



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

Since March is Colon Cancer Awareness Month, we focused on that at the March 12 meeting. We watched a short video on a colonoscopy, and played Colon Cancer Jeopardy. Fun was had by all.

NEXT MEETING

This year, WOC Nurse Week is April 15 – 21. At our April 9 meeting, Charlotte Allen and Vina Gilbert, the two WOC nurses at Hendrick Medical Center, are going to make all those present at the meeting WOC Nurses for a Day. Everyone will undergo “training” followed by different wound/skin or ostomy challenges that a WOC nurse may face each day. This activity should be educational and lots of fun.

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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UOAA Advocacy Update

Editor's note: This is an update from our national organization—United Ostomy Associations of America. This organization works hard for ostomates everywhere.

It's the start of a new year and we have hit the ground running! Here are just a few of the advocacy goals and things that we will be up to in 2018:

- Continue to advocate on behalf of ostomates on Capitol Hill and with key decision-makers.
- In conjunction with the Access & Care Coalition, continue to urge Congress to refrain from expanding the Medicare Competitive Bidding program to include ostomy and urological supplies. In addition, a new priority in 2018 is to address some of the ostomy-related issues in home healthcare such as product restrictions.
- Foster a partnership with CMS to ensure that they hear our ostomy patients to improve ostomy healthcare and patient outcomes for Medicare and Medicaid beneficiaries, and that our community is considered for inclusion in their quality initiatives.
- Promote and share the new toolkit for advocates titled: [“Be a Champion for People with an Ostomy or Continent Diversion: Awareness and Advocacy on Capitol Hill and Beyond”](#) and grow our [Advocacy Network](#).
- Complete the patient self-advocacy toolkit entitled “Expect More: Take Control of Your Healthcare” to empower and increase engagement for the ostomy and continent diversion community to improve patient outcomes.
- From Phase One of the “Expect More” initiative increase our outreach efforts of the [Ostomy and Continent Diversion Patient Bill of Rights](#) by amplification of the message in ways such as increasing the number of partnerships with professional societies, manufacturers, healthcare professionals, patients and caregivers; creating conference poster presentations and creating useful supporting tools for healthcare professionals and patients.
- Assist with the Advocacy Ostomy Awareness Day Subcommittee plan and coordinate UOAA's United States campaign for World Ostomy Awareness Day, Oct. 6, 2018.

(Goals may need to be adjusted as new issues arise and priorities change.)

As already mentioned, in 2018 a top priority is addressing some of the issues we have identified in home healthcare. We have formed a dedicated Advocacy Access to Care Subcommittee to begin working on these issues. Susan Mueller, also currently on our Advocacy Committee, will be on this subcommittee. In addition, Barbara Dale and Beryl Evans will now be working with us, They bring a wealth of experience, knowledge and eagerness to work with UOAA to find solutions for the issues they have witnessed first-hand.

Avoiding Medication Issues with an Ostomy

Know how your medications are absorbed and how they can affect your ostomy. Refer to the guide below for considerations if you have an ileostomy, urostomy or colostomy. (UOAA Ostomy Nutrition Guide)

MEDICATION AND THE OSTOMATE CHART

The following information was developed to focus on a person with an ostomy. Absorption may vary with individuals and type of medication. Certain drug problems may arise depending on the type of ostomy you have and the medications you are taking. Make sure all your healthcare providers know the type of ostomy you have and the location of the stoma. This information will help your pharmacist and other healthcare providers monitor your situation.

Drug Group	Colostomy	Ileostomy	Urostomy
Antacids	Products containing aluminum may cause constipation (e.g., Amphogel [®] , Basaljel [®] , Maalox [®] , Fast-Acting Mylanta [®]).	Products containing magnesium may cause diarrhea (e.g., Maalox [®] , Fast-Acting Mylanta [®] , Mylanta [®] Gelscaps, Mag-Ox 400, Uro-Mag).	Products containing calcium may cause calcium stones (e.g., Children's Mylanta [®] , Mylanta [®] Gelscaps).
Antibiotics	Caution—May destroy normal flora (may cause diarrhea).	May lead to diarrhea and risk of dehydration (e.g., ampicillin, cephalosporins, sulfonamides, etc).	Usually no problem.
Birth Control Pills	Usually no problem.	Birth control pills may not be fully absorbed. There may be a possible need to use other forms of birth control.	Usually no problem.
Corticosteroids (Cortisone)	Sodium retention. Possible fungal infection under face-plate due to suppression of immune system.	Sodium retention. Possible fungal infection under face-plate due to suppression of immune system.	Sodium retention. Possible fungal infection under face-plate due to suppression of immune system.
Diuretics	Usually no problem.	Caution—may cause electrolyte imbalance.	Will increase urine flow—may cause electrolyte imbalance.
NSAIDs Nonsteroidal anti-inflammatory agents (e.g., Motrin[®], Aleve[®], etc.)	May cause bleeding from stomach or duodenum-gastric distress. Do not take on an empty stomach.	May cause bleeding from stomach or duodenum-gastric distress. Do not take on an empty stomach.	May cause bleeding from stomach or duodenum-gastric distress. Do not take on an empty stomach.
Sulfa Drugs	Usually no problem.	Usually no problem.	Caution—use lots of water.
Vitamins	Liquid form is best. B complex may cause odor.	Liquid form is best. Vitamin B-12 is best by injection or nasal spray. Not absorbed well by oral route. Sublingual may be an option.	Tablet/Capsule okay. B complex may cause odor.

Source: Melvin F. Baron, PharmD, MPA, 2002



Celebrity Ostomates

Via Sherman Area Ostoline

My curiosity has always been aroused by the fact that the necessity for ostomy surgery is no respecter of position or lifestyle. Because we know that this surgery is more common than most would believe, there are probably many people in the public eye who are ostomates. Like many of us, they want to keep this information private and we respect this desire. However, some mention does come to light from time to time, and knowing these people have lived active lives of great accomplishment, can serve as an inspiration to all of us. Among those we could mention in the past were: former Vice President Hubert Humphrey and President Dwight Eisenhower. The late Queen Mother Elizabeth of Great Britain who was more than 100 years old before passing away and the late Moshe Dayan, former Defense Minister of Israel. Rolf Bernischke, ex-kicker for the San Diego Chargers has an ileostomy. So does Senior PGA Golfer Al Geiberger. You may never be a queen, king, President of the United States or a top athlete, but whatever you do, you can see that your ostomy should not keep you from trying.

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

There is a health crisis center in Minneapolis called Pathways. They invite people that are in the midst of their health crisis to attend classes, free-of-charge. Alternative therapies such as massage, Reiki and art therapy were just a few offered to supplement traditional medical care. I participated in a program called Renewing Life when I first dealt with my ostomy.

Rushing to get there on time, I hurried from the bathroom into my bedroom before I put my pouch back on. Unexpectedly, poop went flying all over my bed, my floor and part of the vanity. There was no way I'd be on time. I was mad at myself and cried as I cleaned up the mess.

When I got to Pathways, they were just about to end their weekly tradition of each person stating their brag and bummer for the week. I told them mine was one in the same. Even though I had just had a painful reminder of having a colostomy, I put on my prettiest purple dress, fixed my makeup and went out to face the world.

Parastomal Hernia

Via Beloit Health System Ostomy Support Group,
and Winnipeg (MB) Inside-Out

What is a hernia? A hernia is a weakness in the wall of the abdomen that allows the contents to bulge out forming a lump or swelling. If the weakness occurs where the stoma is attached to the muscle wall causing a swelling around the stoma, this is called a Parastomal Hernia.

What may cause a hernia? A hernia can have many causes. These include: being overweight, lifting heavy objects and even steroid drugs, as they can make the muscles weaker.

Managing a hernia.

Most hernias can be managed without surgery. Support belts and appliances are the most successful aids.

It may be necessary to change the type of pouch you use to ensure a secure fit. Talk to your ostomy nurse for advice on this. Surgery may be considered in extreme cases, e.g., strangulation or obstruction or when the hernia affects the seal between the skin and appliance causing leakage. Other reasons may be if the hernia is causing a lot of pain or embarrassment to the ostomate, by being visible even when fully clothed. Your surgeon will discuss this with you as there are risks involved with all surgery.

Hernia prevention.

- Avoid any heavy lifting for the first three months after surgery (this includes a bag of shopping or full kettle).
- Stay healthy and keep your body weight under control.
- Always talk to your surgeon or ostomy nurse before beginning any exercise, and listen to your body... if it causes you discomfort...stop!
- Wear a support garment when lifting, gardening or undertaking any physical work.

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Pouch Changes – How Often

Via: GB News Review, Green Bay, WI. & So. NV Town Karaya

This question is among those most frequently asked, particularly by ileostomates and urostomy patients. Like any other question, there is no one answer that applies to all ostomates. An informal survey revealed that people change their appliances as much as three times a day, and as infrequently as every two to four weeks. Obviously, there must be reasons for this great variation. After pointing out that the great majority of ileostomy and urostomy patients change in the range of once daily to once a week. Let us explore some of the reasons. People on either side of this spectrum can have a skin problem or skin which is nearly indestructible.

Some of the reasons for the variation in time between changes include:

Stoma length: A short stoma exposes the adhesive material to moisture which decreases wearing time.

Amount or consistency of effluent: Profuse effluent tends to loosen the seal.

Skin type: Moist or oily skin tends to decrease adhesion time.

Skin irritation: Decreases adhesion. The appliance should be changed more frequently to evaluate the success of your attempts to heal the skin.

Experience: Good technique, such as allowing glue (adhesive) to dry well, increases adhesion.

Personal experience: Preferences, convenience and odor control.