



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 email, 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

We had our annual Christmas gathering at the December 12 meeting. We had delicious snacks, Christmas games and our gift exchange. If you weren't there, you missed a fun time!

NEXT MEETING

For the January 9 meeting, Vina Gilbert, WOC nurse, will talk about ways to get us moving, including sports and fitness for the ostomate. Come on out and start the new year right!

Everyone is welcome. Bring your spouse or a friend, or come alone.

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

The ABCs of Ostomy Care

Via The Detour, Midland-Odessa; Adapted from Ottawa Ostomy News, Feb. 1999

Appliance—Should fit, be comfortable, odor-proof and inconspicuous.

Bleeding—A few drops are normal; injury, cut or anticoagulant bleeding is not normal. One-quarter cup and it won't stop with pressure applied—go to the emergency room. Take an extra wafer!

Closure—Always carry a spare clip or rubber band.

Dehydration—Watch for extreme thirst or no thirst, scant urine. Increase liquid intake.

Eating—Chew! Chew! Chew! Eat slow-w-w-ly.

Fluids—Drink the proverbial eight glasses of fluid (does not include caffeine drinks). Two to three quarts a day.

Gas—Beans, milk, beer, cheese, spicy foods, carbonated drinks are all gas producing. Try Beano!

Hi! I am your new best friend!—The Ostomy Visitor.

Irrigate—Irrigating is not an enema but using an amount of water to cause bowel to empty.

Joy—Enjoy your new life!

Katrina—If you were there, we will help you.

Leaking—Always empty pouch when about one-third full. When emptying, check wafer.

Mission—Educate and visit the new ostomate.

Nuts—Your trouble is not in your head. It's at the other end, and it's real.

Odor—Garlic, eggs, onion, cabbage and antibiotics can cause odor. Use a good pouch deodorizer.

Pouch Covers—Make 'em or buy 'em if you like 'em.

Quiet Times—Stomas are usually less active before breakfast.

Reimbursement—Get hooked up with the Advocacy Program at advocacy@uooa.org.

Seat Belts—Use them!

Travel—Use bottled water, bring along diarrhea prescription and a note from your doctor stating your needs.

Urine—Crystals have an abrasive effect on the stoma. Use compresses soaked in solution of half and half vinegar and water for 15 minutes.

Visitor—Go to the next visitor training sessions!

When can I...—Have patience—what you did before you'll do again.

X—Marks the spot before surgery.

Yes!—Yes, I can. Yes, I can. Yes, I can.

Z—Is for Z end—You now have a new end in view.

Frequently Asked Questions – from far and near

Via Metro Maryland; and North Central OK Ostomy Outlook

Q: How soon after surgery can I return to a normal diet?

A: Physicians and ostomy nurses suggest that you begin slowly, depending upon your recovery and/or other medical complications. Add back one new food at a time. If you experience any problems, discontinue for a few weeks and try again.

Q: In the past, certain foods caused me some trouble with digestion. How will they affect me since my ostomy surgery?

A: Check them out. You may find that some of those foods will continue to be troublesome and others may not.

Q: Will my ileostomy produce output even when I do not eat?

A: Yes, the small intestine continues to produce gas and digestive juices. An empty digestive tract seems to produce excessive gas. Eat small meals to keep something in the gut. Peristalsis happens!

Q: After ostomy surgery, I gained excess weight. What happened? What types of food should I eat?

A: The relaxation of dietary restrictions, and freedom from debilitating illness and malabsorption, can promote a rapid gain in weight. Follow the same weight reduction diet as recommended by nutritionists and dieticians. Eat small quantities of a well-balanced diet and increase water/fluid intake to assist with weight reduction.

Q: Will spicy foods cause any damage to my stoma?

A: If you can tolerate spicy foods through your digestive system, the output through your stoma should not cause any harm. The stoma is formed from the lining of the bowel and it is tough and can tolerate spicy foods.

Q: Will oral odor medications affect my ostomy?

A: Some individuals with colostomies report experiencing some constipation from bismuth products which are found in odor control medications. Ileostomates have more benefits and fewer side effects from oral preparations (chlorophyll tablets, bismuth products.) Most foods do not affect urostomates. A strong urine odor may be an indication of dehydration and the need for increased fluid intake.

Q: I have a colostomy with a mucus fistula; it secretes mucus. I also have mucus coming out of my anal area. Some days I have more mucus than other days. Is this normal? What can I do to stop or suppress this

condition? What products would you suggest I use to absorb this mucus discharge?

A: One of the functions of the bowel is to produce mucus to lubricate itself and to help pass the stool along. Your rectum does not know that it's been bypassed, so it will continue to produce mucus. So will the mucus fistula. To absorb mucus from the fistula, try using a gauze pad or a small piece of a disposable diaper coated with Vaseline. For the anal area, some of the small sanitary pads are comfortable, absorbent and help to control odor. One way to control drainage is irrigation of the mucus fistula, but only with your doctor's approval.

Q: What can be done for breaking out and itching around the stoma of my urostomy? My doctor says it's due to alkaline urine. He gave me a list of foods to avoid. It has improved, but only somewhat. Any ideas?

A: If in fact your skin problems are due to alkaline urine, then altering your diet to acidify the urine can certainly help. But the fact that the urine is getting to your skin seems to indicate a poorly fitting pouching system. Remeasure the stoma and make sure that no more than one to three millimeters of skin are exposed around the wafer opening.

Q: How do you deal with urostomy infections?

A: Urostomy infections are either internal or external. Whichever is your case, consult your physician, because infections require medication and they should not be left untreated.

Q: I just had an ileostomy. I'm 32, single and work in heavy construction. I wonder how this will affect my working life.

A: Usually after any abdominal surgery, heavy lifting plus pushing or pulling are restricted for about nine to 12 months. This gives your abdominal muscles time to heal, and prevents incisional or peristomal hernias. Once you sufficiently heal, you should reintroduce strenuous physical activity very gradually. Ask your doctor first before resuming any heavy lifting and also ask about abdominal ostomy binders for extra support.

Editor's note: If you are unsure about any of these Q & As pertaining to your ostomy or situations, do not hesitate to check with your doctor or WOCN.

The Bag *From San Angelo Chapter of the UOAA*

The well-adjusted stoma bag doesn't slip, it doesn't sag.
It sticks to you with careless ease, as would a twin that is Siamese.
It takes care of nature's calls; it's always there, it never stalls.
Be it dribble or be it squirt, you go your way and feel no hurt.
Changing and emptying are the only chore.
That sure beats what we had before.

Get Back to Exercising After Ostomy Surgery

By Coloplast Customer Care, featured on ostomyconnection.com

In the months after your surgery, exercising can really help speed up recovery, as the physical activity gives you more energy and makes you stronger and better prepared to deal with illnesses. Also, exercise can prevent complications related to sitting or lying down too long.

Are there limits to what I can do?

Until your ostomy and abdominal area are fully healed, physical activities can put you at risk for a hernia. A parastomal hernia is a bulge that forms if the bowel is pushed through a weak area in the abdominal wall, which normally holds the bowel in place. To reduce the risk of a hernia, you should avoid any kind of heavy lifting (anything more than seven to eight pounds, really) for the first six weeks after your surgery.

What is a good exercise I can start with?

Walking is a good way to start; it is an easy, gentle way to get back into exercise. Even though you may be used to playing sports, it can be a good idea to start out slowly—especially if you recently had your surgery. Whether you walk inside (i.e., up and down stairs), or outside in the fresh air, it is an activity that you can gradually increase in both speed and distance. And soon your strength and endurance will return and you'll be ready to do more challenging exercise, just like before.

How can I motivate myself to get started exercising?

It is never easy to start a new habit. But if you sense that your mind is trying to make excuses before you start exercising, try to make a point of not listening to the excuse and act on your decision instead. Instead, listen very carefully to your body afterwards—almost everyone feels better after exercise.

This information is for educational purposes only. It is not intended to substitute for professional medical advice and should not be interpreted to contain treatment recommendations. You should rely on the healthcare professional who knows your individual history for personal medical advice and diagnosis.

Get Ostomy Answers!

Save 38%*

The Leading Source for Information, Education and Inspiration!

Each *Phoenix Ostomy Magazine* answers the many questions about returning to a full and active life after surgery. Topics include diet, exercise, intimacy, skin care, odor control, new products and so much more. Medical doctors and nurses offer concrete advice and solutions while personal stories show that almost anything is possible with an ostomy. - **Subscribe Today!**

Privacy Guarantee: The *Phoenix* is mailed with discretion. Your contact information will never be given, rented or sold to a third party.

FREE New Patient Guide!

Get real-world answers to common questions after ostomy surgery. Yours free with a subscription.



Choose Your FREE New Patient Guide: Colostomy Ileostomy Urostomy

Please send me FREE ostomy product samples, special offers and product information**

One-year \$29.95 (Save 25%*) Two-years \$49.95 (Save 38%*)



Send Magazine To:

Name _____ Email (opt.) _____
Address _____ Apt/Suite _____ Phone (opt.) _____
City _____ State _____ Zip Code _____

Send Payment to: The Phoenix magazine, P.O. Box 3605, Mission Viejo, CA 92690



*Based on cover price of \$9.95. \$39.95 for Canadian one-year subscription. U.S. funds only. **Your contact information will be disclosed to third party companies to fulfill the request. Published March, June, September and December. If you are not satisfied for any reason, we will gladly refund the unused portion of your subscription. ASG0516

W: Winnie the Pooh-er

Used with Permission from Brenda Elsagher from: *Id Like to Buy a Bowel Please: Ostomy A to Z*, www.livingandlaughing.com

The Monday before Thanksgiving, I had surgery to remove a tumor found in my colon. They removed approximately 18 inches of colon, re-sectioned it, and sewed me back up. I told the doctor that I was giving him a chance to practice his carving before he got to the turkey.

It turned out the cancer had spread. I had a spot on my liver, bladder, in my lung and some on the walls of the abdomen. When I talked with the oncologist, I asked him what I was looking at. He replied, "By the book, you have 18 months." I informed him, "I've never done anything by the book, and I'm not starting now." I was true to my word, which was three years ago.

In February 2004, we started looking at the possibility of a colostomy. By December, I was having so many problems, I decided I was going to have a Merry Christmas and a Happy New

"Rear." With this type of surgery, I would still have my rectum. This prevented me from having the doctor report to my family that, "The operation was a success—there's no end in sight." I ended up with a colostomy, which I call Winnie the Pooh-er.

I was awake and watching when he opened the loop to create the stoma. He used a cauterizing tool to open it. I remarked, "I'm going to have to start calling you Moses." When he asked why, I responded, "Because it looks like you're parting the Red Sea." It has taken some getting used to, but I am doing better now. I am still charging on with the chemo and tolerating it fairly well. It sure beats the alternative.

John Woodfin, 48 years old from Alabama, is a cancer fighter who worked as a prison correctional officer for 21 years.