
Antelope Valley Ostomy News

atw@antelecom.net

http://www.avosg.org

May 2010

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

Hello, everyone...

So, there is all kinds of news...As some of you heard at the last meeting, my husband and I have been looking at homes north of Sacramento (Grass Valley) and we have put our house on the market here in Acton. We have had some earnest interest in our home, and anticipate it selling in the next month or so...but time will tell! We have been to Grass Valley several times, and love the area and are looking to retire there with our horses and other critters. Until then, however, I am coordinating the meetings for our group.

On that note, I am on the look-out for someone who would like to step in to coordinate the meetings. Our group is a blessing to so many, and it is such a wonderful outreach for many people with ostomies. I would hate to see it dissolve. If any of you are interested, please call! Or e-mail, or hunt me down at the meeting!

Likewise, at the meeting last month, I announced my impending retirement from AV Hospital June 5th. My last day to see patients at the hospital is June 2nd.

Now, mark your calendars...our next meeting is NOT the 3rd Sunday, but the 4th Sunday of May! (We have 5 Sundays in May this year). **Our next meeting will be Sunday, May 23, 2010 at 2:00 PM** in the conference room at AV Home Care. Directions are on the back page.

You know I will miss you all dearly, and hope I can stay in touch with you. I also hope that if any of you are in the Grass Valley/Nevada City area, you will let me know so we can visit! In the mean time, I will look forward to seeing you all at the next meeting, **Sunday, May 23 2010!** God bless and keep you all...

~ Ann Wright



SKIN ATTENTION ~ Via: Golden Spread Ostomy Association, Amarillo, TX

Some ostomates can use anything on the skin and “get away with it.” Others have to search for just the right combination of products for satisfactory use. New ostomates benefit from the follow-up visits to the ET because careful consideration is given to the various products used around the stoma area. If you are experimenting on your own, consider the following information for using different products. Patch testing is recommended before proceeding to use the new product. The skin on the inner surface of the arm or leg or the opposite side of the abdominal area from the stoma are good areas to use for a simple test. For example, cut a piece of the washer, tape, disc, etc., and affix it to the chosen area. Secure with a strip of micropore (paper) tape and leave on the area for 48 to 72 hours. (*Editor's note: Be careful of the tape too; it could be a problem*)

a/so). Any burning sensation or itching during the testing time could signify sensitivity to the material being used and therefore, should be removed immediately, washed and dried well. After 48 to 72 hours, remove the patch and if there is no redness or irritation, it is safe to assume that the product can be used. With some persons, a “delayed reaction” may not occur until a few days later. For more extensive testing than this —contact a dermatologist.

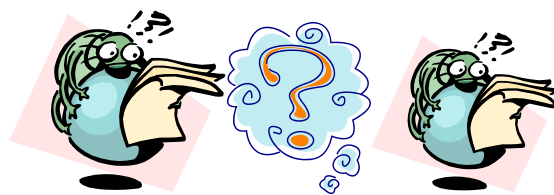


TAKING CARE OF YOUR SKIN ~ Via: Metro MD & Hemet -San Jacinto, CA

Many people with ostomies experience some degree of skin irritation from time to time. The most common causes are leakage of effluent (active digestive enzymes or urine) onto the skin, allergic reactions to the adhesive material in a skin barrier, or improper hygiene. A few simple, preventive measures will help to keep your skin free from irritation. Cleanse, rinse, and pat your skin dry between pouch changes. Avoid using an oily soap, which can leave a film that interferes with proper adhesion of the skin barrier. Choose a skin barrier that is unlikely to cause skin irritation or cause an allergic reaction. Make sure that your skin barrier is correctly applied to prevent leakage. If your skin is uneven due to scarring, etc. such depressions may be filled with a paste (or “putty” such as Coloplast paste strip). However, despite your best efforts, skin irritation may occur. If there is redness around the stoma—If your skin is not blistered, broken or bleeding, the redness is usually due to pressure from the skin barrier. No treatment is needed. If there is a redness, blistering or weepy skin—This is usually

Lancaster UOA Newsletter

caused by leakage. Leakage may also cause burning, itching, or discomfort around the stoma. Remove the skin barrier, wash the area well, and put on a clean pouch, paying particular attention to the seal between skin and skin barrier. Ostomy paste or powder may be used to fill the crevices around the stoma to give added protection. If there is reddened skin with a pinpointed rash—This usually indicates Monilia, or yeast infection, similar to “diaper rash”. Contact your physician for the proper medication. Often and antifungal powder will help clear the rash. Following these tips will help: Do not “air the skin.” Discharge from the stoma may further damage the skin, so keep your pouch on. Avoid skin creams and ointments which can interfere with proper adhesion of the skin barrier. Do not use a heat lamp to “dry” a rash as this may burn the stoma. If your pouch is not comfortable, free from leakage, skin-friendly, odor-free, secure, longwearing, and inconspicuous—Keep looking and consult your ET nurse.



A LITTLE OSTOMY TEST ~ Via: Hemet –San Jacinto & Cleveland Ostomy Association

1. Your appliance has been on for 2 days and you experience a burning, uncomfortable sensation around your stoma. You:

- a. Ignore it. It seems to come and go anyway.
- b. Wait until the designated day to change your appliance.
- c. Take a cool bath.
- d. Change your appliance immediately.

The answer is d. Ideally, your appliance may stay on for five to seven days. However, if you experience burning, itchiness, discomfort or pain around the stoma or discoloration of the

3

adhesive, change your appliance regardless of the day. These signs usually indicate leakage. Stool or urine on the skin is very irritating. In addition, itching or irritation under the pouch can be due to dehydration. If you are pretty sure the appliance is not leaking and there is nothing externally wrong with it, try drinking a few glasses of water instead of removing the appliance. Don't be a hero. When it bothers you, change it!

2. When you remove your appliance, you notice the skin around the stoma is reddened. To treat it, you:

a. Apply cool compresses for a short period of time before reapplying your appliance.

b. Apply a protective powder such as Stomahesive or Karaya to reddened skin areas, remove any excess, and continue with reapplying your appliance.

c. Apply a soothing cream or ointment to the reddened skin areas.

d. Use an alcohol wipe on your peristomal skin.

The answer is b. It is important to observe the skin around the stoma. Use a mirror to help observe the skin and stoma. If the skin appears reddened, irritated or weepy, you may require a protective powder. You may need to change your appliance every two or three days until the skin heals. While creams and ointments may be a reasonable solution for skin irritation in other areas of your body, they may not be useful around your stoma because your appliance will not adhere to moist or oily skin. Cool compresses may be soothing but cannot heal the skin. Alcohol will dry the skin which may cause it to itch.

3. Your neighbors invite you to a pool party. You:

a. Decline the invitation since you cannot swim with an ostomy.

b. Limit your fluid and food intake for 12 hours prior to the party so your stoma is not active.

Lancaster UOA Newsletter

c. Accept the invitation.

The answer is c. If you enjoyed swimming before the operation, continue to swim after. For extra security while swimming, you may want to picture-frame the adhesive part of your appliance with paper or waterproof tape or apply a skin sealant, for example—Skin prep, directly over the adhesive. Printed rather than solid colored bathing suits help to camouflage the outline of the appliance.

Some women prefer bathing suits with skirts



and some men prefer boxer-style trunks, but snug fitting suits may be worn to hold the appliance firmly in place. If you have an ileostomy, limiting food and drink will not stop your ostomy from functioning. When the stomach is empty, the discharge is liquid, highly acidic and gassy. Skipping meals or limiting fluid intake leads to dehydration and/or electrolyte imbalance.

TRUE OR FALSE? ~ Via: *The Ostomatic News, Dallas Area Chapter*

Researchers have only recently begun to understand the many, often complex, diseases that affect the digestive system. Accordingly, people are gradually replacing folklore, old wives' tales, and rumors about the causes and treatments of digestive diseases with accurate, up-to-date information. But misunderstanding still exists, and while some folklore is harmless, some can be dangerous if it keeps a person from correctly preventing or treating an illness.

Listed below are some common misconceptions (fallacies), about digestive diseases, followed by the facts, as professionals understand them today.

Ulcers—Spicy food and stress cause stomach ulcers. True or False? **FALSE**. The truth is almost all stomach ulcers are caused either by infection with a bacterium called *Helicobacter pylori* (*H. pylori*) or by use of pain medications such as aspirin, ibuprofen,

or naproxen, the so-called non-steroidal anti-inflammatory drugs (NSAIDs). Most H. pylori-related ulcers can be cured with antibiotics. NSAID-induced ulcers can be cured with time, stomach-protective medications, antacids, and avoidance of NSAIDs. Spicy food and stress may aggravate ulcer symptoms in some people, but they do not cause ulcers. **Heartburn** — Smoking a cigarette helps relieve heartburn. True or False? **FALSE**. Actually, cigarette smoking contributes to heartburn. Heartburn occurs when the lower esophageal sphincter (LES)—a muscle between the esophagus and stomach—relaxes, allowing the acidic contents of the stomach to splash back into the esophagus. Cigarette smoking causes the LES to relax. **Bowel Regularity** —Bowel regularity means a bowel movement every day. True or False? **FALSE**. The frequency of bowel movements among normal, healthy people varies from three a day to three a week, and perfectly healthy people may fall outside both ends of this range.

Constipation— Habitual use of enemas to treat constipation is harmless in Non-ostomates. True or False? **FALSE**. The truth is habitual use of enemas is not harmless. Over time, enemas can impair the natural muscle action of the intestines, leaving them unable to function normally. An ongoing need for enemas is not normal; you should see a doctor if you find yourself relying on them or any other medication to have a bowel movement. **Irritable Bowel Syndrome** — Irritable Bowel Syndrome is a disease. True or False? **FALSE**. Irritable bowel syndrome is not a disease. It is a functional disorder, which means that there is a problem in how the muscles in the intestines work. Irritable bowel syndrome is characterized by gas, abdominal pain, and diarrhea or constipation or both. Although the syndrome can cause considerable pain and discomfort, it does not damage the digestive tract as diseases do.

Lancaster UOA Newsletter

Also, irritable bowel syndrome does not lead to more serious digestive diseases later.

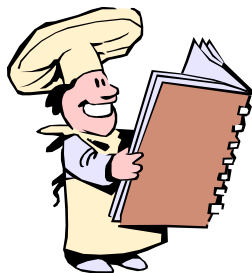
Celiac Disease—Celiac Disease is a rare childhood disease. True or False? **FALSE**. Celiac disease affects children and adults. At least 1 in 1000 people and, in some populations, 1 in 200 people have celiac disease. Most often, celiac disease first causes symptoms during childhood, usually diarrhea, growth failure, and failure to thrive. But the disease can also first cause symptoms in adults. These symptoms may be vague and therefore attributed to other conditions. Symptoms can include bloating, diarrhea, abdominal pain, skin rash, anemia, and thinning of the bones (osteoporosis). Celiac disease may cause such non-specific symptoms for several years before being correctly diagnosed and treated. People with celiac disease should not eat any foods containing gluten, a protein in wheat, rye, barley, and possibly oats, regardless of whether or not they have symptoms. In these people, gluten destroys part of the lining of the small intestine, which interferes with the absorption of nutrients. The damage can occur from even a small amount of gluten, and not everyone has symptoms of damage.



TAKING CARE OF YOUR STOMA AND YOUR SKIN

Ostomates, thank goodness for stomas! Where would you be without one? For the new ostomate, the first look at the “stoma” can be a frightening experience. It takes a while to get used to it, but when all is well, life goes on, and the ostomate learns to cope and return to normal life. There are a few “rules” the ostomate should remember: Protect your stoma from direct blows. Wear clothing that is comfortable and is not too tight. When you change pouches, check your

stoma for color, swelling and narrowing. Check your stoma for cuts. Stomas have no feeling and can be cut without knowing it. For an ostomate it is important to take care of your skin: Skin should be totally dry and free of oily products when you apply your pouch. Bring your problems and questions to chapter meetings and don't be embarrassed to ask questions. Stomas shrink in the first few months after having ostomy surgery. So measure your stoma periodically to make sure your appliance opening fits properly. Gas—After surgery, it probably seems like you have gas all the time. As swelling goes down gas will appear less. The noises seem louder to the ostomate. If you feel gas coming on, fold your arm across the abdomen over your stoma and this will muffle the noise. Don't waste your time worrying about ostomy accidents that may never happen. When one does happen don't panic. Clean up and figure out what happened. Need to see underneath the stoma? Use a hand mirror. Don't let your pouch get too full. Empty it if it is over half full.



The Recipe Corner...

Lemon Bars

2 sticks (8 ounces) butter
 2 cups flour
 1/2 cup confectioners' sugar
 4 beaten eggs
 2 cups sugar
 4 tablespoons flour
 1/4 cup lemon juice
 1 tablespoon finely grated lemon peel
 Sifted confectioners' sugar

Lancaster UOA Newsletter

Preparation:

Heat oven to 325°. Blend butter, 2 cups flour and 1/2 cup confectioners' sugar. Pat into ungreased 13x9x2-inch pan. Bake for 18 to 20 minutes. For filling, blend together eggs, sugar, 4 tablespoons flour, lemon juice, and lemon peel. Pour over first layer. Return to oven and bake at 325° for 20 minutes.

Loosen around edges, cut into bars and sift confectioners' sugar over the top while warm.

Airy Scones

3 cups cake flour
 2 T baking powder
 2 T sugar
 3/4 t salt
 1/2 cup butter
 2 cups whipping cream
 1 cup currants

Sift together flour, baking powder, sugar and salt.

Work butter into flour mixture

Add whipping cream and currants

Mix all ingredients until dough is smooth, one minute

Turn dough onto floured surface and roll out to 1/4 inch round. Cut into desired shapes.

Place on baking sheet and bake at 375 degrees until golden brown about 18-20 minutes.

Alterations by Selena:

I use cranberries or any dried fruit to your taste.

I roll out to about 1/2 inch.

After you take them out of the oven, a milk and powder sugar glaze can be placed on top.

Ever Wonder...

~ why the sun lightens our hair, but darkens our skin?

~ why women can't put on mascara with their mouth closed?

- ~ why you don't ever see the headline "Psychic Wins Lottery"?
- ~ why "abbreviated" is such a long word?
- ~ why doctors call what they do "practice"?

CONFIRMATION OF MEMBERSHIP 

Name _____ Date _____
Address _____ M _____ F _____
City _____ State _____ Zip _____ Home Phone _____
Business Phone _____ Date of Birth _____ Ostomy Type _____
Reason for Surgery _____ Year of Surgery _____
E-mail address _____

Please consider joining the Antelope Valley Ostomy Group. To do so, please send this completed form 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.

(*Note: See below for meeting dates.)

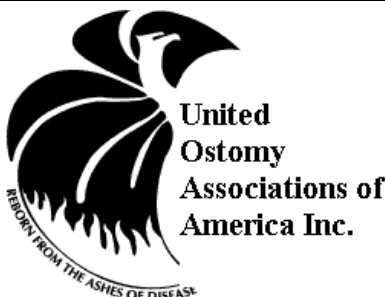
For additional information contact: Ann Wright, RN, CWOCN, CNS 269-9509 or e-mail: atw@as.net

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!

May Meeting: *Sunday, May 23, 2010* at 2:00 pm in the conference room at A.V. Home Care

Meeting location: Antelope Valley Home Care – 44335 Lowtree Ave. Lancaster

Directions: From J and 15th 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.



AV Ostomy Group is an affiliate of the United Ostomy Associations of America.