



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.

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 May 9 meeting, Michelle Ramirez from ConvaTec was unable to come due to flight troubles so she will reschedule. Charlotte Allen gave a talk on “Be a WOC Nurse” where the attendees were challenged to discuss how they would treat different skin issues related to their stoma. They did a good job.

NEXT MEETING

For the June 13 meeting, we will have a special speaker—Richard Valdez. He will talk about his mountain biking adventures and bike safety. We will also allow time for ostomates to ask the ostomy nurses questions about stoma care if desired.

As always we will meet in the Diabetes Center at 1742 Hickory (corner of Hickory and N. 18th) at 6:30 p.m. Hope to see you there!

Remember we do not have a meeting in July!

CONTACT US:

For more information, please contact us at 670-4302.

Newsletter Editor &

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Medicare and Ostomy Supply Prices

By Julie Powell, WOCN

In the United States, 120,000+ people undergo ostomy surgery every year. The leading causes for ostomy surgery include cancer, trauma, birth defects and inflammatory bowel diseases. Ostomies can be permanent or temporary. No matter the cause, having an ostomy is a life altering experience. Learning to care for the ostomy can be a daunting task. The transition is eased if ostomy supplies are available and covered by insurance.

Medicare is health insurance for people who are 65, people under 65 with certain disabilities, and all people with end-stage renal disease. Medicare has two parts. Part A is the Hospital Insurance. Part B is the Medical Insurance. In Medicare Part B, ostomy supplies are covered under Durable Medical Goods. Medicare determines the allowable fee for supplies. A yearly deductible is paid by the Beneficiary. After the deductible is paid, Medicare Part B will cover 80% of the supplies and the Beneficiary is responsible for the remaining 20%.

Medicare determines what supplies are covered and has set utilization guidelines for those supplies. For example, a one piece drainable pouch for a fecal stoma has an allowable amount of 20 pouches per month. A physician order is required in the following circumstances. 1) The first time an order is placed for supplies. 2) When a yearly order is placed. 3) When an order is placed for an increase in the number of supplies, accompanied by medical justification for the additional supplies. 4) When there is a change in the type of supplies, and if both closed and drainable pouches are utilized.

Private insurance companies often use these Medicare guidelines as a template to determine what will be covered under their policies. However, in the past some private insurers would cover the cost of the ostomy surgery but not the supplies. Under the Affordable Care Act and the individual State Health Care Exchanges it remains to be seen if ostomy supplies will be covered and if covered at what level.

My Emergency Ostomy Kit

By Christine Kim: ostomyconnections.com

Winging it, is Not an Emergency Plan

A starter kit was given to me at the hospital from my ostomy nurse who suggested that I keep extra supplies with me at all times. It was a little black carrying case that has pockets for various supplies. I remember taking that starter kit with me everywhere I went, even on quick errands, because being a new ostomate, I was always afraid the ostomy bag would fall off my body.

The First Year after Ostomy Surgery

I was just starting to learn what worked and what didn't and I remember feeling very anxious. I was constantly making sure the pouch was secured and not leaking. I didn't trust that the ostomy system would hold up, especially when doing any physical activity.



At night, I'd slept on my back with my hand over the pouch, and had nightmares of embarrassing leaks in public. There was so much anxiety about leakage that I decided to use a larger emergency kit with enough supplies for a week, along with extra clothes.

During that first year there were only a couple instances where I had an unexpected leak in a public place, and even though it was embarrassing, I kept my wits and handled it as calmly as possible. Knowing I had extra supplies with me gave me peace of mind.

Ostomy Living Now

These days I rarely check on my pouch. I've learned which foods cause higher output, how dehydration affects wafer adhesion and what type of clothing constricts the stoma area. I've traveled far away from home, experienced different climate conditions and stay very active. I am aware that it's there, but my ileostomy is certainly not at the forefront of my mind.

If you're new to ostomy surgery, you might be feeling the same anxiety that I did in the beginning. I hope that it gives you hope that any fears you may have are completely normal, but as time passes you'll gain more confidence and those worries will recede.

Be on the Safe Side

It has been over 20 years since my ileostomy surgery and I still carry an emergency pack, the smaller one. I leave my house with confidence knowing I will be able to handle any situation. I don't expect an emergency, but if I have one, I'm prepared.

What's inside an Ostomy Emergency Pack?

Here are some ideas:

- Ostomy pouches + Clips (if using non-Velcro closer)
- Ostomy wafers (pre-cut)
- Moldable Rings or Stoma Paste Tube.
- Bottle of ostomy deodorizer (sample size)
- Barrier Wipes (individual packets)
- Baby Wipes or Disinfecting Wipes
- Paper Towel (for clean up)
- Baggies (Zip-Lock bags)
- Gauze pads

Quick Tip: Always keep ostomy supplies in a cool, dry place.



How the Ileostomy Changes Digestive Function

Sterling Area Ostomy Association via Metro Maryland UOAA Update 08/2014

Some may wonder how it is possible to live without your colon (large Intestine). The major functions of the colon and rectum are storing intestinal contents, absorbing water, and carrying waste to the outside. Although these functions are necessary for you to live, they can be taken over by the small bowel.

The major function of the small intestine is to absorb the body's nutrients and water. Enzymes released into the small intestine break food into small particles so that vitally needed proteins, carbohydrates, fats, vitamins, and minerals can be absorbed. These enzymes will also be present in the ileostomy discharge and they will act on the skin the same way they work on foods. This is why the skin around an ileostomy must always be protected. When the colon is present, the food you eat eventually reaches the large intestine, where it is stored and more water is absorbed. Many hours or perhaps days later, the mass is expelled through the anus in a formed stool. Peristalsis (muscle contractions of the colon) pushes the contents toward the rectum. When the stool reaches the rectum, the need to empty the large intestine occurs and nerve pathways from the brain initiate the process of defecation.

After removal of the colon and rectum, you no longer have the need or control. Unlike the anus, the stoma has no shutoff muscle. Digestive contents pass out of the body through the stoma and are collected in an individually fitted drainable pouch, which is worn at all times. Because the small intestine does not store and make intestinal contents solid, your stool will never get thicker than toothpaste.

However, the soft stool in your ileostomy pouch should not be confused with loose stool and diarrhea.

Editor's Note: It vitally important for an ileostomate to increase fluid intake (unless a medical condition prevents this) to compensate for the increased loss of liquid in the effluent. Dehydration or fluid/electrolyte imbalance can occur if too little fluids are ingested. This is especially important as we approach summer when your body will lose fluids through perspiration.

Hello Doctor!

A mechanic was removing the cylinder heads from the motor of a car when he spotted a famous heart surgeon in his shop, waiting for the service manager to come take a look at his car. The mechanic shouted across the garage,

“Hello Doctor! Please come over here for a minute.” The famous surgeon, a bit surprised, came over to the mechanic.

The mechanic straightened up, wiped his hands on a rag and asked argumentatively, “So Doctor, look at this. I also open hearts, take valves out, grind 'em, put in new parts and when I finish this will work, good as new. So how come you get the big money, when you and me is doing basically the same work?”

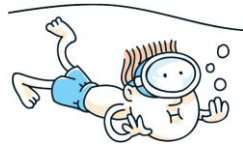
The doctor leaned over and whispered to the mechanic, “Try to do it while the engine is still running.”

HELPFUL HINTS FOR SWIMMING

UOAA Update July 2015

Summer is here and you know what that means. More family trips to the beaches, lakes, pools, etc. Swimming is a great way to have fun, exercise and cool off. Having an ostomy should not stop you from relaxing in the water, going for a swim or enjoying other water sports. However, here are a few precautions you might want to take:

- Don't change your pouch immediately before getting into the water, allow a few hours for it to set.
- Picture frame the faceplate by applying micropore (pink, waterproof) tape around the edges to provide a waterproof seal. This will ensure that the faceplate adheres to the skin.
- Wear a soft panty girdle (or pantyhose with the legs cut off) under a bathing suit if you feel it is needed to give extra security and support for the pouch.
- If you will be in a spa, jacuzzi or hot tub beware as hot water destroys the pouches ability to contain odor. Also, you will probably not get as much wear time as usual.
- Ladies, choose a swimsuit with a skirt and a "busy" pattern. This will effectively cover up the vulnerable spot. Boxer swim shorts work well for men.
- Remember to drink lots of water. Sweating cools the skin, but moisture must be replaced.



First Observance of Father’s Day]

Grace Golden Clayton may have been inspired by Anna Jarvis' work to establish Mother's Day; two months prior, Jarvis had held a celebration for her dead mother in Grafton, West Virginia, a town about 15 miles (24 km) away from Fairmont. After the success obtained by Anna Jarvis with the promotion of Mother's Day in Grafton, West Virginia, the first observance of a "Father's Day" was held on July 5, 1908, in Fairmont, West Virginia, in the Williams Memorial Methodist Episcopal Church South, now known as Central United Methodist Church. Grace Golden Clayton was mourning the loss of her father when, on December 1907, the Monongah Mining Disaster in nearby Monongah killed 361 men, 250 of them fathers, leaving around a thousand fatherless children. Clayton suggested her pastor Robert Thomas Webb to honor all those fathers.

In 1957, Maine Senator Margaret Chase Smith wrote a proposal accusing Congress of ignoring fathers for 40 years while honoring mothers, thus "[singling] out just one of our two parents."

In 1966, President Lyndon B. Johnson issued the first presidential proclamation honoring fathers, designating the third Sunday in June as Father's Day. Six years later, the day was made a permanent national holiday when President Richard Nixon signed it into law in 1972.

From: https://en.wikipedia.org/wiki/Father%27s_Day

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11/01 SGR/RAO

The Hendrick Ostomy Support Group, Abilene, does not have a formal membership roster or dues. Just come on out if you wish to attend any meeting. For more information, contact: Charlotte Allen, Hendrick Medical Center • 1900 Pine, Abilene, Texas 79601 • Phone 325.670.4302 or email allen@hendrickhealth.org

MEMBERSHIP



NEWSLETTER

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