popular that you can even buy infuser water bottles and pitchers. What I do: I drink at least half my body weight in ounces of water each day (For example, if your weight is 120 lbs, drink 60 oz. of water).
5. **Green Drink**—I never ate fruit or vegetables on a regular basis prior to my ostomy surgery, so I think that's why I had so much trouble digesting them with an ileostomy (that and dehydration). Eating fresh organic greens are important for my health, so I found an alternative in smoothies and green drinks. I've been making green juice for more than

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Can You Plan an ER Visit? By: R. S. Elvey

All Ostomates have the experience of dealing with a medical condition, disease or traumatic injury that lead to the creation of their stomas. During my pre-stoma days, I saw many doctors for various treatments and tests. My most traumatic medical encounters were visits to the ER. I was a novice and knew nothing about how an ER worked or what to expect. As we mature, our visits to the ER will become more numerous. As Ostomates and consumers of emergency medical services, what do we really know about them? And when you can, how do you prepare for an ER visit?

Every year, *U.S. News & World Report* publishes their well-publicized list of the top-ranked hospitals in America by their specialties. Unfortunately, the list of 16 specialties does not include Emergency Services. You have to look long and hard to find a similar list for hospital emergency rooms. They do exist - two examples being "Healthgrades 2012 Emergency Medicine in American Hospitals" and the "Women's Choice Awards."

These studies analyzed the most common conditions treated, mortality rates and wait times for various services. Much of the information comes from patient surveys and Medicare. Like the *U.S. News & World Report*, they also publish lists of recommended ERs. The very nature of the word emergency means the visit is not planned and this fact is not lost on the authors of these studies. They merely want you to consider outstanding ERs in your area.

For many Ostomates, an ostomy is not our only medical condition. And the authors of these studies also realize that many medical emergencies require that you go to the nearest ER as soon as possible. However, when the need arises they emphasize planning ahead in order to maximize your chances

for a satisfactory outcome. From my own experience and research, I have put together the following items to take with you to the ER:

- An emergency kit containing at least three days of your ostomy supplies.
- Your complete medical history, written down in advance, to include a list of your current medications, an immunization history, your primary care doctor's name and contact information, contact information for all other doctors treating you and conditions, a list of allergies, insurance cards, name and telephone number of your emergency contact person and a photo ID
- If you have an ileostomy and a blockage take the "Ileostomy Blockage Treatment Card" available from United Ostomy Associations of America website, www.ostomy.org
- When possible take another person
- A pad of paper and a pen

All of the above means you were able to communicate when you got to the ER. But what happens when you arrive unconscious or conscious but not able to speak? The ER staff will not know you or your medical history. For these occurrences, medical IDs can be lifesavers for all ages and medical conditions. There are a variety of medical IDs available. They range from vinyl bands to metal bracelets and necklaces. The information provided is up to the individual. You should consider including emergency contacts, blood type and medical conditions.

The more information provided to first responders and ER staff will enhance their ability to treat you quickly and effectively. Increase your odds for a successful ER visit by planning ahead.

Ostomy Donations

If someone has no insurance and is in immediate need of ConvaTec 2 ¼" two piece drainable pouches, a large donation of pouches and skin barriers has been made to the Hendrick WOC nurses. Some of these have a precut opening, some have solid skin barriers and some have flexible tape borders.

We also recently received a donation of several one piece Hollister pouches. These have precut openings of either 1" or one 3/16" opening.

If you can use these items, contact Charlotte Allen at 325-670-4302 or Vina Gilbert at 325-670-4312, 8 a.m- 4:30 p.m., Monday - Friday. Our daily schedules vary, so please call before you come as we may be out to the office seeing patients or teaching a class.

Ostomy Reversals

- 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 approximately three to six 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 three to four days on average.
- For some patients, interrupting bowel function with a temporary ileostomy increases the chances that he/she will experience alterations in bowel function after reversal of the stoma. These symptoms can include rectal urgency, frequency, fragmentation of stool and incontinence. It is important to notify the 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 the result of 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 six weeks, with the surgeon's approval.

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ASC2016



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.