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# Antelope Valley Ostomy News

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

Hello everyone!

I hope this finds you all well and staying cool as the summer heat is upon us. Our last meeting on June 3<sup>rd</sup> was fairly well attended despite a schedule change. Our next meeting will be **Sunday, July 15, 2007 at 2:00 PM** in the conference room at AV Home Care. I continue to look at alternative sites which will suit our growing group. If anyone has ideas about where we can meet on Sundays, please let me know.

Some of you have expressed interest in some of the education programs at AV Hospital. Here are some of the programs coming up:

- July 12 – *Finding Arthritic Relief Through Hip and Knee Replacement* – Alon Antebi, D.O.
- July 26 – *Solving Dermatology Problems for the Geriatric Patient* – Don Parazo, M.D.
- August 9 – *Type 2 Diabetes: Concerns, Complications, and Treatments*- Radha Krishnan, M.D.
- August 23 – *Memory*- Vijay Shanmugan, M.D.

If you are interested in attending one of these lectures, call 726-6499. Lecture times are 6:30 PM to 7:30 PM in Conference Room 15 of the AVOIC building at AVH. You can also register by sending an e-mail to: [communityrelations@avhospital.org](mailto:communityrelations@avhospital.org) .

Be advised that if you have not paid dues for 2007, **July is dues month**. Please pay dues at the next meeting. See back page for more information.

We are looking at Saturday, August 18<sup>th</sup> for another “Beach Bus Boogey”! In the past, a group of our members and families traveled via the beach bus to Santa Monica pier and really had a blast! I am attaching a brochure for you to check prices and travel times. You can depart from Lancaster OR Palmdale. It’s a great time, and you don’t have to drive too far!! Let me know if you are interested. (661-269-9509)

In the meantime, I hope you had a wonderful July 4<sup>th</sup> celebration, and I look forward to see you all on **July 15<sup>th</sup>**!

## **SWIMMING WITH AN OSTOMY**

*Via: Chicago North Suburban Chapter*

Ostomates swim. We put together a few little items we have gathered to help make you feel more secure. First, allow some time after changing a barrier before swimming so that the seal is secure. Overnight is best, but even taking that extra

minute to let the barrier seal should be fine. The newer barriers actually melt to obtain adherence. You have to make sure this chemical action has taken place. To be extra secure, it may be best to picture frame the barrier with a waterproof tape. There is a "pink tape" available through most suppliers that works well to assure the appliance stays on your body. Hollister's new skin like tapes as well as other similar types may be made more waterproof by covering them with a skin prep after they are in place. Cloth belts stretch in water. If you wear a belt, it may be preferred to substitute a rubber one while you are swimming. Swimsuits, with busy patterns camouflage the appliance better than solid colored suits. Wearing solid colors will reveal the appliance more easily. Skirts, bows, sashes, ties, drapes on a swimsuit may also help camouflage the appliance. Boxer-style trunks work well for men. A tight garment under your swimsuit can help hold the appliance in place. Depending on how active you are and the level of comfort you desire some of the following are good suggestions: A lightweight two-way stretch panty girdle; the top part of old panty hose; biking shorts; or sewing a pocket in the lining of your swimsuit to support the pouch. These are unisex ideas. Men can also try a pair of jockey shorts for similar support. Mini, non-drainable pouches are an alternative to people who use two-piece systems. They may be more comfortable and have a lower profile under swimsuits than your usual pouch. They may be used over and over if you rinse them out and air dry after every use. Avoid pouches with built-in filters for swimming. Water can get in, and make a real mess. Try and plan ahead for swimming. Even non-ostomates should wait two hours after eating before going swimming. Try to roughly calculate your transit time, how long it takes food to get from mouth to pouch, and eat your

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meals at a time that will allow you to have the least amount of output when you plan to swim. For most people, the first few hours after getting up in the morning will be the time of least output. The conclusion to all of this, the main reason for writing this article is so that you go swimming. An ostomy does not stop you, or even slow you down from swimming and enjoying all the different type of water activities like hot tubs, beaches, pools, scuba diving, snorkeling, diving, swimming, etc. Enjoy it...you have been given a new life.

### WHICH POUCHING SYSTEM IS RIGHT FOR YOU?

*By Gwen Turnbull, BS (a pioneer ostomy nurse Via: Northern Virginia Pouch*

With so many ostomy products available, it's hard to know which one is right for you. Regardless of the brand of product or type of surgery you have, there are a few basic features an ostomy pouching system must have to give you a sense of security and confidence. First, it must contain urine or stool, gas and odor without leaking. Second, it must help protect the skin around the stoma from damaging effects of stool or urine. Third, the systems should remain in place for a sustained and predictable wear time. Wear time—This means you should be fairly certain your pouching system will remain intact without leakage for a definite period of time. That time period varies among individuals and ranges from 24 hours to 7-10 days. **Wear time-** has a lot to do with the amount and character of your output, the climate in which you live, your daily activities, and the type of skin barrier you use.

**Output** — High volume liquid output will melt standard, pectin-based barriers faster than the more modern synthetic extended-wear barriers. Using a skin barrier paste as "caulking" around the stoma or a "bead" on the back of the skin barrier, can help increase wear time and skin protection.

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**Visibility/Intimacy/Cost** — Once the above criteria have been met, look at other pouching system features that might impact the way you feel about yourself. For example, is the pouch visible under your clothing, and does that determine your feelings about yourself during periods of intimacy? Do ostomy supply costs, or worry about them, overwhelm you?

**Your Adjustment** — Researchers believe that such concern can affect your adjustment to, and satisfaction with, your life after ostomy surgery. That's why it's important to look at the fine distinctions about ostomy pouching systems. Consider a system's wear time as it relates to its costs. Calculate your ostomy supply costs on a yearly total-cost basis rather than a cost per change basis. You may find that an inexpensive pouch that must be changed daily costs more in the long run than the more expensive pouch you can wear for three days.

**Conclusion** — Investigate the size, shape, color, contour, profile and ease of application and emptying of a variety of pouching systems. Which one will be right for you? The one YOU FEEL is right for you!

*Editor's Note: All ostomy manufacturer's will be glad to send you free samples if you will contact them. Most manufacturers advertise in the Phoenix Magazine and also your ostomy nurse can make suggestions.*

#### **THOUGHTS ON ODOR MANAGEMENT**

*by Rosemary Van Ingen, ET, Via: Northern Virginia Chapter Pouch*

Isn't it interesting that people with normal intact bowel tracts and urinary systems manage odor problems in an acceptable

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manner in our society? But when disease or trauma strikes, and the person is the owner of an ostomy, the one big concern is the fear of offending society with an odor.

**What's an ostomy?** Basically an ostomy is a man-made exit site that changes the point of exit from the bottom or back of our body to the front. Our eyes and noses are obviously on the front of our body, which leads us to be more aware of our changed body image and our odor-producing products. I'm sure you've heard the statement, "You've come a long way, baby." Yes, ostomy management has come a long way—considering that as little as ten years ago, we had very few 100% odor-free pouching systems.

**Ostomy Collecting Receptacles** When ostomy surgery was first developed, ostomates wore anything to collect output. Tin cans, rubber gloves, cups of all shapes and sizes, bread wrappers, and plastic margarine cups just to mention a few, were standard equipment for the ostomate. Not only the feasibility, but the odor problems this type of equipment produced, was enough to give ostomy surgery and people who had ostomies a very deplorable place in our society. Presently, almost all the ostomy pouching systems available to us today are made of odor-barrier materials.

**Odor Detective Work** Therefore, if an ostomate does have a fecal or urinary odor about them, some detective work should be done: Check out the application of the pouching system to the body. Is it leaking? Check out the closure of the pouching system—is it closed properly so that no fecal matter is oozing out after the closure? Do not put holes in the pouch as gas will seep out continuously.

**Urostomy Odor Cautions** The urostomate should rinse or wipe off the spout of the pouching system with a bathroom tissue after emptying. Those few drops left in the spout after closing the pouching system can

cause a urine odor under clothing. It is interesting to note that most urostomy pouching systems on the market are odor-proof, but the connecting tubing and bedside and leg bag are not. You must dispose of and replace these products when they take on urinary odors, or else your entire living quarters will smell.

#### **Elimination in Ostomates vs Non-**

**Ostomates** Emptying an ostomy pouching system is comparable to a person with an intact bowel or urinary tract having a bowel movement or emptying their bladder. How does the non-ostomate handle the odor produced by the normal function of their body? Room deodorizing sprays are popular; a quick flush of the toilet when defecation occurs, and opening a window are some acceptable methods that have been used for odor management.

**Why are Ostomates so uptight about elimination odors when our pouching systems are emptied?** This constant complaint has encouraged ostomy supply manufacturers to create products to meet the need for odor control. Just remember, there is not a man or woman on this earth whose wastes do not smell. If someone tells you that their waste products are odorless, then a nose overhaul is in order for them!

#### **HELPFUL HINTS AND TIPS**

- 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.

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- 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.

- Always remove the cotton from pill bottles after opening. Once you touch the cotton, it becomes contaminated with bacteria. Place that 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 one that works for you. Allergies are not as common as is irritation caused by the faulty use of a product. For this reason, always read the directions that come with a product. When in doubt, consult your ET nurse or physician.

- A couple of drops of mineral oil or spray of Pam on the inside of the pouch, spread around by rubbing the sides of the pouch together, causes the feces to drop to the bottom of the pouch and not stay around the stoma.

- 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.

**Remember:** Anyone can be sensitive to certain medications. Be sure and check with your doctor if you develop nausea or vomiting when taking Imodium, Lomotil or other medications.