
Antelope Valley Ostomy News

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<http://avosg.anycities.com/>

January 2007

*Local News...~ by Ann Wright, RN,
CWOCN, CNS, Editor AVOSG News*

New Years greetings, one and all!! I hope you all had a very Merry Christmas and happy holiday season. A new year is now here...seems like we were just saying that about 2006! And ba-da-bing-ba-da-boom – all gone! It is my hope and prayer that you all have a happy, prosperous and healthful 2007! God Bless you!

We had a joyous time at our holiday gathering on December 9th. If you missed it, we missed you, but we did have a great time with fine food and of course much laughter and camaraderie. Many thanks to Gerry and Marty Anderson once-again for opening up their “club” house to us. It was the perfect place for us to mess up (but we didn’t make too big a mess). Thanks to all the people who stayed to help mop it up.

To top it off, we collected over \$200 in gift cards, food and toys for our Healthy Homes families. Your generosity is so appreciated! A special thanks, too to Jeannie Munzer whose hand-made caps and scarves were such a special gift. Thank you to everyone for your un-dying generosity and good spirit! A letter of thanks is attached to this newsletter.

So...did anyone notice the **WEB SITE** address above???? Is this ever exciting! Thanks to Doug Couch, a local friend of ostomates, we now have our very own, spanking-new actual web page! If you have a computer and can go to the address as listed above, you’ll find our Antelope Valley Ostomy Support Group site! We are in the process of placing newsletters and other items of interest on the site, and it is in the beginning stage. If you have ideas or would like to contribute, let me know. Again, many thanks to Doug for his time and help in developing the site.

Our next support group meeting is scheduled for **Sunday, January 21, 2007 at 2:00 PM** at the Senior Center in Lancaster, 777 Jackman St. Please plan to attend. We are ready to come to order. Sort of. ☺

KIDNEY STONES AND THE

ILEOSTOMATE ~ *By: Jill Conwell, RNET,
Corpus Christi, TX, Via: Orange*

Kidney stones are a fairly common medical problem. They occur in about 5 percent of the population. They are more common in men with a sedentary life-style and in families with a history of kidney stones. The average age of first occurrence is about 40,

but they can occur at any age. For ulcerative colitis patients, the incidence of developing kidney stones is about double that of the rest of the population. For ileostomates, the incidence is 20 times greater. There are two basic types of kidney stones: uric acid and calcium. Both may occur in ileostomates since the underlying cause is dehydration. Uric acid stones are more frequent. One reason for this is the chronic loss of electrolytes, producing acid urine. The stones may vary in size and shape, some being as small as grains of sand, while others entirely fill the renal pelvis (part of the kidney structure). They also vary in color, texture and composition. Symptoms during the passage of a kidney stone include bleeding due to irritation, cramping, abdominal pain, vomiting and frequent cessation of ileostomy flow. When ileostomy flow stops, distinguishing between an obstruction versus a kidney stone may be difficult since the symptoms are similar. Treatment of most kidney stones is symptomatic and in most cases the stone passes spontaneously through the urinary tract. Medication for the spasms is usually administered. The urine should be strained in order to collect the stone for analysis. Once the composition of the stone is determined, steps should be taken to prevent recurrence of an attack. The physician will prescribe medication or dietary modifications depending on the type of stone. The best preventive measure is to drink plenty of fluids (8 glasses) every day. If the urine appears to be concentrated, increase fluids and use a sport drink that is rich in electrolytes to replace losses.

A GIFT OF TIME

Via: Hemet-San Jacinto, CA. Chapter

What does your ostomy mean to you? Does it mean a constant nuisance and care, problems, embarrassment, leakage

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and resentment: Or....do you relegate it to a significant but minor part of your daily routine and now enjoy a new lease on life? What would have happened to you if the surgery hadn't been done? Did you get to choose between a box six feet under or a bag on your belly? That doesn't leave much room for negotiation, does it? A surgical diversion to create an ostomy or internal pouch is usually done as a life-saving procedure. Some are temporary solutions to an acute problem and some are permanent diversions. Some are done as cures for whatever ailed you in the first place and some alleviate a lot of worry, pain, misery and medical expenses. All of them buy you a gift of precious, extra time. For those who have been given that gift of precious extra time, what are you going to do with that precious extra time? Are you going to waste it – now that you have it – or are you going to do something productive or memorable with it? Are you going to crawl into a psychological hole and remain there, feeling sorry for yourself until your time runs out, or are you going to appreciate and live life to the fullest, making good use of the time you have left? **THE CHOICE IS YOURS!!!**

CELEBRITY OSTOMATES

Ann Wright, RN, CWOCN Via AVOSG

Did you know that there are a number of people in the spot light who have had ostomy surgery. Some have been a great inspiration to fellow ostomates, and others live without very many people realizing they had ostomy surgery. Some of the more famous people were: former Vice President Hubert Humphrey and President Dwight Eisenhower, the late Queen Mother Elizabeth of Great Britain who was over 100 years old before passing away. The late Moshe Dayan, former Defense Minister of Israel also had an ostomy. Rolf Bernischke, ex-kicker for the San Diego Chargers has an ileostomy. So does senior PGA Golfer Al

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Geiberger. You may never be a queen, king, President of the United States, or a top athlete, but as far as I am concerned, YOU are the celebrities in my eyes - You guys give me inspiration, and I thank you all for what I have learned from you over the past years! So, step up to the red carpet!

View other famous IBD patients and ostomates in the following link:

<http://www.ostomy.evansville.net/celebrity.htm>

UROSTOMY HINTS AND IDEAS

Via: Green Bay Ostomy News Review

The stoma will shrink in the first few months after surgery and should be re-measured as needed during that time. The appliance opening should then be made smaller to fit the new smaller sized stoma. You will find a measuring device and instructions in every box of pouches. If you gain or lose weight, you may also need to recheck equipment fit. If you develop itching or a rash or become sensitive to your adhesive, talk to your doctor or ET to help you clear up your skin irritation problem. Individual body chemistry differs, so do manufacturer's formulas for skin barrier adhesives. If your adhesive is not giving you a good seal, ask for help in finding one that does. A poor seal may let urine leak onto the skin. If your pouch begins to leak, change it immediately. Some urostomates may have a high incidence of complications, some occurring after 10 to 12 years. Most complications are gradual. The most common is caused by an ill-fitting pouch. Urine that accumulates on the skin around the base of the stoma may become reddish brown, with raised, thick, leather-like areas. It is important to have a faceplate or pouch opening that fits to an eighth of an inch of

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the stoma to prevent this and other long-term complications. If the reddish brown growth is extremely bad, it may be treated with soaks of white vinegar three times a day for three or four days. Vitamin C, taken according to the directions on the bottle, may also be helpful to acidify the urine. Alkaline urine on the skin is irritating. If these measures are not successful, a revision of the stoma is an alternative. Encrustation or sand-like deposits on or around the stoma are another complication. (Editor's note: At each pouch change, check your stoma for color shape and function Watch for any stoma problems such as swelling, retraction, stenosis (narrowing of the outlet), prolapse (displacement of the stoma). Any stomal complications should be reported to your physician and ET nurse.)

GENERAL OSTOMY HINTS AND IDEAS

- √ Spearmint is one of the gentler mints. A bit of spearmint vinegar in a glass of water calms the stomach and digestive system. It also relieves gas and adds a tangy zest to iced tea.
- √ To slow down stoma activity, before changing appliances, eat a tablespoon of creamy peanut butter beforehand or eat four or five marshmallows, fifteen minutes before changing.
- √ Vinegar added to fish dishes helps to eliminate the traditional fishy odor, and also helps get rid of fish smells at clean up time.
- √ Rounding off the square edges of a firm wafer, or skin barrier, will decrease the chance of the belt catching on the corners.
- √ Skin Prep rubbed or sprayed on the hands before using your garden rake, etc., can help prevent blisters, and on mosquito bites will seal the bite and take away the itch.
- √ Male ostomates who suffer painful collisions between the pouch tail clip and key organs, should try angling the pouch toward a pants leg instead of pointing it

straight down. Wear briefs and pass the pouch through a leg opening in the brief to hold it in place.

√ Always empty the appliance when 1/3 full. The weight of a full appliance will pull the seal loose.

√ If a pouch needs to be cut to fit, cut 1/8" larger than the stoma. As little skin as possible should be exposed.

√ A leaking pouch should never be taped. Change the pouch at the first sign of itching or burning skin under the seal. The contents of the pouch will excoriate the skin.

√ Sometimes a large teaspoon of bulk gelatin dissolved in water or lemon juice will help firm up a loose stool. It should be taken once a day.

√ When ill with a virus and diarrhea, eat pretzels, it is something which can be kept down and salt is good for you to maintain liquid balance.

√ If you use washcloths (as opposed to sponges) and you have arthritic hands, substitute thin, inexpensive ones instead. They are easier to wring out.

√ Always take your ostomy supplies to the hospital with you. Designate someone else to do this if you cannot. Let this person know where your supplies are. If you have had serious medical problems, make up an emergency "bag" to be grabbed at the last minute. When the ambulance arrives is no time to do this.

√ Place some cotton in a bottle of peppermint oil (available at the pharmacy). Make sure the bottle has a good stopper. When changing your pouch, just remove the bottle top and pull some of the cotton out. Works like an air spray and has a pleasant odor that does not pollute the air.

√ If it looks as if you are allergic to a certain product, try one made by another company and patch test it too. You will probably find

√ Ileostomates in need of an antidiarrhea agent would do well to consider Imodium rather than Lomotil. Not particularly new, Imodium has become more and more the drug of choice in reducing volume of discharge in ileostomies and colostomies. Its great advantage over Lomotil is that it contains no atropine and anti-cholinergic.

Here's to Your Health...Have a Laugh!

"Senior Moments" ...

Just before the funeral services, the undertaker came up to the very elderly widow and asked, "How old was your husband?" "98," she replied. "Two years older than me." "So you're 96," the undertaker commented. She responded, "Hardly worth going home, isn't it?"



Reporters interviewing a 104-year-old woman: "And what do you think is the best thing about being 104?" the reporter asked. She simply replied, "No peer pressure."



I feel like my body has gotten totally out of shape, so I got my doctor's permission to join a fitness club and start exercising. I decided to take an aerobics class for seniors. I bent, twisted, gyrated, jumped up and down, and perspired for an hour. But, by the time I got my leotards on, the class was over.



An elderly woman decided to prepare her will and told her preacher she had two final requests. First, she wanted to be cremated, and second, she wanted her ashes scattered over Wal-Mart. "Wal-Mart?" the preacher exclaimed. "Why Wal-Mart?" "Then I'll be sure my daughters visit me twice a week."



NOTICE:

Beginning in 2007 newsletters are now available on-line! If you would like to receive your newsletter via e-mail please let me know. This could help save some postage as well as ensuring you are receiving your newsletter delivered directly to your computer! YEA!

Donate Supplies – Friends of Ostomates Worldwide (FOW-USA)

FOW-USA collects ostomy related supplies from generous individuals, associations, ostomy chapters, and companies. If you would like to donate ostomy supplies, please send them to:

FOW-USA
4304 Regency Drive
Glenview, IL 60025

We need new, used, clean, current stock ostomy supplies, preferably in the original packages. Partial boxes may be combined with other partial boxes. Loose pouches and barriers should be placed in plastic bags and marked with the brand and size. We do not accept any liquid supplies or prescription medications, due to security issues. We do not accept any products that are beyond the expiration date. (Even excellent usable equipment beyond the expiration date is impossible to ship because of the extremely delicate custom rules.)

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APPLICATION FOR MEMBERSHIP

Name _____
 Date _____
 Address _____
 M _____ F _____
 City _____ State _____ Zip _____
 Home Phone _____
 Business Phone _____ Date of Birth _____
 Ostomy Type _____
 Reason for Surgery _____
 Year of Surgery _____

Please consider joining the Antelope Valley Ostomy Group. To do so, please send this application with a check for **yearly dues** of **\$10.00** to **Gerri Godde, 6510 W. Avenue L, Lancaster, CA 93536**. Make checks payable to AV Ostomy Support Group. Meetings are held every other month (January, March, May, July, September and November) on the third Sunday of the month from 2:00 to 4:00 PM.
For additional information contact: Ann Wright, RN, CWOCN, CNS 269-9509 or Gerri Godde 943-3508

Where do your dues go?

- Postage for newsletters and other mailings
- Support for the Youth Rally
- Annual dues to affiliate with the UOAA
- Off-set expenses for social gatherings
- Support to Friends of Ostomates Worldwide
- **PLEASE help support us by paying your dues!!!**

Meeting location:

AV Senior Center in Lancaster
777 W. Jackman Room 101.

Directions: From J and 10th St. West take 10th Street West north to Jackman (runs between Lancaster Blvd. And Ave. I). Turn right on Jackman.