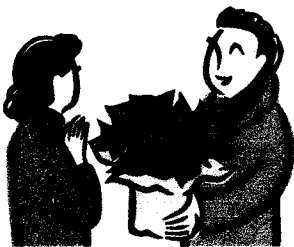

Antelope Valley Ostomy News

May 2006

Chapter News... ~ by Ann Wright,
RN, CWOCN, Editor



Hello, everyone!

A belated, but **Happy Mother's Day** to all the moms!! I hope you all had a terrific day!!

I apologize for the delay in getting the newsletter out to you before now...between studying for re-certification exams and computer glitches, I wasn't able to get the newsletter done in a very timely fashion. But...as they say...better late than never, I suppose!

As you may have figured out already, we decided to cancel the trip to Medieval Times. Instead, we are looking at having a picnic, perhaps in June or July. We will talk more about this at our next meeting. I hope those who were looking forward to "doing some Medieval time" are not too disappointed. But, we hope we will have a good response to a get together a little closer to home.

I'd like to take this opportunity to extend warm Birthday Greetings to one of our good friends, Ms. Augusta May. Augusta was a member of our group a few years ago, and moved to the Stockton area. Augusta has been included in our newsletter mailings and I want to make sure to wish her all the best on her 65th birthday, and to let her know how much we love and miss her!

Oops! Please note that Augusta's birthday is in November, not May.

HAPPY BIRTHDAY, AUGUSTA!!



With that, I would like to wish each and every one of you a great rest of the month, and hope to see you all at our next meeting, **Sunday, May 21st, 2006 at 2:00 PM** at the Lancaster Senior Center.

CALCIUM AND VITAMIN D...Beyond the Bones

~ Via *Consumer Reports: On Health; Big Sky Informer*

A flurry of recent studies has strengthened the case for getting enough calcium and vitamin D—not just to bolster your bones, but possibly to fend off colon cancer, premenstrual syndrome (PMS), and other health problems.

In a four-year clinical trial involving people with colon polyps or precancerous growths, calcium supplements reduced the risk of new polyps 19%. Five years after that trial ended, researchers found an even greater reduction of 36%. A separate trial, published in 2003, found that the risk of polyp formation was decreased, but only if people consumed enough vitamin D, which boosts absorption of the mineral (calcium).

Women who ate or drank at least four servings a day of low-fat dairy products or fortified orange-juice—good sources of both nutrients—were significantly less likely to develop PMS than those who seldom or never consumed them, according to an observational study from the University of Massachusetts in Amherst. Based on the results of eight clinical trials in older

volunteers, average age 81, taking 700 to 800 international units (IU) of D—roughly twice the government's recommended dose for that age group—reduced the risk of hip fracture by 26%, while the standard dose provided no protection. That finding supports our long-standing position that the need for vitamin D rises with age.

In addition, previous research has shown that adequate amounts of vitamin D may reduce the risk of several cancers and that calcium may help lower blood pressure. But despite the evidence of multiple benefits, most Americans fail to get enough of those vital nutrients.

At age 60, everyone should have 1500mg of Vitamin D. At age 55, we need more sun exposure or 600 to 1000 IU.

EATING AND DIGESTION AFTER OSTOMY SURGERY ~ *Via Metro Maryland*

There is no such thing as an ileostomy diet. An ileostomy is not a sickness, so there is usually no health reason for not eating the foods you ate in the past. If you have a special diet because of heart disease, diabetes, or other health problems, you should ask your doctor about a diet that will work with both the problem and your ileostomy.

You may wonder if you will be on a limited diet after surgery. Here are a few simple guidelines about your diet:

- Doctors often have their patients follow a low-residue diet the first weeks after any abdominal surgery. This includes only foods that are easily digested and excludes raw fruits and vegetables. Be sure to find out when you can start a regular diet.
- Eat all foods that you like except those restricted by your physician.
- Try one food a day that you have not eaten since surgery.
- Eat small portions at first, and then gradually increase the amount. Chew

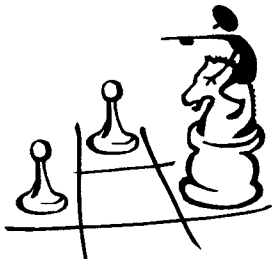
well, and if a small serving gives you cramps, diarrhea, or odor, eliminate that food from your diet temporarily and try it again in a few weeks. If it still bothers you, try it again in six months.

- Eat a balanced diet. You need protein, fats, carbohydrates, vitamins and minerals, just as you did before your illness. Your diet should include dairy products, vegetables and fruits, meats, fish, or legumes high in protein and cereals, bread, and liquids every day.
- Watch for foods that cause watery discharges with cramps or partial obstruction of the small bowel. Some foods may tend to clump together to form a mass difficult to digest or expel. If this occurs, the ileostomy may squeeze out the water and retain the pulp. Nuts, kernel corn, popcorn, coconut, Chinese vegetables, coleslaw and celery are among the trouble makers, especially if a large quantity is consumed. Many ileostomates find that these foods can be tolerated in small amounts if chewed well and eaten in combination with other foods. Experimenting is the only way to find out for sure.
- Eat regularly. Skipping meals to avoid gas or discharge is unwise because your small intestine will be more active, and more gas and watery discharge might result. Some people find it best to eat a lesser amount of food four or five times a day.
- Drink plenty of liquids. A minimum of one quart a day is recommended to avoid dehydration and loss of electrolytes.
- Foods which are difficult to digest such as whole corn, Chinese foods, skins or seeds, may appear in the pouch, undigested, if not chewed well.
- Medication in the form of coated tablets or time-release capsules may also come out whole in the pouch and be of no benefit at all.

- Beets will make ileostomy output turn a reddish color rather like blood, but there's no harm done.
- Tomato juice and food dyes may change the usual color of ileal discharge as well. Tomato skins can also appear in the pouch.
- For some ileostomates, milk or large quantities of beer can cause a watery discharge, as can iced beverages.

How long is it before intestinal contents flow through the stoma after eating?

This varies with each individual. It may take anywhere from 20 minutes to several hours after eating. Some ileostomates find their movements occur regularly after eating; others find their movements are irregular. What you eat or drink, your mood, and your health may affect how long it takes, as does the length of the remaining ileum and many other personal characteristics of your digestive system.



HELPFUL HINTS ~ from everywhere...

- Zip-lock sandwich bags are useful and odor proof for disposal of used ostomy pouches.
- Don't get hung up on odors. There are some great sprays and internal deodorants.... Remember: everybody creates some odors in the bathroom. Don't feel you are an exception.
- Hydration and electrolyte balance is of vital importance. Be sure to drink enough fluids to maintain good hydration (ileostomates, especially).
- Read and learn all you can about ostomies. You never know when you may find an opportunity to educate someone

about the life-saving surgery that has extended so many lives. Learn to be matter of fact about this and never embarrassed.

- In the beginning after surgery, almost everyone experiences some depression. If you fit into this category, you certainly are not alone. But, it need not be a lasting condition. Try something as simple as walking—long walks. If the depression seems to linger, don't be afraid or ashamed to seek help. There is help out there!
- Never wait until you've used your last appliance before ordering new ones. Keep a list of your equipment, complete with order numbers, sizes and manufacturers. Let a number of your family know where you keep the list so that they can get the necessary supplies in the event of an emergency.
- Do not spread paste on the entire back of a barrier—it will produce less than satisfactory results. Use paste only sparingly to fill uneven areas and around the stoma. Paste is a great filler, if used correctly.
- Use a round clothespin to roll up your tube of paste. (works for toothpaste tubes too.)
- If you still have your rectum and have pain or a full feeling, you may have a collection of mucus which should be washed out. Check with your doctor regarding this.



REASONS FOR SKIN BREAKDOWN

~ By: Marvin M. Schuster, M.D., Via: The Dallas TX. Ostomatic News

Skin breakdown is one of the most common problems ostomates encounter, but can be avoided by proper care and management. Different problems arise for ileostomates,

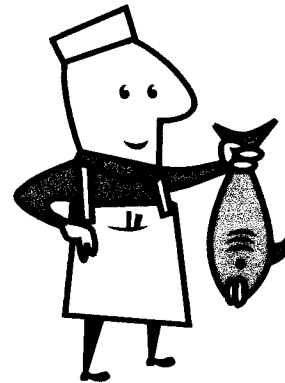
colostomates, and urinary diversions, but no matter what the disorder or whom it affects, prevention is always much easier than treatment at late stages. For this reason, the ostomate should give particular attention to the state of the skin and take immediate steps if he or she notices anything unusual. This is especially important because good, healthy skin makes for a better fitting appliance which, in turn, makes for a good, healthy skin. Skin breakdown may be due to one of three causes: Allergy: An allergy may be due to the adhesives, cement, or the material of which the appliance is made. Fortunately, Karaya itself is so inert, that it is extremely rare for a person to be allergic to it. If there is any suspicion of allergy, the ostomate should test whatever material he seems to be allergic to on a part of the body remote from the stoma, say the chest or arm for example. One can do this by putting a small amount of tape or cement or



suspected material in a patch in the area and observe for further effects. Should the skin break down here, it will not interfere with adherence of the

appliance. Sometimes one can eliminate allergic response simply by switching to another brand. But again, this is best determined by trial, using the patch test as suggested. Exposure of Skin to Digestive Enzymes: This problem is more common to ileostomates than to colostomates or to people with urinary diversions, since the ilea excretions are rich in digestive enzymes whereas the other two fluids are not. Prevention also begins with a sufficiently protruding stoma for the ileostomate. If skin breakdown is present, there are a number of substances which can be used to promote healing and an enlightened physician or ET can handle this problem. Infection with Bacteria or Fungus: This problem often gets started from one of the other two problems, especially when there is a poor fit to the

appliance, and leakage occurs. Two very good agents for handling this situation are Mycostatin Powder and Kenalog Spray. Mycostatin kills the fungus (yeast) and the Kenalog Spray contains cortisone which permits healing of the skin. Neither of these agents has any greasy components to interfere with adherence of the appliance. Note: Each of these requires a Doctor's Prescription.



FISH IS HEALTH INSURANCE AND MOST OF US LACK ENOUGH

COVERAGE ~ Via: *Hemet-San Jacinto, CA. Stoma-Life Newsletter*

Eat fish! You've heard it before, but now the case is so compelling that you absolutely must pay attention or face overwhelming health risks. Fish's secret is its unique oil (omega-3 fatty acids), which is essential for proper cell functioning. But most of us get only 15% of the omega-3 we need. Here's the latest research on fish oil's life-saving potential:

- **Men: Drop-dead protection...** More than 250,000 Americans die suddenly of heart attacks every year; half have no warning signs. Yet, eating fatty fish could stop an astonishing 80% of such deaths in men, says new Harvard research involving 22,000 male physicians. It's the first time fish oil has been found to save lives in people with no history of heart disease. Men with the highest blood omega-3 fats had the lowest risk, because fish oil

prevents the irregular heartbeats that trigger instant death in heart attacks.

- **Women: Heart attack antidote...** The more often women eat fish, the less likely they are to have a heart attack or die of a "cardiac event," says other Harvard research, tracking 85,000 female nurses. Eating fish only once a week cut heart attack risk by 29%; the figure jumped to 34% in women who ate fish five times a week. Researchers credit the omega-3 fat in fish.
- **Cuts strokes...** Fish was even more dramatic in preventing strokes in the nurses. Women who ate fish more than five times a week suffered half as many strokes as occasional fish eaters. Primarily, strokes are due to blood clots. Like aspirin, omega-3 oils discourage clots and have anti-inflammatory action.
- **Cancer block...** New French research has found that women with the highest omega-3s in breast fatty tissue were nearly 70% less apt to have breast cancer than women with the least omega-3s. In a new Swedish study, women who ate fatty fish twice a week cut their risk of endometrial cancer by 40%, compared with women who ate fatty fish less than once a month. The same Swedish investigators found prostate cancer rates were two or three times higher in non-fish eaters than in men who ate moderate or high amounts.
- **Brain food...** Fish eaters are less apt to be depressed, violent, suicidal and antisocial. Probable reason: Omega-3 boosts serotonin, the brain's feel good chemical. Eating fatty fish also may help prevent and treat Alzheimer's disease, says Canadian researcher Julie Conquer. She found low omega-3s in elderly people who were intellectually impaired or diagnosed with Alzheimer's. Fish oil is essential for fetal and infant brains; in Danish research, pregnant women who

ate fish once a week cut their risk of premature delivery by a third.

- **Tips:** fish and cooking for the greatest omega-3 benefit... Buy the fattest fish. Try mackerel, anchovies, herring, sardines, salmon, tuna and turbot. Frozen and canned are OK, the USDA says. Eat enough. Daily, if you eat 2,000 calories, get at least 650 milligrams of omega-3, experts say. A week's quota might be ONE of these:

- ~ 6-ounces fresh mackerel
- ~ 10 ounces canned sardines
- ~ 11 ounces pickled herring
- ~ 12 ounces fresh salmon
- ~ 13 ounces canned salmon
- ~ 14 ounces fresh tuna
- ~ 24 ounces canned albacore tuna

Weigh before cooking

Cook correctly... Deep-frying destroys the benefits. Best cooking methods: bake, broil, poach, steam, stir-fry, sauté or stew. Cut back on bad fats. They neutralize omega-3s. Restrict trans fats (margarines, processed foods) and omega-6 fats (corn oil, regular safflower or sunflower oils, soybean oil). Use olive oil and canola oil.

Get the right ratio. It's critical that the ratio of omega-3 to omega-6 be no more than 1:4.

Most Americans' ratio is about 1:15.

Don't eat fish? Take fish oil capsules. If you're on medication, or taking fish oil for a specific problem, check with a doctor first. OK on your own: 800-1,000 mg of omega-3 supplements

Caution... Pregnant women, nursing mothers and young children should avoid eating shark, swordfish, king mackerel and tilefish, which may contain high levels of mercury.

