
Antelope Valley Ostomy News

atw@antelecom.net

<http://www.avosg.org>

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

Happy Birthday, USA! And summer greetings to all of you!

As you can see, I'm still around...Although I have officially retired from AV Hospital, our house has not yet sold, so we are still here! I am so happy to announce, however that Teresa Gentry, RN, will be transitioning into coordinating the ostomy support group meetings. Teresa is an RN who grew up in the Antelope Valley, attended nursing school in Arizona, and has had many years of experience in home health and hospital nursing. Teresa is certified as a wound specialist both by the Academy of Advanced Wound Care and the Wound, Ostomy, Continence nursing society. Teresa will be obtaining her ostomy certification in the upcoming months, and has been my right-hand person for the past year at AV Hospital. Teresa and I attended the WOCN Conference in Phoenix, June 12 to 16th, and learned so much about caring for people with urinary and bowel diversions...in the United States and all over the world. It was an exciting time to be at the conference. We look forward to sharing some of the things we learned with you at the meeting!

Our next Ostomy Support group meeting will be on **Sunday, July 18, 2010 at 2:00 PM** in the conference room at AV Home Care. Directions are on the back page. Please plan to attend and continue to get to know Teresa and learn more about ostomy care over the globe! See you then! ~ Ann

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 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.

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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.

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

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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.

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 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

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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!

SOOOO—HOW DO I CLEAN THIS POUCH?

Via: Hemet-San Jacinto, CA

If you are cleaning a drainable two-piece pouch for reuse, use warm, rather than hot or cold water. Cold water doesn't lift stool or urine as readily from the plastic and the pouch is less pliable. Hot water will cause the pouch to wear out faster and may increase the likelihood of odor. If you want to rinse the pouch while you're still wearing it, use a small squirt bottle to get the water in it, slosh' it around by holding the end and let things empty into the toilet. Unless you have no option, it's best to remove the pouch entirely for cleaning. A bit of ordinary dish detergent with warm water, or, if bacteria is a concern, a bit of white vinegar mixed with water will do the trick. Fill the pouch with the warm water/soap/vinegar solution and slosh it by hand over the toilet, drain and repeat as necessary. It's not recommended that you wash these things in the sink- - the drains are usually too

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small to handle this sort of waste and the result will not be hygienic. Once you have things reasonably clean, you can hold the pouch under the bathtub faucet and let it rinse. Tub drains are larger and so long as you let a good flush of water follow, and scrub the bathtub on a regular basis (which you do anyway, right?) your bathroom will not smell. Baking soda in the wash water and down the drain is an excellent deodorizer. You can hang the wet pouch by the ring on a hook to dry or just leave it flat on a towel and it will be ready for use the next day. The inside doesn't have to be bone dry for use, but the outside and ring should be. A lot of products have a thin fabric covering on them—nice against the skin when dry but very uncomfortable if damp. Make sure that part is dry before putting it back on.

ADHESIONS ~ *Via: Health Central, Via: Memphis (TN) & S. Brevard (FL)*

An adhesion is a scar tissue that binds together two anatomic surfaces that are normally separated from each other. They are most commonly found in the abdomen, where they form after abdominal surgery, inflammation, or injury. Lysis (destruction or dissolution) of adhesions is a surgery performed to free adhesions from tissues. Although sometimes present from birth, adhesions are usually scar tissue formed after inflammation. The most common site of adhesions is the abdomen, where they often form after peritonitis (inflammation of the abdominal lining) or following surgery, as part of the body's healing process. Abdominal adhesions infrequently bind together loops of intestine resulting in intestinal obstruction. The condition is characterized by abdominal pain, nausea and vomiting, distention, and an increase in pulse rate without a rise in temperature. Nasogastric Intubation and suction may relieve the blockage. If there is no relief, an operation is usually required to cut the

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fibrous tissue and free the intestinal loops. Although scar tissue within the abdomen can occur after any abdominal operation, they are more common after a ruptured appendix. Most adhesions cause no problems, but they can obstruct the intestine in about two percent of all patients. These obstructions can occur several years later. The adhesions can also block the ends of the fallopian tubes, possibly causing infertility. Adhesions can occur elsewhere and can be the cause of other disorders—for instance, they can lead to glaucoma when located in the eyes, and when located around the heart can result in pericarditis.

Here are some questions to ask your doctor

How do you know the problem is the adhesions and not some other growth or condition?

Is surgery recommended to remove the adhesions?

What is the procedure?

Will the adhesions redevelop?

HAPPINESS IS—A COMFORTABLE

APPLIANCE ~ Via: L.A. Ostomy News & Cheers & Tears, Whittier, CA

There is nothing more irritating than having to change your appliance before you normally do, when the faceplate loosens or springs a leak. The first thing to do is look for the reason. Sounds easy doesn't it? We should be so lucky! About the first thing to look for is the change in texture of the skin. Several things can cause that, medication, vitamin pills or menopause. Excessively oily skin can affect adhesion. Wiping the skin around the stoma with alcohol is helpful, but be careful the alcohol does not contain glycerin, as this kind of alcohol will hinder adhesion. Also some soaps contain

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oil or hexachlorophene (soaps with baby oil to soften skin); these must be rinsed off if you hope to attain adhesion. With hot, humid climate, excessive perspiration will undermine the adhesive. A cotton appliance cover is great for soaking up perspiration. Also, loose clothing will help if you know you are going to be doing work that will cause excess perspiration. Be careful about using anti-perspirant, they cause skin irritation. A skin rash (contact dermatitis) is a common happening for many ostomates at one time or another. The rash may be caused by an allergy to the adhesives, the tape, skin barrier, or any other product used. A change to different products helps to determine if the problem is an allergic one. Be sure to dry the area. A blow dryer, set on cool, is very quick and a light bulb placed about a foot away is also useful in drying the area. If you can't get rid of the rash or any disturbed area within a reasonable length of time, contact your doctor. A change in weight (either gain or loss) can cause a change in the contour of the abdomen, which will affect adhesion. Try to stay at the same weight. Ideally, no more than ten pounds either way. Where the faceplate was once flat against the abdomen, it may now have creases or valleys under it. Stomahesive works well to fill in these valleys. There are also some pastes on the market. Karaya tends to break down when exposed to liquid over a period of time. Redistribution of weight will often necessitate refitting. This may mean entirely different appliance will be necessary. A person with an ileostomy may notice that diet affects the length of time an appliance stays on. If the stool is of a watery consistency rather than paste-like, it may lessen the length of time the appliance stays secure. Change the appliance regularly before leaking; you may detect an itching or burning sensation beneath it. Ignoring these symptoms can lead to skin irritation. Illness, inactivity, and lying in bed can also lessen the seal security because the discharge pools around the stoma and seal longer than if you were up and around.

**See you on July 18, 2010 ~ 2:00 PM
in the conference room at AV Home
Care!**