

---

---

# Antelope Valley Ostomy News

---

atw@antelecom.net

<http://www.avosg.org>

January 2009

---

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

The Christmas season was off to a bright start with our annual Christmas party December 6<sup>th</sup> at the club house at Marty and Gerry Anderson's home. It was a nice gathering of new friends and old, the food was delicious and we gathered toys and gift cards for Healthy Homes families and teens. Many thanks to Marty and Gerry for their hospitality and generosity in providing the beautiful table settings. And thanks to all who helped make Christmas special for AV families in need!

As we ring in another New Year, we look ahead to our work together to help anyone in need of support related to ostomy surgery. I am hoping to arrange more speakers for the upcoming meetings, as well as consideration of another Visitor Training program this spring. If you are interested in serving as an ostomy visitor, please let me know.

In January we will have Michelle Frick, Director of the Health Homes Program speak to us about the program and how our Christmas donations impact the families they serve.

And now, for the tough part of my job...as the cost of postage and printing increases, it is my responsibility as coordinator of the Antelope Valley Ostomy Group to ensure that adequate funding is available to continue to provide bi-monthly newsletters to support our members. Additionally, the United Ostomy Associations of America helps support our group, but we are charged annual fees based on the number of members we have. With this in mind, over the course of the next few months, I will be taking a count of active members. I have enclosed "renewal notices" for you to complete and send to me in the enclosed envelope. Please indicate whether you want to be considered a member of the Antelope Valley Ostomy Group. **Dues are \$10.00 per year.** Newsletters will be mailed only to paying members and as a courtesy to new ostomates for a 4 month period (2 newsletter mailings). **However,**

**EVERYONE is welcome to attend the meetings, member or non-member!** Support is what our group is about, and the membership dues help support our group and community. I believe our dues are very reasonable considering the cost of printing and postage for 6 newsletters, as well as our web site maintenance and UOAA affiliation. Your dues are also used to help sponsor campers for the UOAA Youth Rally. If you would like to continue to receive the newsletter, please complete the enclosed form and send it with your dues in the enclosed envelope. For those of you who have recently paid your dues, please be aware that you will not be asked again until 2010. **Thank you all for your patience, understanding, and great support for each other!**

Our next meeting will be **Sunday, January 18<sup>th</sup>, 2009** at 2:00 PM in the conference room at AV Home Care. Directions are enclosed.

## A "SOFT TOUCH" ALL WINTER

Via: *Los Ileos News & Hemet- San Jacinto, CA*  
Winter skin problems can occur whether you are indoors or out, male or female, young or older. Here is some advice from several prominent dermatologists.

\* The dry skin syndrome affects only the top layer of skin, the stratum corneum. It is as thin as tissue paper and it is composed of flattened dead cells manufactured in the layer below. Water and body oil move from the live skin to the outer layer. The oil keeps the water from evaporating quickly

## 2

and it is the water that makes skin moist.

\* Moist or dry skin is due, in large part to heredity. The trick is to alter the environmental elements that trigger dry skin. Oddly enough, winter skin problems begin indoors. The heated air absorbs moisture, and draws it from every available source. The skin is a natural target. Here are some easy to follow hints to make life better for your skin.

1. Turn down the heat in your home.
2. Feed moisture into your home so humidity can protect your skin. If you have central heating, you can add a humidifying unit, or you can buy an inexpensive humidifier for your rooms. They are very helpful in bedrooms and can keep you from having puffy eyelids and dry throats.
3. Substitute a quick shower, or at least a short warm bath for a long hot soak in the tub. Take it easy with the bath soap in the winter. A luxurious lather feels good to the touch but is bad for your skin because it washes away the skin's own protective oils.
4. Apply a moisturizer to the skin right after the bath or shower. (Ostomates, omit the cream on the abdominal area.) Pick a product you really like and use it faithfully. The only part of the skin that dries out is the top layer, no matter what manufacturers say. Of course, you know to drink enough water.
5. Invest in a good pair of rubber gloves and use them for those cleaning agent and solvent jobs. Wear gloves when outdoors. If your hands are extremely dry, sleep in cotton gloves after putting on cream.
6. Avoid too tight clothing. They rub against dry winter skin; it itches, you scratch, the cycle goes on.
7. There are two other winter skin problems: frostbite and winter sunburn. With frostbite, warm the area with blankets, a bare hand or room temperature water; never with snow or vigorous rubbing. Always wear sunscreen when venturing

## AV Ostomy Group News

outdoors. Have a happy comfortable winter.

*Editors note: I remember reading somewhere that itching dry skin can be helped by putting some oatmeal in a small cloth sack and let it stand in your bath water. It seems to relieve the itching.*

## CONTINUE YOUR SOCIAL LIFE WITH AN OSTOMY

~ Via: *The Pouch, N. Virginia & GB News Review*

Your social life can be as active as it was before surgery. You can enjoy all activities: meeting people, attending concerts, sporting events, civic and social club meetings, parties, religious occasions, or whatever you enjoyed before. The first time you go out of the house after surgery, you may feel as if everyone is staring at your appliance, even though it is not visible under your clothing. You can feel your appliance on your body, but no one can see it. Keep these questions in mind: Did you know what an ostomy was or where a stoma was located or what it looked like before you had surgery? For those with colostomies or ileostomies, you may also worry about your pouch filling with gas and sticking out under your clothing. A quick trip to the restroom can take care of this problem. If you are worried about your pouch filling up immediately after eating at a social event, remember, people without ostomies often need to go to the restroom after eating, and nobody will think it is unusual if you do the same. You probably will find that you need to empty your pouch less often than you need to urinate. You may be wondering about your relationships with others. Now that you have an ostomy, you may feel that it will change your present relationships and decrease new

### 3

opportunities for friendship and love. True friendships and deep relationships on any level are built on trust and mutual understanding. These qualities depend on you and other persons. You have the same qualities you had before surgery, and your ability to develop friendships is unchanged. If you care about yourself, others will feel your strength and will not be deterred. If your ostomy does cause a break in friendship, a relationship, or even marriage, this relationship was not built on trust and mutual respect and probably would have crumbled some time in the future anyway.

### POINTERS FOR THE NEW

**OSTOMATE** ~ *Via: Big Sky Informer & Hemet-San Jacinto, CA*

- \* There is no answer for "Why me?" but it is normal to ask the question and you do need to work through the answer to this.
- \* Each person's ostomy is different, even as our fingerprints are different.
- \* Support and information received from someone who has an ostomy can be helpful. Ask someone with an ostomy-attend a support group meeting!
- \* It is your ostomy; learn to manage it and don't let your ostomy manage you. In the beginning, it is normal for your ostomy care to be the center of your existence; however, with time and practice your ostomy and its care will become just a normal part of your life.
- \* Basic management skills can be learned and any problems that develop must be met and managed as they occur. With time and experience you will become comfortable with your ostomy care.
- \* You are alive! You will get better and stronger. Give yourself time to get over

### AV Ostomy Group News

ostomy surgery and to adjust to this body change and adapt to your ostomy.

### URINARY DIVERSIONS Or What Does One Do Without a Bladder?

*Via: Metro Halifax & Lee County, FL*

Basically, the bladder is a hollow muscle which performs two important functions. It acts as a storage device for the accumulating urine, relaxing as the volume increases. But it also acts as a pump as it contracts, squeezing out the urine through the urethra to the outside of the body.

Accident or illness may dictate the removal of the bladder, thus necessitating the introduction of alternate methods or devices to dispose of the urine. Such devices (or substitute bladders) should provide the following: A low pressure system to assure continence and prevent damage to the kidneys; be continent, preventing leakage and associated physical and social problems; be non-flexing, thus preventing recirculation of urine to the kidneys; and be easily emptied. Prior to 1950, the removal of a damaged or diseased bladder allowed relative few alternatives. One procedure brought the ureter (the small tube from the kidney to the bladder) directly out to the skin. This technique was very difficult to manage and contain the urine. Also, since the ureters are very small in diameter (often no larger than the thickness of the lead of a pencil), problems with narrowing of the ducts, even occlusion, as well as infections were frequent occurrences. In 1950, the ileal conduit was devised by a Dr. Bricker in a procedure which attached the two ureters to a section of the small intestine and then brought the intestine out through the abdominal wall into a stoma. The procedure had the advantage of assuring unimpeded flow of urine through the stoma as well as the more effective and practical use of an appliance to collect the urine. Bricker's ileal conduit has remained a favorite procedure

## 4

throughout the years, even though it is still subject to infection and reflux to the kidneys and requires that a pouch be worn at all times. Currently, there are additional types of surgery where a “new bladder” is created from part of the intestine, and the ureters are connected to the “new bladder”. The bladder is emptied by the use of a tube introduced into the stoma. Both types of procedures divert the urine from the bladder which in most cases has been removed due to disease or trauma.

### **TYPES OF COLOSTOMIES**

*From Friends Together, Baltimore Ostomy Association*

There are four main types of colostomies. They are named after the portion of the bowel where the colostomy is located. A Sigmoid Colostomy is located within the sigmoid colon. Output has a normal, formed consistency, since the water has been absorbed as the waste passed through the remaining large bowel. An Ascending Colostomy is located within the ascending colon, on the right side of the colon as it exits from the ileum. Output will be liquid to

## **AV Ostomy Group News**

semi-liquid, rich in digestive enzymes and therefore irritating to the skin surrounding the stoma. A Transverse Colostomy is located within the transverse colon, the part of the colon that transverses across the abdomen, above the small intestine, and connects the ascending colon with the descending colon. Output is usually liquid to semi-formed because digestive enzyme content decreases as the contents moves further down the colon, therefore, the further away from the ascending colon, the less irritating the output will be to the peristomal skin. A Descending Colostomy is located within the descending colon. Output is semi-formed, because much of the water from the stool has been reabsorbed from the colon back into the body.

### **PREVENTING SKIN IRRITATION**

*Via: Metro Maryland & So. NV. Town Karaya*

You do not have to put up with irritated skin. A properly fitting pouching system changed as needed will prevent skin irritation in most instances. Irritation right around the stoma can be a sign of poor adhesion which permits leakage of body waste. Your skin barrier should be changed as soon as it starts to leak. The time you can wear it comfortably will vary depending on your activities. You may need to change it more frequently when you exercise strenuously or when the weather is hot and you are perspiring. Itching, redness, or rash may be caused by constantly pulling the adhesive away from the skin. It may also indicate that you are allergic to the adhesive. Report any such reaction to the doctor, nurse, or ET nurse immediately. There are several types of skin barriers available. You should be able to use at least one of these with no problem.

## UOAA Updates

*These updates are sent to United Ostomy Associations of America affiliate groups. More information can also be found on the UOAA website.*

### FALL 2008 ELECTION

As a result of the election that concluded on November 30<sup>th</sup>, one of our incumbent Directors, **Lynne Kramer**, was elected to her second term, and the Chair of our ASG Advisory Board, **Bob Parish**, was elected to his first term.

### ANNUAL AFFILIATION FEE REMINDER

The deadline for payment of your 2009 Annual Affiliation Fee is **January 1<sup>st</sup>, 2009**. The fee remains unchanged at \$ 2.00/member in your ASG. For those groups that have reported "no members" the fee will be \$ 25.

### CONSTITUTION AMENDMENTS

UOAA, as a dynamic organization, has an on-going commitment to make those policy and procedure changes that will best serve its long term interests. In order to encourage people to volunteer as leaders at the national level, the Management Board of Directors felt that if the term of the President, President-Elect and Vice President were changed from three years to two years, more people be able to serve. In addition it was felt that the Vice President should have the opportunity to be re-elected to a second consecutive term as is the case for the Secretary and Treasurer. These recommendations by your MBoD were written as a **Constitution Amendment** that was sent out late last week to the ASGs for their approval. ASGs have until **February 28<sup>th</sup>, 2009** to make their opinion known.

### ASG LEADERSHIP AWARDS

Once again **ASG Leadership Awards** will be presented to 4 outstanding volunteer support group leaders. Is there someone in your group who deserves to be in the national spotlight? This year's recipients will be invited to be UOAA's guests at the National Conference in New Orleans where the Awards will be presented at Friday's Recognition Luncheon.

## AV Ostomy Group News

I will be sending you Award details in the near future.

### C.A.R.E.S. PROGRAM

This past November you were notified about

UOAA's **Conference Attendee Reimbursement of ExpenseS** Program. UOAA will provide approximately 10 deserving members ASG members with up to \$ 650 so that they can attend the New Orleans Conference next August.

Applications from qualified applicants are due back in the UOAA Office by March 15th, 2009. If you need additional application forms or information, please don't hesitate to communicate with me.

### *In Memorium*

Long time Ostomy Group member, John Horn passed away at his home in Palmdale on December 20<sup>th</sup> after a courageous battle with cancer. John was remembered by family and friends at a memorial service Christmas Eve at the Methodist Church in Palmdale. John leaves behind his wife Gladys, his son John and two Granddaughters, Jennifer and Jessica. The memorial service was a wonderful tribute to John and his generous spirit and advocacy for friends and neighbors. John was very active in helping the church; donations may be made to the Palmdale United Methodist Foundation in memory of John Horn.



In Loving Memory  
**Mr. John Leonard  
Horn**

March 23, 1929 - December 20, 2008