



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 325-670-43020 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

For the January 8 meeting, we prepared for the New Year with Vina Gilbert, WOC nurse, presenting *Water, Your Best Friend*. This was a good reminder of the benefits of staying well-hydrated. What a good lesson to begin the New Year!

NEXT MEETING

Since February is all about valentines and hearts, Hendrick Stroke Coordinator Kristen Grand will give a short talk on signs and symptoms of a stroke or heart attack. The meeting is scheduled for February 12, and will be very informative. Plan now to attend.

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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Odor Management

Via Greater Cincinnati Ostomy Association

Almost everyone has indigestion and heartburn occasionally, and isn't it interesting that people with normal intact bowel tracts and urinary systems manage odor problems in an acceptable manner in our society? But when disease or trauma strikes, and the person is the owner of an ostomy, the one big concern is the fear of offending society with an odor.

Basically and simply, an ostomy is a man-made exit site that changes the point of exit from the bottom of our body to the front. Our eyes and nose are obviously on the front of our body, which leads us to be more aware of our changed body image and our odor-producing products. You've heard the statement "You've come a long way, baby." Yes, ostomy management has come a long way considering that as little as 10 years ago we had very few 100 percent odor-free pouches.

When ostomy surgery was first developed, ostomates wore anything to collect output. Presently, almost all ostomy supplies available to us today are made of odor-barrier materials. Therefore, if an ostomate does have a fecal or urinary odor about them, some detective work should be done: Check out the application of the pouch to the body - is it leaking? Check out the closure of the pouch—is it closed properly so that no fecal matter is oozing out after the closure is applied? Do not put holes in the pouch as gas will seep out continuously.

An urostomate should rinse or wipe off the spout of the pouch with a bathroom tissue after emptying. Those few drops left in the spout after closing the pouch can cause a urine odor under clothing. It's interesting to note that most urostomy pouches on the market are odor-proof, but the connector tubing and bedside and leg bags are not. You must dispose of and replace these products when they take on odors, or else your entire living quarters will smell.

Emptying an ostomy pouch is comparable to a person with an intact bowel or urinary tract having a bowel movement or emptying their bladder. How does the non-ostomate handle the odor produced by this normal function of their body? Room deodorizing sprays are popular; a quick flush of the toilet when defecation occurs, and striking a match or opening a window are some acceptable methods that have been used for odor management since the invention of indoor plumbing. Why then are we ostomates so "up-tight" about the odor produced when our pouches are emptied? This complaint has encouraged ostomy supply manufacturers to create products to meet this need of "odor control." The trouble is, the ostomy deodorants do not work for everyone and they are expensive.

Can we then consider ourselves "as normal as blueberry pie" so far as waste odors are concerned? Just remember, there is not a man or woman on this earth whose wastes do not smell. If someone tells you their waste products are odorless, then a nose overhaul is in order.

Nine Things You Should Know Before Placing an Order for Ostomy Supplies

Via *Southern NJ Insights*; and *Northern VA The Pouch*

Ordering medical supplies is an ongoing necessity if you have an ostomy. If you're a brand new ostomate, placing your first order can feel a bit overwhelming. There are many brick-and-mortar durable medical equipment shops in the United States (although the number is decreasing, unfortunately), and quite a few mail-order/online suppliers. Once you find the right supplier, here are some helpful things you should know before placing an order for ostomy products.

1. Know which type of ostomy you have.

This is a very common mistake whether you're a brand new ostomate or your loved one just had ostomy surgery. There are three main types of ostomies: colostomy, ileostomy and urostomy (the first two fecal and the last urinary). It's okay if you're unsure; you can simply call your doctor or ostomy nurse. Knowing which type you have will help you help them.

2. Know the brand of ostomy supplies you are using.

Lucky for you, there are many manufacturers of ostomy products to choose from these days. Some of the most common brands include: B. Braun, Coloplast, ConvaTec, Cymed, Hollister, Marlen, Nu-Hope, Safe-N-Simple and Torbot.

3. Create a list of ostomy product reference numbers.

Now that you know your ostomy type and brand, next you'll need to know which products you use to ensure you're getting the right supplies. All ostomy products and accessories have reference numbers. For ease when placing your next order, have your invoice slip available from your last order as it includes the product information for the products you need.

4. Know how many of each item you need.

Knowing how much to order depends a lot on your needs. If you're a brand new ostomate, you might need more

supplies due to frequent appliance changes. As you begin to heal from surgery, your needs may change or you might try different products. We suggest you keep at least a one-month supply on hand at all times (but for Medicare, you aren't supposed to have more than a 10-day supply on hand before obtaining new products).

5. Be prepared to choose alternate products.

While most products are stocked, inventory changes daily. Sometimes suppliers have a back order and you might not be able to get the product you want for a few weeks or months. Know what else you can use or at least be open to the idea of trying something different in case this happens.

6. Ask about free sample products.

This is a great way to try new things. Most manufacturers provide samples of their newest products if you ask.

7. How are you going to pay?

Most online suppliers and retail medical stores take credit cards or bank checks, but not all companies take insurance or Medicare. Talk to the billing department first to ensure maximum benefits are received. If using insurance or Medicare, find out if the supplier takes "assignment." If so, your insurance will pay the supplier and you'll be billed only for deductibles and co-pays. If not, you'll have to pay the supplier upfront and be reimbursed by your insurance.

8. Ask how long it will take to deliver your order.

Since each medical supplier is different, it is important to ask how long the shipment will take, especially if you're running low. Also, know that shipping might cost extra; however many companies have free shipping with a minimum purchase.

9. Ask about their return policy for ostomy supplies.

It's always a good idea to ask about the return policy because return shipping is sometimes the responsibility of the customer. Once you receive your items, always double check to make sure they are the items you ordered.

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

I was in the hospital, and the inevitable time came several days after surgery when there was actual stool in the pouch; I pushed the call button. Morphine made me think I was hilarious. I thought I was being funny when I said, "Elvis has left the building."

"What?" was the response. Resigned, I said, "There's stuff in my bag."

"Oh, I'll be right down," was the quick reply.

I started apologizing to the nurse about her being stuck with this task.

"I used to change pouches all the time until they trained nurses that are called ETs or WOCs that specialize in this area. I rarely change an appliance anymore, but I don't mind doing it at all."

"I can't imagine someone would choose this for a profession."

Trying to make me feel more at ease, the nurse said, "They do, and they are good at it. They get so comfortable with the whole process, I bet they could eat popcorn with one hand and change a pouch with the other."

Push the Skin—Don't Pull the Tape

From Metro Maryland Newsletter;
via Oklahoma City Ostomy New

Editor's Note: This is a classic article that we first ran in one of our 1996 newsletters, but the advice remains relevant. In fact, I find that proper removal technique often avoids the need for any chemical adhesive removers.

Damaging the skin around a stoma (or anywhere else) is asking for infection. Don't peel your pouch away from your body. Take hold of an edge of the adhesive sections of tape and push the skin away from the tape. In older people and babies with thin skin, you can peel their skin off by pulling on the tape. Take a good look at what is happening when you pull on the tape. The tape is being pulled upwards, dragging the skin with it until it is pulled hard enough to break loose. It even looks painful!

When you push the skin away from the adhesive, it does not hurt and the outer layer of skin is not torn off which sometimes happens with pulling. And those who think pulling it off quickly is best, ought to take a good look at the skin afterwards!

If you have a leak, digestive enzymes in the discharge will excoriate your damaged skin quicker and deeper than if your skin is in good condition or protected with some kind of skin preparation. The farther away your stoma is from the rectal area, the stronger the digestive enzymes are in the discharge leak. Therefore, your skin can become excoriated much sooner. Learn to treat skin very gently.

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Mailing List Update

We have updated our mailing list, so if you are reading this, thank you so much for responding that you wish to continue to receive the newsletter either via regular mail or via email. It has been my pleasure to write this newsletter for almost 20 years. I truly hope it has been a blessing to you or your caregiver, and you have learned new tips and tricks to manage your ostomy.

If you meet someone who would like to be added to our mailing list, please notify me. I realize many of you cannot attend our monthly meetings, so the newsletter is a way for you to "stay connected" with the organization by receiving the latest news in ostomy care.

Sincerely,
Charlotte L. Allen, RN, MSN, RN-BC, CWOCN