
Antelope Valley Ostomy News

atw@antelecom.net

<http://www.avosg.org>

July 2009

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

July greetings to everyone! I hope this finds you all well and enjoying our nice summer weather. We had a nice meeting last

month at AV Hospital. I

appreciate the interest in my trip to Africa last year. It doesn't seem possible that an entire year has already passed!

Our next meeting will be back in the conference room at AV Home Care, **Sunday, July 19th** at 2:00 PM. Hope to see you all there.

UOAA News! *From the United Ostomy Associations of America site, May 2009*

NEW DISCUSSION BOARD

The Discussion Board has recently been enhanced with the addition of two new features:

In response to your requests, a new Board has been opened for those with a "**temporary ostomy**". To date we have received very positive feed-back about the addition of this new forum. We have also created a link between the New Orleans

Conference web-page and the Board. When you visit the Conference info page at http://www.uoaa.org/conference_2009.shtm scroll to the very bottom, and see the link to the UOAA Discussion board. The link will take you to the discussion thread begun in late January. Of course this isn't the only on-going Conference discussion on the Discussion Board ... just search on the word "**conference**" for more conference chat.

YOU ARE a registered user on the Discussion Board, aren't you? If not, please do it now! This is a great place to take the pulse of the people from time to time, see what their concerns are and get some great vibes when you see how wonderful they are to each other. Yes, it's a "virtual" family but you can tell that some of them are as close as blood relatives.

WORLD OSTOMY DAY... October 17th 2009

Have you thought about holding a special Health Fair or Ostomy Product Fair in observance of World Ostomy Day this year? What about getting a proclamation from your city, county or state government recognizing the importance of ostomy solidarity worldwide. Start planning your WORLD OSTOMY DAY 2009 activities now, and please e-mail UOAA WOD Coordinator, Kristin Knipp at kristinknipp@uoaa.org and let her know

what you will be doing, so that we can publicize these events worldwide.

AND THIS WORD FROM HOLLISTER:

Hollister Incorporated is pleased to announce a worldwide photo contest open to every Ostomy Association around the globe.

Here's why: World Ostomy Day, October 17, 2009, is a very special day, so we're sponsoring a very special contest -- **The 2009 World Ostomy Day Photo Contest.** The Contest is a unique way to showcase talents and people and to create lasting memories.

Theme: The 2009 World Ostomy Day theme is "**Reaching Out.**" We know there are thousands of you who "reach out" each day -- and in every way. You live life to the fullest with your families or on vacation, during work and with your grandchildren, and while volunteering or tending to pets. We know you're out there "reaching out" and that's the type of image we want you to capture.

Winners: 20 photos will be chosen by the judges (a professional photographer and a Hollister representative). Winners and their ASGs will receive:

- ~ Individual winners: a certificate of recognition
- ~ Winning Associations: \$250 will be paid to each International Ostomy Association (IOA) Organization (UOAA) represented by the 20 winning photographers
- ~ All Organizations: a CD-ROM of the winning photos will be given to each IOA Member Organization

Rules:

- ➡ Photographers: need not be people with ostomies
- ➡ Images: must be of people with ostomies "**Reaching Out**"
- ➡ Photos: may be digital or processed film
- ➡ Size: any size

➡ Color: use color or black and white, it's your choice

➡ Deadline: August 1, 2009

How to enter: Submit photos with the photographer's name, association name and location, the occasion, place, date and names of people in the photo.

Please note: Submitted photographs will not be returned. Photographs will become the property of the sponsoring organization, Hollister Incorporated, and may be shown publicly.

Please submit your entries by August 1, 2009 to:

Diane Owen
Hollister Incorporated
2000 Hollister Drive
Libertyville, IL 60048 USA
E-mail:
wod2009pc@hollister.com

THE OVERACTIVE ILEOSTOMY~ *May 09*
UOAA UPDATE via the Optomist and GB News Review

An overactive ileostomy can result from a variety of problems. If the small bowel is inflamed due to Crohn's, output will be profuse. If there is a narrowing of the small bowel close to the stoma, where the ileostomy goes through the abdominal wall, a pressure backup can lead to explosive high output.

Any food that has a laxative effect should be eliminated or, at best, kept to a minimum. People with lactose intolerance will have a high output if they use any kind of milk product, including powdered milk, which is found in many prepared foods. Excessive drinking of fluids will also increase the ileostomy output. An ostomate who has had their gallbladder removed may have increased output. Medicines to counteract bile salts can be

used if the problem is related to gallbladder removal. Many prescriptions and OTC drugs list diarrhea as a side effect.

The ostomate should work with his/her physician to evaluate the problem. Once disease can be ruled out, therapeutic emphasis can be placed on diet, utilizing foods that decrease output. Bulk laxatives can be used (only with your doctor's permission) with each meal to absorb and solidify some of the liquid output.

FLUID & INFECTION MANGEMENT FOR UROSTOMATES

~ May 2009 UOAA UPDATE via Grand Rapids Ostomy Assn. Newsletter

People with urinary diversions no longer have a storage area, a bladder, for urine. Therefore, urine should flow from the stoma as fast as the kidneys can make it. If your urinary stoma has no drainage after even an hour, it is of serious concern. The distance from the stoma to the kidney is markedly reduced after urinary diversion surgery. Any external bacteria have a short route to the kidney. Since kidney infection can occur rapidly and be devastating, prevention is essential.

Wearing clean pouches and frequent emptying are vital. Equally important is adequate fluid intake, particularly fluids that acidify the urine decrease problem odor. In warm weather, with increased activity, or with a fever, fluids should be increased to make up for body losses due to perspiration and increased metabolism.

It is important that you be aware of the symptoms of kidney infection: Elevated

temperature, chills, low back pain, cloudy bloody urine and decreased output.

All ileal conduits normally produce mucus in the urine which gives it a cloudy appearance. Blood in the urine is a danger sign and thirst is a good index of fluid needs.

"GET YOUR GUTS IN GEAR" IN 2009

Last month, cyclists bicycled from a pier in New York City, traveling along the Hudson River water-front ... up the West Side Highway ... over the George Washington Bridge to end up in historic Saratoga Springs. The ride took place June 12-14, 2009. The ride is part of an annual event to spotlight those afflicted with Crohn's disease and ulcerative colitis. There are other rides scheduled for 2009. On August 7th through the 9th cyclists will be riding north of Seattle, exploring beautiful island coast lines and summer scenes of the rural Skagit Valley, while taking in the vistas of the Cascade Mountains. And, on October 2nd through the 4th you can take part in GYGIG's Inaugural Midwest Ride cycling through the rolling fields of northern Illinois and southern Wisconsin while experiencing the spectacular fall colors and lake country views.

Visit www.ibdride.org for more information or to sign up as a rider or a crew member. ulcerative colitis or have an ostomy by UOAA will pay the \$ 85 registration fee for all riders wearing the UOAA colors.

CENTERING YOUR POUCH ~ May 2009
UOAA UPDATE via Evansville, IN Re-Route

A well fitted pouch does not allow for much margin of error. Consider this: The correct opening size is determined by measuring your stoma's diameter with a measuring card and adding 1/8th of an inch. This means your pouch must be centered exactly and carefully each time. How do you do this? Good lighting is important preferably from above and from the side. Stand sideways to a light source for better visibility. A wall mirror is a great help to see that the appliance hangs straight. A crooked pouch exerts pressure on the skin and stoma and can only lead to trouble. Don't rush! Take time to check the placement carefully before allowing your skin barrier to make contact. No time is saved if you have to do the whole thing over again because the pouch is crooked and uncomfortable. Remember, if your pouch feels out of place or uncomfortable, TAKE IT OFF! Don't wait for injury to occur. It is better to change unnecessarily than to risk damaging that precious stoma. You have to live with it for a long, long time.

SHINGLES ~ *May 2009 UOAA UPDATE via Ostomoma News, Sonoma Co.*

If you have had chickenpox you are at risk for Shingles. It is caused by the same virus that causes chickenpox. Once a person has had chickenpox, the virus can live, but remains inactive, in certain nerve roots in the body for many years. If it becomes active again, usually later in life, it can cause Shingles. The risk of Shingles increases as you get older. These viruses can activate anytime, without warning. There is no way to tell who will get Shingles or when it may occur.

The first signs of Shingles are often felt and may not be seen. These can include itching, tingling or burning. A few days later a rash of fluid filled blisters appears (only on one side of the body or face). The blisters may take 2 - 4 weeks to heal. Shingles can be painful and can cause serious problems. For most people, the pain from the rash lessens as it heals. After the rash heals, however, Shingles may lead to pain that lasts for months or even years. This is because the virus can damage certain nerves. Other serious problems that may be caused by Shingles include skin infection, muscle weakness, scarring or decreased vision or hearing.

The older you get, the more at risk you are. This is because the body can't defend itself against the virus as well as it could when you were younger. There is now a vaccine available to prevent Shingles. Medicare and your Medicare supplement cover a lot of the cost. Everyone should get the vaccine - it's worth it!

ADHESIONS & OTHER PAIN THAT CRAMP YOUR STYLE

May 2009 UOAA UPDATE via Boise ID newsletter

Some people form adhesions, bands of tough, string like fibrous tissue, more easily than others. Adhesions may form spontaneously but are more common after surgery.

If adhesions interfere with normal motion of the intestine, a blockage may occur, with food, liquid or even air unable to pass the blocked area. Severe bloating, abdominal pain, vomiting and constipation may occur. In such a serious situation, call your doctor immediately.

In many cases the possibility of adhesions wrongly gets the rap for abdominal pain. A

frequent cause for such pain is a spasm of the muscles responsible for peristalsis, which propels the “bolus” through the intestines. A muscle spasm in the calf is referred to as a “Charlie horse”. Spasms in your intestines are essentially the same thing but assume the name “irritable intestine.”

POWDER YOUR STOMA? ~ *By Donna Hoffman, PLN, ET, Blue Water MN*
May 2009 UOAA UPDATE via North Central OK Ostomy Outlook, Cedar Rapids Iowa City Newsletter

Powder is normally not required during the routine maintenance of a stoma. As a matter of fact, most modern disposable barriers are designed to adhere to the skin themselves. Powder is used to treat irritated skin or a fungal infection. Yeast (fungus, Candida) infections are very common, especially during the summer or when one perspires during regular exercise. Micro granulated anti-fungal powder is used only when there are signs of a yeast infection: i.e. an itchy rash and raised red bumps. Use the powder until the infection clears, then discontinue.

Pectin-based powders, such as Hollister's Stoma Powder, ConvaTec's Stomahesive or Karaya type powders, are used to treat irritated skin. To apply any kind of powder, clean the peristomal skin well with plain water and then dry. The skin should be completely dry before applying the powder. Dust the skin with the powder, gently rub it around and then brush off the excess. The barrier can be applied directly over the powder. You may also seal in the powder by applying a skin sealant over the powder and allowing it to dry.

Be careful. Skin sealants retard the adhesion of the new extended wear barriers - such as ConvaTec's Durahesive and Hollister's FlexTend - and are not

recommended. If you use a standard wear barrier, then the barrier is applied over the sealant covering the powder.

The Joys of Getting Older

(“Or, if you can't laugh, what else can you do?”)

~ 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.

~ My memory's not as sharp as it used to be. Also, my memory's not as sharp as it used to be.

~ Know how to prevent sagging? Just eat till the wrinkles fill out.

~ It's scary when you start making the same noises as your coffeemaker.

~ 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."

THE SENILITY PRAYER : Grant me the senility to forget the people I never liked anyway, the good fortune to run into the ones I do, and the eyesight to tell the difference.

Remember: You don't stop laughing
because you grow old; you grow old
because you stop laughing.