



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. As you have noticed, 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 August meeting, we had our annual ice cream social. We had some scrumptious desserts and played Stoma Bingo. There were prizes galore. We also allowed time for questions about stoma management. If you weren't there, you missed a fun meeting!

NEXT MEETING

Michelle Ramirez from ConvaTec will be at our next meeting, Sept. 12. Even if you don't use that brand, you can still learn new things from her. She is celebrating being cancer-free!

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.

Newsletter Editor & Professional Advisor:

Charlotte Allen, RN, CWOCN

670-4302

e-mail: callen@hendrickhealth.org

Coping During the First Few Weeks

Excerpts from Vancouver (BC) Ostomy HighLife; via Winnipeg (MB) Inside-Out; Cincinnati (OH) Ostomy Association

Coming home with a new ostomy can be a very stressful time. You may feel weak and uncomfortable and deeply worried about how you are going to deal with this strange new thing on your abdomen. You may be fearful about having to take care of the ostomy by yourself or resentful that you have it at all. You would not be the first to feel like this nor will you be the last. Give yourself time to recover—you've been through a grueling surgery and it takes time for surgical wounds to knit together. It takes time for strength and appetite to return. Most of all, it takes time to learn how to live, emotionally, with an ostomy. Take it one day at a time. Tips for the first few weeks...

- Get some gentle exercise every day, even if it's just walking around your home.
- Establish regular mealtimes like you used to have, or if you have little appetite, eat several small meals or snacks throughout the day.
- Follow your nurse or surgeon's instructions on what to eat for the first few weeks. This will emphasize soft cooked and low fiber foods. If you want to try raw fruits and vegetables after a while, introduce these in very small amounts and chew thoroughly.
- Do not lift anything heavy, e.g., stay under 10 pounds.
- Unless you are physically unable, you should not be asking your spouse or family to change your appliance for you. You cannot regain confidence if you're relying on others to do this basic function for you.
- If you are having doubts or problems caring for your ostomy, contact your ostomy nurse for advice. S/he may be able to help you over the phone or you may need to make an appointment.
- Talk to someone else who has an ostomy. Ask your ostomy nurse if he or she can connect you with another person who has an ostomy or diagnosis similar to your own. If your area has an ostomy support group you can connect with one of their members through their Visiting Chair or attend one of their meetings (Find UOAA affiliated groups at www.ostomy.org/Find_a_Support_Group.html). Other ostomates are more than willing to talk with you for they have experienced the same fears and frustrations you may be having.
- If you have a computer, you can go online and participate in ostomy forums—they can provide a wealth of information and reassurance (See UOAA's discussion board at www.uoaa.org/forum).
- Proficiency with changing your own ostomy gear doesn't happen overnight and you are going to make mistakes. It can be unnerving if an accident happens, but it's also an opportunity to learn how to avoid such things in the future. Try not to be too hard on yourself if you make a mistake or can't remember something.

Bowel Obstruction

By Marshall Sparberg, MD; via Middle Georgia Ostomy Rumble; Springfield (MO) Ostomy Family Newsletter

Obstruction of the bowel may result from a variety of complications which prevent the normal passage of intestinal contents. As the flow becomes blocked, back pressure builds up, causing the bowel to enlarge and produce pain. Since everyone swallows a lot of air which is normally passed from the bowel, continuation of the obstruction soon causes vomiting, and dehydration becomes a problem. A danger of the obstruction, other than severe discomfort, is that swelling of the bowel can eventually cut off blood supply and lead to death of small intestine tissue.

An obstruction can be detected very soon after it starts in ileostomates, because the normal constant flow of intestinal waste suddenly stops, causing cramping discomfort. Occasionally, the ileostomy works intermittently with passage of particularly foul-smelling contents. Cramping doesn't always mean obstruction, but can simply indicate gas or spasm in the small bowel. Often an obstruction is temporary, with a sudden cessation of cramps and rush of intestinal waste heralding the end of the problem. Perhaps, one-third or more of ileostomates have experienced some degree of intestinal obstruction, while a small proportion of ileostomates have required one or more operations because of obstructions. Causes of obstructions include scar-tissue formation, stenosis (constriction) of the stoma, and food blockage.

Scar tissue or adhesions can form rough cord-like bands across the bowel, narrowing it to a point where slight swellings or food particles can close off the passage entirely. Food blockage is probably the most common type of obstruction encountered by individuals with an ileostomy, particularly in new ostomates. Fibrous foods, such as tough meats and raw vegetables must be thoroughly chewed; the only teeth in the digestive system are in the mouth! Fibrous food should be avoided initially by the new ileostomate and consumed only after determining by trial and error what foods should be avoided and how long the food should be chewed. Obviously indigestible items, such as pits and seeds, should be avoided, because they may form the center to which particles cling, producing a large wad of material which is capable of blocking the bowel. As with many principles of ostomy life, prevention of food obstruction is much better than treatment.



Your Role in Preventing Medication Errors

Edited by B. Brewer, UOAA Update 7/2012

- Keep a list of medications (name, strength, and frequency).
- Ask pharmacist to print the name and purpose of the drug on the prescription.
- Follow your doctor's instructions.
- Throw away old bottles so they will not be confused with current medications.
- Don't share your medications with others.

If You Irrigate...

Edited by B. Brewer, UOAA Update 7/2012

- Allowing too much water to enter the stoma too quickly may allow a bit too much pressure to develop. This may cause a sudden evacuation of waste but can leave much of the feces still in the lower part of the colon, along with most of the water. Periodic evacuation may follow over the next hour. This is not diarrhea, but simply a delayed emptying of the colon.
- Do not irrigate when having a bout of diarrhea.
- Pain meds and tranquilizers can make the colon lazy and can be the cause of incomplete evacuation.
- Try adding a cup of buttermilk to the irrigation water to decrease unpleasant odor.

Patient Forums for Short Bowel Syndrome

From July 2015, UOAA Update

Looking to learn more about Short Bowel Syndrome (SBS)? Monthly educational events are continuing around the country for those with SBS and using supplemental IV feeding. A healthcare professional working with SBS and knowledge of a pharmaceutical treatment will be on hand at these events that often highlight a patient ambassador sharing their personal stories of living with SBS. For more information, visit: <https://www.gattex.com/patient-support/meetings-and-events.aspx>

H: Handicapped Bathroom

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

An usher at the theater downtown would guard the handicapped bathroom and only let "handicapped" people in to use it before or during the plays. When I walked toward the door, she said, "This bathroom is for handicapped people only." Am I handicapped I thought? No, but I knew the bathroom upstairs had no sinks in the stalls, and I had not brought things with me that I would need. Instead, I said, "Some handicaps cannot be seen. Although I am not handicapped like some people, I would prefer to use a stall with a sink in the same room." She seemed perplexed, but I would have done a show-and-tell and embarrassed her if I needed to get my point across. Luckily, she stepped aside.

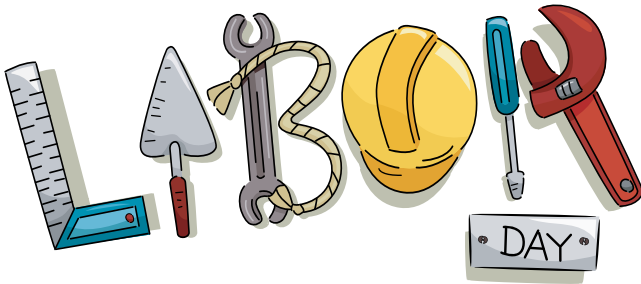
Advocacy News Ostomy Issue

Part of Roll on Capitol Hill

UOAA had the privilege of joining United Spinal Association at their annual Roll on Capitol Hill at the end of June. Both Executive Director Jay Pacitti and Advocacy Manager Jeanine Gleba had the opportunity to attend numerous meetings with legislative leaders in the Senate and House to discuss UOAA's opposition stance on expanding Medicare's Competitive Bidding Program to include ostomy and urological catheter supplies.

In general, meetings were very favorable, and we were able to specifically share some of the stories from our community that were submitted to us. Jay Pacitti was able to have a very positive one-on-one meeting with Senator Susan Collins of Maine. UOAA will continue to advocate on this issue and ensure Congress hears us!

We are most grateful that our coalition partner United Spinal Association invited us to this incredible advocacy event not only for the opportunity to meet legislators but for the chance to network with our partners.



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B: Baseball Cap

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

My 16-year-old son, John, has traveled along with me to several United Ostomy Association (UOA) conferences in the past and is used to people living with ostomies. He noticed at the last UOA conference, they had commemorative caps for the board member. He whispered he wanted one and asked me to inquire how he could get one. After I asked Dan, a board member, he told his wife, Marilyn, about it, and she was willing to give hers to John for the price of a hug.

I wondered if he'd ever wear it. This fall he started wearing it to school. Curious, I asked him, "Doesn't anyone ask you what the United Ostomy Association means?"

"All the time," was his reply.

"What do you tell them?" I asked.

"I just tell them it's an association of people that have an ostomy in common. Then they usually want to know, 'What's an ostomy?' and I tell them it's when people have to wear a bag or pouch because their colon and stuff has been rerouted."

"Do they ask you more after that?" I inquired. "Nope," was his quick reply.

Later I thought to myself, he sure has come a long way since he told all the neighborhood kids, "My Mommy poops out of her tummy."