



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

We began our visitor training at the May 8 meeting. This program trains ostomates to visit patients with new ostomies. We had a great turnout and attendees were very receptive to the training. Even those who do not want to be a visitor found the training to be valuable.

NEXT MEETING

The visitor training will continue at the June 12 meeting. We will serve SUBWAY sandwiches, so please RSVP to Charlotte at 670-4302 or Vina at 670-4312 to ensure we have enough food. The meal will be ready at 6 p.m., so please come early!

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.

Newsletter Editor & Professional Advisor:

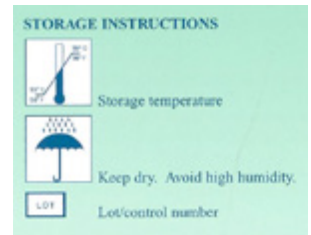
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670-4302
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Proper Care & Storage of Ostomy Supplies

Via Teresa Murphy-Stowers, ND Editor, Spring 2011

Ostomy supplies are not inexpensive, to say the least. So, it is important to understand how to apply them properly with the fewest errors possible and it is equally important to know how to take care of and store supplies until use. Proper care may avert the need to discard unused supplies and thus be economical as possible.

- Be sure to read carefully the instruction sheet included in the box or guidelines on the container for specific recommendations for given product. For example, the excerpt shown here from the instruction sheet that comes with Eakin Cohesive Seals notes symbols and explanations important for use and storage. The sheet also contains the step-by-step method for application.
- Generally, all ostomy supplies should be stored in a cool, dry location. Too much heat can melt or weaken many of the materials used in ostomy wafers, pouches and accessory items. Avoid leaving supplies in a hot car or in direct sunlight.
- Review instructions periodically to refresh your memory and to see if any recommendations have changed over time.
- Keep supplies such as wafers and pouches in their original box until use. By doing so, you save the brand name, product identification number and the lot and date information for those items. Perhaps you will never need this information, but in the event you do, the box you've saved will provide the information you (or someone helping you) will need for reorder or to report any quality control problems.
- Some ostomy supplies do have a shelf life. Be sure to check for dates that may be recorded on their containers. If you find you have a box with an expired date, check with the manufacturer, your local supplier or an ET nurse for advice on usage.
- While you do want to keep a "stock" of supplies so you are always prepared to change out your system, avoid the practice of stockpiling too much so your reserve will be as fresh as possible. This, of course, depends on factors such as availability, proximity to a local supply house or shipping issues.
- Purchase supplies from a trusted vendor—one you know will provide good service, as well as stock/ship current stock.



Reporting Defective Supplies

- If you determine your supplies are defective in spite of proper use and storage, contact the manufacturer at their toll-free number to report the problem and receive product replacement or adjustment.
- Let your supply source know of your report to the manufacturer. They need to be aware of problems; however, the complaint needs to be directed to the manufacturer to ensure the defect can be addressed.

Peristomal Hernia

Peristomal hernia is a complication that may occur months or even years after ostomy surgery. It is more common in those with end colostomies. The hernia appears as a bulge around the stoma. This bulge is from loops of intestine protruding through a fascial defect (weak spot) around the stoma and into the subcutaneous tissue. A person with a peristomal hernia may have no symptoms. If the segment of bowel becomes incarcerated, the person may have symptoms such as a bowel obstruction with severe abdominal pain. Incarceration is when the hernia has caused a narrowing in the colon to the point that it is constricted. In this case, the person needs to see a physician immediately and will probably require emergency surgery.

Peristomal hernias can develop from a variety of reasons. A hernia may develop because the stoma was placed outside the rectus muscle or in an incision. It could develop because of loss of muscle tone from aging or from weight gain.

Measures to prevent the development of a peristomal hernia include ways to maintain abdominal muscle tone. Ostomates should be cautioned against excessive weight gain and should avoid weight lifting and strenuous activity for the first six to eight weeks after surgery to allow the muscle layer to heal. The patient with poor abdominal muscle tone may benefit from using a support belt designed to fit around the pouch and provide support to the abdominal wall. These are especially good for those with a chronic cough. (Increased intra-abdominal pressure results from coughing and sneezing. This can contribute to herniation if there is a weak spot in the fascia.)

The presence of a peristomal hernia may necessitate a modification in ostomy care. As mentioned in an article in this edition, this may include the use of a support belt, a change in pouching equipment and changes in irrigation technique. Support belts, when used, need to be snug but not constricting and should be applied when lying down. A flexible pouching system is usually recommended instead of a rigid one. Examples are a one piece pouch with flexible barrier or a two piece with a floating flange. The ostomate who irrigates may experience a delayed, prolonged and incomplete evacuation. To reduce the frustration, ostomates should be encouraged to omit irrigations and to use bulk laxatives or stool softeners to maintain bowel function. Occasionally the ostomate prefers to continue “trying” to irrigate. If so, it is absolutely essential that a cone tip be used to instill the irrigant to prevent bowel perforation. Surgical intervention is warranted when the bowel is incarcerated or when the patient prefers to have surgery. When the hernia is to be surgically repaired, a new stoma site should be selected.

Taken from *Ostomies and Continent Diversions: Nursing Management* by Beverly Hampton and Ruth Bryant with interjections by Charlotte Allen, MSN, RN-BC, CWOCN, Hendrick Medical Center, Abilene, Texas.

To be measured for an ostomy hernia belt, contact one of the WOC nurses at Hendrick Medical Center:
Charlotte Allen—325.670.4302
Vina Gilbert—325.670.4312

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

I was attending a national conference in Las Vegas for the United Ostomy Association and was riding in the elevator with a man who apparently was not part of our conference. He squinted as he read my nametag and said, “The United Optimists Association?”

“Nope,” I said, “The United Ostomy Association.”

“What’s that?” he asked.

Our doors were just about to open onto our floor when I said, “It’s an organization that provides support for people that have ostomies.”

“Okay, I give up, what’s an ostomy?”

“People with the bags have ostomies—you know, like colostomies, ileostomies and urostomies.”

He suddenly turned red and looked embarrassed. As we were walking off the elevator, I blurted, “Have you heard of that expression, ‘When God closes a door, He opens a window?’”

He nodded.

“We have windows,” I said.

He smiled, and we went on our way.

How to Shave Around Your Stoma

By Kathy Dalin, RN, Riverside HealthCare, Kankakee;
via Hamilton (ON) Osto- Info

Many men find they must shave the peristomal skin with each change of their skin barrier. In the past, ostomy literature has usually recommended using an electric razor. I personally have never had great success with this method, although I have heard that some folks do very well with the newer small razors that are designed for trimming mustaches and sideburns.

If you use a safety razor, as we do in the hospital, be sure to apply sufficient shave cream so that this is not a dry shave.

In addition, be gentle. Most shave creams have emollients so you will need to wash the skin with plain soap and water afterwards. Rinse your skin well so no cream or soap residue remains.

If your skin is very irritated and itchy, we have found that *Kenalog* spray or *Desonide* lotion is extremely helpful. This is a steroid (cortisone) solution, which decreases the itching and irritation dramatically. Apply these lightly, and then allow to dry completely prior to placing on your new skin barrier. These medications have a slightly oily base, which means your skin barrier probably will not stay on as long as you are accustomed.

This procedure will relieve the itching and promote healing. Skin heals better covered by a skin barrier than it would if aired out. Do not use any steroidal spray as part of your regular changing routine because steroids are absorbed into your system through the skin. Moreover, steroids will thin the skin, compounding peristomal skin issues.

If there are actual pustules around the irritated hair follicles, you may need to use an antibiotic powder such as *Polysporin* powder to clear this up.

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Is it your desire to help someone in the United States who does not have insurance or who has insufficient insurance which does not cover their ostomy supplies? Osto Group provides ostomy products to the uninsured. All you pay is shipping and handling. Osto Group will accept ostomy supply donations or financial donations from anyone. The mailing address for supply donations is:

Osto Group
3500 45th Street
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West Palm Beach, FL 33407
877-678-6690
www.ostogroup.org

If you or someone you know is uninsured and is in immediate need of ConvaTec 2 1/4" two piece drainable pouches, we can help. Hendrick WOC Nurses have received a large donation of pouches and skin barriers. If you can use these, contact Charlotte Allen at 325.670.4302 or Vina Gilbert at 325,670.4312, between 8 a.m. - 4:30 p.m., Monday-Friday.