



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 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 August 14 meeting, we had our annual ice cream social and played Ostomy Bingo. The thunderstorms kept some from attending, but the snacks were great, Bingo was fun and the fellowship was awesome.

NEXT MEETING

In honor of Patriot's Day, our September 11 meeting will focus on remembering the heroes of 9/11, including military members, firefighters, policemen, etc. We will have a special tribute to those heroes with an ostomy -past and present.

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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Belts vs. Tape

via Vancouver (BC) Ostomy HighLife; and Regina (SK) Ostomy News

It's sometimes necessary to use extra measures to make sure that an appliance stays firmly in place. Many factors can dictate a need for further measures to ensure a worry-free fit—body shape, skin type, sports played, job demands or quantity of waste. Tape and/or ostomy belts are sometimes a solution. Each has its advantages depending on the individual. In some instances, a combination of both may be recommended. Which method might work best for you, and how do you properly use them?

Ostomy belts are a frequent first choice, because they are reusable, washable, adjustable and don't have to be peeled off the skin. But a belt that is too tight can cause its own problems. Wearing the belt too tight will cause the elastic to become overextended which allows the elastic to curl, forming a rope-like fit instead of a flat fit around the waist. This could get mighty uncomfortable in a hurry. You want the belt to be snug but not so snug it's digging into you. You also want to keep the belt from 'riding up,' which will create an off-center pull on the appliance.

Try to keep the belt level with your flange. Wider ostomy belts might be more comfortable if one has rolls of fat around the midsection. Most belts are about an inch wide, but you could ask your supplier if a wider model is available. You might want to allow your pouch to fill up and then test how effective an ostomy belt might be under different tensions and body movements. If presented with a choice, choose cloth rather than rubber or elasticized fiber. Cloth will be cooler. Belts can provide vital support, especially if the contents of a pouch become significant.

Always empty a full pouch as soon as possible, or better yet, don't let it get that full in the first place. Sometimes belts are just not practical. They may be too uncomfortable for the wearer, or spoil the look of some clothes.

Tape can be a good solution in such cases. They come in a variety of materials, paper porous tape, all plastic tape or a combination of both. Some appliances come with a tape perimeter 'built-in' but you may still need to apply another layer over top of this. Tape is relatively inexpensive so give different materials and brands a try. To properly apply tape, it should encircle the entire flange, with one half on the flange and the other half on the skin. In time you'll get skilled at applying it. A gentle pressing-on with the fingertips will ensure that it's stuck.

Most problems with tape arise from poor application technique, impatient removal or allergies to the material. Prepare the skin with careful removal of the old flange and thorough cleaning and drying of the skin. When removing the tape, use the 'two-hand' method - one to gently pull the tape off and the other to hold the skin down. Too frequent or rushed tape removal can cause irritation.

Either or even both methods - tape or belt - can greatly increase your confidence and comfort. Give both a try if you have concerns about your appliance staying in place.

Editor's Note: Remember belts will only work if your pouching system has the little loops that will accommodate the hooks on a belt. Another suggestion is the use of Coloplast Brava Elastic Barrier strips. These are curved to fit perfectly around most ostomy skin barriers for added support.

Support Group Leader Compelled to Give Back *By Ellyn Mantell*

Over two and a half years ago, after 22 abdominal surgeries and countless bowel obstructions, my surgeon and I took a big step...a surgery that resulted in formation of an ileostomy. As you may know from others in your support groups, there are three major types of ostomies or stomas, which divert either stool (a colostomy or ileostomy) or urine (urostomy) from the organs nature gave us to do so. An ileostomy is created to enable stool from the small intestine to leave the body into a "bag" or a pouch that adheres to an appliance secured on the belly.

I was ready for this body-altering procedure, had been ready for years, waiting for the signal that it was the right time to do the ostomy. And in March 2014, my world became infinitely better, thanks to my wonderful surgeon, Dr. Paul Starker and my amazing ostomy nurse, Angela Natale-Ryan. As part of my recovery, I attended my first ostomy support group at Overlook Medical Center in Summit, New Jersey. It was May, just six-weeks post-op and I was shaky and more than a little confused by the new language I was learning, but was welcomed by the members. I returned in July for the next every-other-month meeting, and I felt so much healthier than I had ever felt possible over the 23 years of that chapter of my life...only a few months after my ostomy!

As providence would have it, coincidentally, our support group was asked to incorporate and as such, would need a president. Although I was the newest member of the group, I knew for certain that I was the one for the job. I felt there was a greater purpose for me, and I couldn't sleep until I threw my hat in the ring! As with many of these groups, membership was delighted to have someone volunteer (I prepared a mission statement, outline of items I wished to accomplish, goals and outreach for the community, etc. to show my determination and vision)...all needless, because the minute my hand went up, the job was mine!

I share this health issue with you...something many keep very private, because what I have gained by my openness has come back to me beyond measure. It is an amazing experience because I am "the one" with whom people in our area connect when they are told by their surgeon they should consider an ostomy, or they have awakened from surgery with one.

My name is provided by the American Cancer Society or by some of the health "hotlines." I have a chance to make a difference, and that never gets old or tiresome. This summer, I became certified in becoming a "visitor" to those in the hospital recovering from their surgery. In many cases, I am the "face of normalcy" for these patients, and thankfully, I can show them a healthy woman. As many say, we who are ostomates look just like any other person walking into the room. Patients are able to ask me the question they cannot ask the surgeon or nurses..."what kind of life will they really have, and what changes will they experience?" It is with profound responsibility that I mentor those asking for my support and guidance...it is not lost on me that my positive feelings may very well make the difference in their ability to embrace their new body.

We are all unique, and there are many reasons we find ourselves at a place where we need help. Fortunately for me, I am surrounded by loving family and friends, as well as devoted medical personnel. And our Ostomy Support Group has grown beautifully over these past months...I feel so proud of us. We laugh, we cry, we mourn, we fulfill each other's needs as only we can. Walking in each other's shoes is something that brings us together...and assisting new members take their first and most important step is an amazing accomplishment. My mind, my body and my heart tell me there is more to us than we ever imagine, until we have to image it...and then we watch ourselves grow!

Ellyn is the leader of the Union County Ostomy Support group in Summit, New Jersey: ellynmantell@aol.com



Ostomy Donations

The WOC nurses have recently had donations of more ostomy supplies. These include: Ostomy belts, stoma caps for 1 3/4" flange, Filtroders, Stoma Powder, ConvaTec (#413183) 1 3/4" Convexit with 1 1/4" opening, ConvaTec irrigation sleeves (401912) for 1 3/4" flange, one piece Hollister pouches (some with pre-cut openings of either 1" or 1 3/16" opening), one piece convex cut-to-fit Coloplast pouches, ConvaTec 2 1/4" two piece drainable pouches and miscellaneous types of 2 1/4" skin barriers with pre-cut openings, solid skin barriers and flexible tape borders.

If you are uninsured and have an immediate need of any of the listed items, please contact Charlotte Allen at 325-670-4302 or Vina Gilbert at 325-670-4312, 8 a.m. - 4:30 p.m., Monday - Friday. Please call before you come as we may be out to the office seeing patients or teaching a class. If we cannot find a "home" for these items in the next month, we will be donating them to the Friends of Ostomates Worldwide.

Urostomy Questions and Answers

By Juliane Eldridge, RN, CETN (Via *The Pacesetter*, Winter 2015/16 newsletter of the St. Paul Ostomy Association, St. Paul, MN; via *Tri-State Ostomate*, Keokuk, IA)

Q: Why do urostomates occasionally notice blue discoloration in a urostomy pouch or overnight drainage bag?

A: Be assured there is nothing wrong with the appliance. In recent laboratory tests conducted by ConvaTec, the blue color was found to be the result of normal bacterial decomposition of an essential amino acid called tryptophan. There is no clinical evidence, according to the article in the American Journal of Nursing, to indicate that the production of indigo blue is harmful or that dietary tryptophan should be limited. If you are concerned, please talk with your doctor. Tryptophan is part of the regular intake of dietary protein. As it passes through your system, it changes to a blue color when it finally oxidizes in the urostomy pouch.

Q: Why are fluids so important for the urostomates?

A: People with urinary diversion no longer have a storage area (bladder) for urine. Therefore, urine should flow from the stoma as fast as the kidneys can make it. In fact, if your urinary stoma has no drainage for even an hour during the day, it is time for concern. The distance from the stoma to the kidney is markedly reduced after urinary diversion surgery. Any external bacteria have a short route to the kidney. As kidney infections can occur rapidly and be devastating, prevention is essential. Wearing clean appliances and frequent pouch emptying are vital. Equally important is adequate fluid intake, particularly fluids that acidify the urine and decrease problems of odor. In warm weather, with increased activity or with a fever, fluids should be increased even more to make up for body losses due to perspiration and increased metabolism. It is important that you be aware of the symptoms of a kidney infection: elevated temperature; chills; low back pain; decreased urine output; and cloudy, bloody urine. Ileal conduits normally produce mucous threads in urine, which give a cloudy appearance, but bloody urine is a danger sign. Thirst is a great index of fluid needs. If you are thirsty, drink up! Also, develop the habit of sampling every time you see a water fountain.

T: Tiny Bubbles

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

I had a bad year in 2004. In the middle of the night, I woke up with severe abdominal pains, which made my abdomen look like I was nine months pregnant. I went to the hospital and remained there for a month while they tried to figure out what to do with me. I dealt with a fistula, blood transfusions and surgery. They sent me home on TPN (Total Parenteral Nutrition), no food for two months while my insides healed. I was bedridden for almost seven months. I missed my hula, golf and exercise, and when I finally began to recover from surgery, I was quite weak. Now nothing slows me down. I do it all, plus travel, and boy do I love to eat. I can eat up a storm.

Invited to my brother's 50th wedding anniversary celebration, I was in a partying mood after not feeling well for so long. The champagne was flowing. The waiters would fill my glass the moment I turned my back. I wasn't driving, so I didn't care.

I had put on a clean pouch before going, and I felt great. With all the champagne, I could feel gas come in. I had used Hollister's Adapt product in my pouch. When I went to release the gas, the combination of Adapt and champagne made bubbles come out, and I found myself punching them and playing with them. They were clean because there was only gas in my pouch. They were flowing like the bubble machine from the Lawrence Welk Show. I have used the Adapt repeatedly, and sadly no bubbles since that time. I will have to get some more champagne!

Betty Stevens lives in Sun City, California, and had her colostomy surgery in 2004. She never wants to miss a good time.

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