



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

For our November meeting, we had an activity where attendees categorized different food items into effects on an ostomy. Examples were foods that produce gas, those that thicken or thin stool and odor-producing foods. Everyone did a great job and it was educational.

NEXT MEETING

For the December 12 meeting, we will have our annual Christmas gathering. Members are asked to bring a finger food/snack item and a \$5- \$10 gift for the gift exchange. Plan now to attend. Bring a friend or your spouse! (Bring a gift for them to exchange, as well.)

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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Factors Which Influence Ostomy Function

By Liz O'Connor, RN, WOCN; via Metro Maryland; and North Central OK Ostomy Outlook

Quite often patients experience a sudden reversal in normal ostomy function due to medications or treatments they are undergoing. The following information might be helpful to keep in mind.

Antibiotics – These often cause diarrhea, even in patients without an ostomy. Ostomates are no exception and, if the problem becomes severe, notify your physician immediately. In the meantime, keep Gatorade or a like drink (e.g., Oral Rehydration Solution) on hand to maintain adequate electrolyte balance.

Pain Medications – These are often constipating; extra irrigation, laxatives or stool softeners might be required by colostomates to combat the side effects. Perhaps the dosage of pain reliever can be reduced to eliminate the situation. If not, consider one of the above alternatives.

Chemotherapy – Many cancer patients have follow-up chemotherapy after surgery or as an alternative to surgery. This often produces nausea and/or vomiting. Gatorade (or Oral Rehydration Solution) is again good to keep on hand for electrolyte balance.

Radiation Therapy – This often produces the same effects as chemotherapy and should be treated accordingly.

Travel – Travel can cause constipation in some patients and diarrhea in others. Be aware that these are possibilities. An altered diet when traveling accounts for some of this, plus the excitement of the new surroundings. Allow sufficient time for irrigations and take along an anti-diarrhea medication. Check with your doctor if you are not familiar with what works best for you to control diarrhea.

Antacids – Those with magnesium can cause diarrhea. You may want to ask your doctor to suggest an antacid with aluminum rather than magnesium. Drink plenty of fluids. Tea is always a good source of potassium (so are orange juice and bananas). Coca-Cola also contains some potassium. Bouillon cubes are a good source of sodium. Gatorade is used by athletes for electrolyte replacement. It is better served over ice. Remember some of the signs of electrolyte imbalances are irritability, nausea and drowsiness. Be prepared and prevent this problem when possible. Keep well hydrated with adequate fluids of all types– water included.

Adhesions

Edited by B. Brewer; via UOAA Update, March 2012

Definition

An adhesion is a scar tissue that binds together two anatomic surfaces which are normally separated from each other.

Description

Adhesions are most commonly found in the abdomen, where they form after abdominal surgery, inflammation or injury. Lysis (destruction or dissolution) of adhesions is a surgery performed to free adhesions from tissues. Although sometimes present from birth, adhesions are usually scar tissue formed after inflammation. The most common site of adhesions is the abdomen, where they often form after peritonitis (inflammation of the abdominal lining) or following surgery, as part of the body's healing process.

Abdominal adhesions infrequently bind together loops of intestine resulting in intestinal obstruction. The condition is characterized by abdominal pain, nausea and vomiting, distention and an increase in pulse rate without a rise in temperature. Nasogastric intubation and suction may relieve the blockage. If there is no relief, an operation is usually required to cut the fibrous tissue and free the intestinal loops.

Although scar tissues within the abdomen can occur after any abdominal operation, they are more common after a ruptured appendix. Most adhesions cause no problems, but they can obstruct the intestine in about two percent of all patients. These obstructions can occur several years later. The adhesions can also block the ends of the fallopian tubes, possibly causing infertility.

Questions to Ask Your Doctor:

- How do you know the problem is adhesions and not some other growth or condition?
- Is surgery recommended to remove the adhesions?
- What is the procedure?
- Will the adhesions redevelop?



The Spouse's Role

Via Regina Ostomy News; Metro Maryland; and North Central OK Ostomy Outlook

Your role as a spouse is one of support and encouragement. These elements are vital to any relationship and provide a basis for an emotional recovery and acceptance of the ostomy. This lifesaving, body-altering procedure can affect people in different ways. How you, the spouse, react to the physical changes from surgery will be conveyed to the ostomate in many ways. Watch your body language. If you were a person who liked to cuddle before the surgery, then continue to reach out to your spouse.

Couples have a tendency to "protect" each other and not be truthful about their feelings. Initiate open communications with your spouse and discuss any concerns either of you may have about the surgery (i.e., fear, anger, resentment, relief). Ask questions about changes you do not understand.

It is likely that you and your spouse may have anxieties about becoming intimate. Talk to your spouse about any physical limitations, pain (if present), fears about being naked, leakage, odor and rejection. Body image is one of the major issues after ostomy surgery. A good sense of humor is an important factor that will be very beneficial during the adjustment phase. It helps you and your spouse deal with some of the unexpected events during this time. Ostomates should have instructions about self-care from an ostomy nurse prior to leaving the hospital.

Be supportive in providing assistance in caring for the ostomy but remember it is their ostomy! If the ostomy patient is physically capable, do not take on the role of total caregiver. Encourage independence in taking care of the ostomy. It can be the first step toward regaining self-esteem.

REMEMBER...The person with an ostomy has not changed; only their anatomy has. How you and your spouse accept that change will influence your quality of life. Armed with adequate information and a positive outlook, you may find that having a family member who has survived body-altering surgery often leads the entire family to a greater appreciation of life.

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

Because I was 39 years old when I was diagnosed with cancer and only had been married for six years, I was hugely concerned about sex. After learning I would need a permanent colostomy, a total hysterectomy and would require that part of my vagina be removed and reconstructed, the doctor listened as I expressed concerns about making love with my husband. He offered to connect me with a woman who'd had the same exact surgery as me. "How long ago?"

I asked him. "Eleven years ago, but it was a complete success," he added. "How many of these types of surgery have you done?" "You would be my second. Fortunately there aren't a lot of calls for this surgery," he said.

I was excited to talk to the woman he had operated on and within two days I called her. She was in her late 60s when she had the operation and everything went smoothly. We made small talk for a while and then I asked

her shyly, "How was your sex life?" "It was good for six years," she admitted. "What happened then?" I asked. "Oh, my husband died."

It helped to know that things could work out after surgery, and I felt comforted by talking with her. My husband always wants me to make sure I tell everyone that everything turned out all right. Wink. Wink.

Pillow Talk

Review Your Medicare Part D Coverage and Save Hundreds of Dollars!

By E. McConnell, CWOCN, Snohomish WA; via Middle GA Ostomy Rumble; and North Central OK Ostomy Outlook

Did you ever try to snuggle into a comfortable position in bed only to find that your tummy flab or pouching system seems to pull when you are on your side? Do not let it cramp your style. Happiness could just turn out to be a pillow. Try tucking one across your front and lean into it for firm support. If the pillow is too soft, first roll it like a bolster. A flat pillow placed between the legs in such a way that one end is brought up high enough to support the lower abdomen also helps to relieve or prevent any strain. If you lie on your back, try a pillow under your knees for added comfort. If your feet get cold during the night, remember that pillows are not just for heads anymore. A soft pillow on the foot of the bed is perfect for tootsies to snuggle under.

Try placing a pillow on top of you, under the sheet if you are stuck in a motel where bed clothing is inadequate for lowered temperatures—it will warm you up in a hurry. Even placing a pillow alongside your body helps. You know there are soft pillows, firm pillows, goose downs, satin jobs, king size, crib size, wedges, rings, triangles—anything your little heart desires. Movie queens surround themselves with heaps of pillows. Turks perch atop them with their legs crossed, tough guys slam their fists into them, kids have pillow fights and dogs and cats curl up and sleep on them.

As people with ostomies, we started out as pillow people, one pressed firmly into our back to keep us on our sides, one under the arm with the IV in it, one clenched tightly in our arms across the incision when we were made to cough and even one under our bottoms when we painfully tried to sit up. If you have forgotten about pillows, just remember—they are a natural for people with ostomies. Try them—you might just like them.

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Convexity What is convexity? Who needs convexity? L. Seibert, RN, ET, via Metro Maryland

Unfortunately, many of us have less than a perfect stoma. The less perfect the stoma, the more difficult it is to obtain or maintain a good pouch seal.

Convexity is the adaptation of a barrier or a faceplate so that it protrudes, thereby pressing in to the skin around the stoma. The use of convexity is indicated when one is unable to maintain a pouch seal for an acceptable amount of time or when persistent skin irritation occurs, even without leakage. Flush stomas level with the skin, stomas retracted below the skin level, or peristomal skin with irregular contours frequently result in the stomal discharge undermining the barrier. A pouching system that incorporates convexity may help eliminate the undermining and improve pouch adherence.

Not too long ago people with problem stomas requiring convexity were forced to use reusable pouches. Now there are several ways to achieve convexity – from the addition of an insert into a two-piece system, to the use of a pouch with built-in-convexity. Numerous manufacturers of disposable products have added both one and two piece pouches, with convexity built into the barrier. Several companies even offer varying depths of convexity – shallow, medium or deep. (Editor's note: a few companies even make special faceplates for people with difficult stomas. Check with you ET Nurse.)

If your stoma is less than perfect, and you are often troubled with skin breakdown, leaking or pouching adherence problems, it may be helpful to try to use convexity in your pouching system.