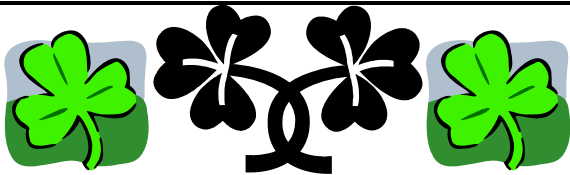

Antelope Valley Ostomy News

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<http://www.avosg.org>

March 2008



Happy St. Patrick's Day!

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

Hi, friends!

WOW! It is already March and time for our next support group meeting. Perhaps we'll have "things green" to celebrate St. Patrick's Day! Our next group meeting is **Sunday, March 16, 2008** at 2:00PM in the conference room at AV Home Care. (Directions are on the back page).

Many thanks to everyone who so generously donated to my "Africa Mission" fund! Some of you weren't able to attend our last meeting January 20th, but I announced to the group that I will be traveling to Uganda in July to help set up a clinic in one of the remote villages there. I will be traveling with my family and several members of our church; we will be taking medical supplies to help stock the clinic which is just now starting operations. The funds you donated will be used to purchase supplies for us to take to Uganda. *Thank you for your generosity and good wishes!*

In other news, March is colorectal cancer awareness month, and in recognition of this, the UOAA has provided little lapel pins which will be available to you all as a gift

from the UOAA. So...that is your bribe to attend the next meeting! If you don't come to the meeting, you won't get a pin! ☺ So, with that, I look forward to seeing you all on **Sunday March 16th**!

NATIONAL COLORECTAL CANCER ROUND TABLE BLUE STAR PROGRAM

The National Colorectal Cancer Roundtable (NCCRT) is a national coalition of public, private, and voluntary organizations whose mission is to advance colorectal cancer control efforts by improving communication, coordination, and collaboration among health agencies, medical-professional organizations, and the public. The ultimate goal of the Roundtable is to increase the use of proven colorectal cancer screening tests among the entire population for whom screening is appropriate. <http://www.nccrt.org/>



To publicize this program the NCCRT has designed a blue star pin. As a show of support UOAA has purchased 10,000 pins that will be distributed this February to all of its ASG (Affiliated Support Groups) at no cost to the ASGs.

UOAA IN A NUTSHELL

UOAA UPDATE 2/2008

On January 4 and 5, 2008, the UOAA Management Board of Directors held their annual Strategic Planning meeting as guests of Hollister, Inc. The agenda was jam packed and the board of directors decided to undertake a number of projects

designed to help the Affiliated Support Groups (ASG) and their members.

Here are some of those projects:

- Creation of Conference Attendee Reimbursement Expenses Program (C.A.R.E.S.) to help new ostomates attend the National Conference.
- Update the Ostomy Guidebooks that are available on the UOAA website.
- Creation of a Visitor Training Video and DVD.
- Partner with WOCNs to improve the education of LPNs and RNs about ostomy care of the new patient.
- Create an ASG Leadership Resource Program to help the local groups better meet the needs of their members.
- Creation of a Medical Advisory Committee.
- Publish "Timeless" Phoenix that will be ostomy specific to be given to new ostomates.

KEEP UP WITH UOAA EVENTS BY CHECKING WWW.UOAA.ORG

Urgent Note: Want to earn \$30?

If you have had an ostomy **for less than 2 years** a commercial research company wants information from you! To take the survey, call 866-895-6485. Time is of the essence, so **call by Friday, March 7th** and complete the survey. A \$30 honorarium will be given to the participant as well as the UOAA for each referral. So please tell them that you are affiliated with the UOAA when you call!



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TOO MUCH OF A GOOD THING ~Sharon

Williams RNET / UOAA UPDATE 2/2008

Do you need one-and-one-half hours to change your pouch? Does your stock of ostomy supplies resemble the store-front of a local pharmacy? Do you need a "road map" to remember what product goes on first, second, third, etc.? If so, you may be the victim of the "too much of a good thing" syndrome.

Occasionally an individual will come to the Stoma Clinic carrying a large sack containing a vast array of skin care products. He explains "all items are needed in order to apply my pouch." Unfortunately, the reason the individual usually seeks assistance is due to a problem with pouch adhesion, skin breakdown or inability to afford ostomy products. One particular gentleman who comes to mind was utilizing a special skin cleaner and cream, two types of skin cement, a double-faced tape disc, a paste, AND a popular skin-barrier wafer before the pouch was applied. He had started out with a fairly simple system of ostomy management. However, in his quest to achieve what he felt should be a seven-day wearing time with his pouch, he had been adding product after product. Besides the many items he was now using, he had what he described as a "closet full of products at home." After checking his abdomen, it became obvious that what he needed was a product change in the convexity of his pouch and NOT the addition of another product. He also needed a more realistic view of wearing time for his particular situation. Realistically, not everyone may be able to achieve a seven-day, leak-free wearing time. It is much better to anticipate leakage and establish a

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regular time prior to this. Here are a few hints to remember to help achieve a successful ostomy management system.

Keep it simple. Do not use extra cement, skin-care products, etc., unless absolutely necessary. Sometimes, extra products actually interfere with appliance adhesion or create skin problems.

Plain water is still the best cleaning agent for skin around the stoma. Do not continue to use therapeutic products after the problem has been solved. As an example: Kenalog spray and Mycostatin powder should not be used routinely when changing the pouch. These products are prescribed for particular skin problems. Kenalog is usually recommended for its anti-inflammatory effects and symptomatic relief of the discomfort associated with skin irritation. However, continued and prolonged use of Kenalog after the problem is resolved may lead to “thinning” of the outer layer of skin, thus making it more susceptible to irritations.

Mycostatin powder is useful for yeast infection. However, using Mycostatin after the infection clears serves no purpose. Seek advice.

See your physician or ET Nurse if you find yourself a victim of the syndrome. They can provide assistance in selecting the most appropriate and economical ostomy management system for your needs.

Just in fun: (Found on Home Décor)

~ Dear IRS: I would like to cancel my subscription... Please remove my name from your mailing list.

~ Forget the health food. I need all the preservatives I can get.

~ A balanced diet is chocolate in both hands.

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Those First Few Pouch Changes ~

by: An “old timer” UOAA UPDATE 2/2008

Zinging through another change the other day, my mind wandered, as if often does when I am doing some routine chore. I’ve had an ileostomy for more than ten years and have had more than 600 pouches. I use the typical two-piece with a flexible wafer that sticks to my abdomen. What I got to thinking about was a problem I had with my very first few pouches—getting the old one off. To work right, the wafer has to stick really well; otherwise it will come loose and make a mess, usually at the worst time and place. The problem I had was that it hurt to pull off the used wafer. I still remember the first one I had to remove. It was only a few days after surgery, and the nurse came in to teach me about changing the pouch. After she left, I went to work, but every time I tugged at the wafer, it hurt like “h****”, just like pulling a giant Band-Aid off tender skin. It took a half-hour, “ouching” the whole time. I was extremely depressed when I finally got done. “How am I ever going to live with this?” I thought. Nowadays, removing the wafer takes about three seconds and is so routine there’s almost no sensation; in fact, my problem is keeping my mind on what I am doing. One detail that makes a big difference was a tip from my nurse, “instead of grabbing the wafer and pulling on it, you hold one edge in one hand and push the skin away with the other hand.” Believe me, it works! The reason I am writing this note is to reassure you if you are just starting out with an ostomy. Every pouch you change will get easier, and the pain of getting each off your tender skin

keeps getting less and less. Stick with it—you will get past this too.



Allergic Reactions~ by Kathryn Hoyman,
RNET—Minneapolis Chapter/ UOAA UPDATE
2/2008

Many times I hear that people are allergic to adhesive tape or paper tape or skin prep or any number of different products that are used in ostomy care. Allergies may occur with any product. They may occur with the first use of a product or after years of using a product without problems.

Actual allergic reactions to ostomy products are not common. But, some people do have issues relating to an allergic reaction to certain products at certain times. And many people have sensitivities at one time or another.

Many conditions appear to be an allergic reaction but are actually another problem. It is important to know whether or not you are truly allergic to a product, because eliminating products reduces your options. Believing you are allergic may cause you not to try a pouch that might be perfect for you.

Allergic reactions are usually severe. They will cause blistering and wet, weeping skin wherever the products touch you. Two situations are frequently labeled as allergic by mistake:

First, if a skin sealant wipe is used, it needs to dry completely to allow the solvents to evaporate. If the pouch is applied while the solvents are still on the skin, sore skin can easily occur. Since the solvents can't evaporate through the skin barrier as they can through the paper tape collar, this will look like an allergy to the skin barrier.

Second, each time you remove a pouch, the adhesive takes with it the top layer of dead skin cells. However, if you are

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removing a pouch more frequently than it was manufactured to perform, cells can be removed faster than they are replaced (Some barriers are made to be removed daily while some should not be removed more often than every three days. Your ET and the manufacturers will help you determine the barrier that's best for your needs.) This is called "skin stripping." Everyone's skin reacts differently to having tape removed. But it's important to be gentle and not remove a pouch more frequently than necessary. Skin that is stripped will be sore in some spots and not in others. Sometimes skin around the stoma becomes fragile and strips easily. A barrier, tape and pouch with a very gentle adhesive must be found.

To test whether you are really allergic: Take a small piece of the test material and place it on any convenient part of your skin far away from your stoma. After 48 hours, take it off and see whether you are reacting. If pain, itching or blistering occurs, take it off immediately.

If it's an allergy you will react. If you have a history of allergies, test in this manner before trying on any new ostomy product. It is better to have half an inch of sore skin on your leg than around your stoma. You need healthy skin around the stoma for a good seal and satisfactory performance from an ostomy pouching system.

If you develop an allergy to a product you have used for a long time, you can call the manufacturer. They may have made changes in the manufacturing process. Calls from users are sometimes their first notice that the new improvements are or are not working.





Who was St. Patrick?

St. Patrick was called the Apostle of Ireland. His birthplace is uncertain, but it was probably in southwestern Britain; his British name was Succat.

At 16 years of age he was carried off by Irish marauders and passed his captivity as a herdsman near the mountain Slemish in county Antrim (according to tradition) or in county Connacht. The young herdsman saw visions in which he was urged to escape, and after six years of slavery he did so, to the northern coast of Gaul. Ordained a priest, possibly by Saint Germanus, at Auxerre, he returned to Ireland.

Sometime after 431, Patrick was appointed successor to St. Palladius, first bishop of Ireland. Patrick's two surviving works are written in Latin and demonstrate his acquaintance with the Vulgate translation of the Bible. His reported use of the shamrock as an illustration of the Trinity led to its being regarded as the Irish national symbol. His traditional feast day is March 17.

As the Irish might say in a traditional Irish toast, '*As you slide down the banisters of life, may the splinters never point the wrong way!*' Avoid the "splinters" of life with an ostomy by sharing your experiences, expertise and adventures at the upcoming Lancaster ostomy support group meeting!



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GREAT TRUTHS

GREAT TRUTHS THAT LITTLE CHILDREN HAVE LEARNED:

- 1) No matter how hard you try, you can't baptize cats.
- 2) When your Mom is mad at your Dad, don't let her brush your hair.
- 3) If your sister hits you, don't hit her back. They always catch the second person.
- 4) Never ask your 3-year old brother to hold a tomato.
- 5) You can't trust dogs to watch your food.
- 6) Don't sneeze when someone is cutting your hair.
- 7) Never hold a Dust-Buster and a cat at the same time.
- 8) You can't hide a piece of broccoli in a glass of milk.
- 9) The best place to be when you're sad is Grandpa's lap.

GREAT TRUTHS THAT ADULTS HAVE LEARNED:

- 1) Raising teenagers is like nailing Jell-O to a tree.
- 2) Wrinkles don't hurt.
- 3) Families are like fudge...mostly sweet, with a few nuts.
- 4) Today's mighty oak is just yesterday's nut that held its ground.
- 5) Laughing is good exercise. It's like jogging on the inside.
- 6) Middle age is when you choose your cereal for the fiber, not the joy.

GREAT TRUTHS ABOUT GROWING OLD

- 1) Growing old is mandatory; growing up is optional.
- 2) When you fall down, you wonder what else you can do while you're down there.
- 3) You're getting old when you get the same sensation from a rocking chair that you once got from a roller coaster.
- 4) It's frustrating when you know all the answers but nobody bothers to ask you the questions.
- 5) Time may be a great healer, but it's a lousy beautician.