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# Antelope Valley Ostomy News

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March 2007

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

## **MEETING LOCATION CHANGE!**

Greetings, everyone!

I have been informed that we due to requirements set by LA County, we will no longer be able to meet at the Senior Center on Sundays. Ophelia Perez, the Center Director would like to allow us to meet there, but staffing constraints would require that we change our meetings to Thursday evenings, or Saturdays when Senior Center staff are available to man the center. Since it is only a few short weeks away from our regular Sunday meeting, I have arranged a conference room for us to hold our meeting. We can then discuss our options. The meeting will still be on the third Sunday of March, **Sunday March 18th at 2:00 PM at the office of A. V. Home Care, 44335 Lowtree** in Lancaster. If anyone has any ideas about meeting places, bring your ideas to the meeting. I am looking forward to seeing you all on **Sunday, March 18th!!**

*AV Home Care - 44335 Lowtree Ave. one block east of J and 15<sup>th</sup> St west. Take Ave J east past 15<sup>th</sup> St West, turn right at the stop light at Lowtree, take the first driveway to right. Look for AVH logo.*

In other news, has anyone seen the web site? Our Web Master, Doug is busily

adding past editions of our newsletter and other pertinent information. If you have internet access, take a look and please let me know your ideas about the site! Here's wishing you all a Happy St. Patrick's' Day, and great time with Daylight Savings!!



## **CAUTIONS FOR UROSTOMATES**

*Via: Metro Maryland & Kankakee Ch.*

People with urinary surgery generally do not need to be too concerned with diet unless they have some other health problems like diabetes or heart disease. They must, however, take special care not to gain too much weight, since weight gain can precipitate some special problems. The stoma may retract as the flesh grows around it. And there's an increased chance of herniation around the stoma if there is too much pressure inside the abdomen. Normally urine is acid and should be kept acidic. This natural defense mechanism prevents growth of bacteria and the resultant infection. If the urine becomes alkaline, raised, granular, warty areas can develop on peristomal skin which is constantly exposed to alkaline urine. Alkaline urine can even cause crystal-like encrustations or gray, plaque-like lesions on the stoma. If such problems occur, the pH of the

urine should be checked to see whether it is acid or alkaline. To help make the urine more acid, vitamin C can be taken, after checking with your doctor to make sure there are no reasons to avoid it. Vinegar soaks around the stoma can also be used for plaque encrustations or for raised tissue on the stoma.

### OSTOMATES RECEIVING CHEMOTHERAPY

*Via: Worcester OA, Loraine County & Indianapolis*  
Ostomates who are undergoing chemotherapy may experience the following:

- *Peristomal skin reactions:* Skin is more difficult to heal due to increased blood counts. Take extra care of skin when the pouch is removed—concentrate on good skin hygiene. Chemotherapy may cause deep red or purple skin discoloration under pouch faceplate. Small red spots may appear under pouch due to decreased platelet counts as on other areas of skin; let your physician know if this occurs.

- *Stoma reactions:* Small ulcers (stomatitis) may appear on the stoma as in the rest of the gastrointestinal tract. For mouth ulcer treatment, use 1/2 strength peroxide rinses 4 to 6 times daily. The physician may recommend that stoma dilations and irrigations be stopped until stomatitis resolves itself. Don't use solvents or irritating substances on the stoma area. Due to decreased platelet count, the stoma may bleed more than normal when touched. There is an increased need for hygiene due to low white cell counts— peristomal skin may be more prone to infection. If wearing permanent pouches, it may be necessary to change to wearing disposable or non adhesive systems, to help increase cleanliness.

*For colostomates and ileostomates:*

Diarrhea is a possible reaction to chemotherapy. Monitor the amount of stool output; inform your physician if the output increases significantly above normal. Drink adequate amounts of fluid, at least 10 to 12 glasses a day. This may be difficult due to nausea medicine taken prior to meal times. Eat foods to help thicken stool (applesauce, cheese, white rice, bananas, peanut butter, plain tea and boiled milk). Stay away from fatty foods, highly spiced foods and beverages which cause gas or could cause cramping. Potassium is lost in diarrhea and needs to be replaced. Foods high in potassium are bananas, fish, potatoes, apricots or peach nectar, meat and Gatorade. The physician may order potassium supplements.

*Constipation:* Is an occasional reaction to chemotherapy (may also be a reaction to some pain medications, such as codeine). Drink adequate amounts of water—at least 10 to 12 glasses daily. Prune juice daily may be helpful! Eat foods that have a laxative effect, i.e.: raw fruits and vegetables, chocolate and coffee. No strong laxatives.

*Urostomates:* Drink adequate fluids (12 glasses daily) Check carefully for skin infections, especially yeast and get a physician's prescription for Mycostatin powder. Chemotherapy may turn urine colors. Adriamycin turns urine red, methotrexate turns urine yellow. Immediately report any blood in the urine to your physician.



**RAISINS vs. COLON CANCER**

*From an article in the Mesa Tribune, Mail Pouch & So. Nevada Town Karaya*

New research sponsored by the California Raisin Marketing Board (CRMB) shows that California Raisins are a good source of inulin, a naturally occurring fiber-like carbohydrate that helps keep the colon healthy. When inulin from the raisins ferments in the colon, beneficial bacteria grow, and harmful bacterial growth is limited, explains Julie Jones, Ph.D., licensed nutritionist and college professor of nutrition. Thus, inulin fermentation creates conditions that promote healthy colon cell growth and that helps prevent growth of abnormal cells that may lead to disease.

A standard 1/4 cup serving of raisins contain 105 grams of inulin. Recommended daily intake levels of inulin have yet to be established. The amount of inulin is about 58% of what USDA surveys show the average American eats daily. Only a few other commonly eaten foods, such as onions, garlic and wheat, are known to be good sources of inulin.

A healthy diet is important in the colon cancer battle and raisins may be an important weapon in the battle.



*Inulin strengthens your bones and benefits your health*

*Inulin is a fiber that promotes good digestive health*

**KIDNEY STONES AND THE ILEOSTOMATE**

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

Kidney stones are fairly common medical

problems. 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. 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 preventative 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.

### CONTROLLING ODOR

*Via: Pensacola FL Stoma-Gram*

An important part of a new ostomate's rehabilitation is learning to control odor; it is important to feel good about oneself and be secure in relationships with others. The ostomate can be extremely sensitive to odors and the reactions of those around him or her, especially family and friends. Colostomies tend to emit more odor than ileostomies because of the bacterial abundance in the colon. Most sigmoid and descending colostomies are routinely irrigated, so persistent odor is less of a problem than with a transverse colostomy where semi-liquid drainage tends to be rather malodorous. Ileostomates experience almost continual peristaltic waves which sweep the ileum and prevent stagnation of the intestinal contents, thereby eliminating the major cause of odor, i.e., bacterial growth. Extreme and persistent odor from an ileostomy could be an indication of a secondary problem, such as a stricture or blockage. Urine has a characteristic odor, but a foul odor could be a sign of infection due to overgrowth of bacteria. Certain foods will affect the odor of both feces and urine. Avoiding such odor-producing foods will help. External and internal deodorants are available, but two important aspects of odor control are good personal hygiene and appliance care. For fecal ostomies, use odor proof pouches. Change the pouch immediately if a leakage occurs. Eliminate from your diet such odor producers as cabbage, onions, fish, spicy foods and eggs; do eat parsley and yogurt. Internal deodorants that can be taken by mouth include bismuth subgallate tablets which help control odors by absorbing toxins. Ostomates

should consult their physician before taking these tablets. Urinary ostomates should clean their pouches periodically with such agents as Uri Kleen, etc. Vinegar solutions have fallen into disfavor because they tend to damage certain manufacturer's pouches. Avoid eating asparagus and onions; do eat parsley and drink cranberry juice. Deodorants are not used because they would mask the odor which could signify the presence of an infection. With proper care of the appliance, personal hygiene and dietary precautions, odor should not be a problem for ostomates.



### WHAT TO DO IN CASE OF A FOOD

**BLOCKAGE** *Via: Sharon Williams, RNET, Metro MD., & S.NV's Town K*

It may happen around midnight - that severe cramping sensation coupled with cessation of ostomy flow or watery projectile flow. Soon afterward, when the cramps strike, the memory of having consumed some problem food follows. What is the appropriate course of action for the ostomate? Food blockage is an experience that many ostomates will have at one time or another. The enzymes of the digestive tract cannot digest cellulose or foods with high fiber content. Nuts, corn, popcorn, coconut, celery, Chinese vegetables, fruit pits, and tough cuts of meat are a few foods that may cause blockage problems. Ileostomates who chew their food poorly, eat rapidly, do not drink sufficient liquids or have dental problems will be more prone to have food blockage. When food blockage occurs, a post-op pouch should be

## 5

## AV Ostomy Support Group News

applied. The size of the opening should be a little larger than normal because the stoma may swell and with a clear post-op pouch, the action of the stoma may be observed. The next step, if no nausea or vomiting is present is to start forcing liquids ... coke, tea, or whatever liquid produces a rapid peristaltic movement is best. A few crackers may be eaten as a pusher. Sometimes a change in body position, such as assuming a knee chest position, may encourage movement of the bolus of food. Massaging of the abdomen may also produce the same effect. Diarrhea may follow the blockage and it is necessary to replace fluids. Gatorade may be used for replacement of both fluids and essential electrolytes. Cheese, bananas and peanut butter help slow the diarrhea. It is normal to have a sore spot in the abdomen following an episode of blockage. A low residue diet should be followed for one or two days to allow the intestine to rest. If nausea and/or vomiting occur with the food blockage, it is necessary to go to the emergency room immediately.

### ILEOSTOMY LAVAGE

*By: Dianne Garde Via: Loraine Co. Ostomy Chapter*

When someone with an ileostomy encounters a blockage, it is important to know how this should be treated. The term "lavage" is used rather than irrigation. In the ostomy realm the term irrigation generally refers to someone with a colostomy who gives themselves an enema on a daily basis to clear the colon of stool. The amount of water used is probably between one and one half liters. Trying to instill this amount of fluid into an obstructed ileostomy could be potentially dangerous as the pressure could cause a perforation. The generally accepted method of treatment of ileostomy obstruction is to use saline

(sodium chloride) to prevent dehydration and to utilize a bulb syringe with an open ended whistle tip, 24Fr or 26Fr, catheter. The solution is sucked into the bulb syringe and gently instilled into the catheter and the contents sucked back into it again in an effort to break up a food bolus. This should be done a number of times until the saline comes back clear. I would not recommend that ileostomates try this procedure unless they have the proper equipment and have been taught by an Enterostomal Therapist. This should not be attempted until an x-ray has been taken to determine that it is a food bolus and not a mechanical obstruction. I would also recommend that if you feel you have an ileostomy blockage that you try to get to the Emergency Room to be assessed.



### Kids in Church...

*A 3-year-old named Reese prayed:  
"Our Father, Who does art in heaven,  
Harold is His name. Amen."*

*Six-year-old Angie and her four-year-old brother Joel were sitting together in church. Joel giggled, sang, and talked out loud. Finally, his big sister had had enough. "You're not supposed to talk out loud in church."*

*"Why? Who's going to stop me?" Joel asked. Angie pointed to the back of the church and said, "See those two men standing by the door? They're hushers."*

## 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

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### **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!!!**

#### **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!**

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Meeting location: Antelope Valley Home Care – 44335 Lowtree Ave. Lancaster  
Directions: From J and 15<sup>th</sup> St. West take Ave. J east one block to Lowtree. Turn right on Lowtree into the business park, then the first driveway, take a right. Look for the address on the door

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### **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.)*