
Antelope Valley Ostomy News

atw@antelecom.net

<http://www.avosg.org>

November 2007

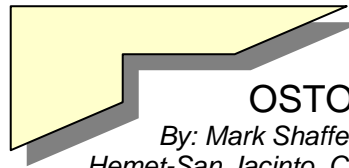
Local News...~ by Ann Wright, RN,
CWOCN, CNS, Editor Lancaster News

Greetings, everyone!

I can hardly believe it is already November! With time and weather changes...we know what's next! The **Holiday Season** will soon be here, and we have some important events coming up that you won't want to miss!

First, our next regular meeting is scheduled for **November 18th at 2:00 PM** in the conference room at Antelope Valley Home Care (directions are on the last page). This is the Sunday before Thanksgiving, and I hope you will all be able to attend! Tami Host from Coloplast will be attending our meeting to provide information about Coloplast products. In December, we will have our annual **Christmas Party** and potluck. This is so much fun, and we would like to have as many of you there as possible! So put in on your calendar now...**Christmas Party- Saturday, December 15th, 2007 at 4:00 PM** at the Hacienda Mobile Home Club House. Details and directions will follow.

As part of our annual Christmas celebration, we will be gathering \$10.00 gift cards (from Target, Wal-Mart or store of your choice) for AV's Healthy Homes families. Non-perishable food will also be collected for Healthy Homes staff to distribute to Antelope Valley families in need.



NEW OSTOMATE CORNER

By: Mark Shaffer, Metro Denver, Via:
Hemet-San Jacinto, CA.

At a recent chapter meeting, a subject came up that I found intriguing. One of the participants in the rap session stated that he found himself depressed and withdrawn even though it has been a year since his surgery. He wondered how long he could expect that feeling to last and, I think, whether it would go on for the rest of his life. Some ostomates adjust almost immediately. These folks see an ostomy as a cure for an illness that threatened their lives or restricted their activities. Others take a few months, generally feeling better about the situation as soon as they master the fine art of pouch changing and maintenance. For many, ostomy surgery begins a process that appears, and is, very close to the grieving process. Like any grieving process, the amount of time needed to feel emotionally whole again will vary. It took me almost two years following my surgery before I felt like I had regained my former personality and was ready to move on with my life. So there is no magic amount of time needed to adjust to your new ostomy. Allow yourself the time you need and realize that the feelings of depression and isolation will eventually go away. If the depression is severe, don't be afraid to seek professional help. If your

isolation is caused by a lack of confidence in your appliance, seek help from an ET nurse. If your appliance is working fine but you still feel separated from others, seek help from other ostomates. Go to a meeting and meet others in the same situation. If you don't already have one, call your local chapter and get an ostomy visitor who can talk to you about how they managed their post-operative emotions. But above all, give yourself time to adjust.

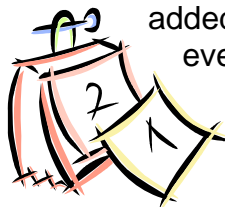


Ileostomates and Fiber ~ By: Kay L. Peck, MPH & Registered Dietitian, Napa Valley, CA. Via: Philadelphia UOA Journal and Greater Cincinnati, OH Chapter

Whether or not to include fiber, and to what extent, should be based on the ileostomate's tolerance of foods. The intestine has a remarkable capacity to adapt. Matter/digested food in the small intestine is quite watery, and after it moves into the large intestine, a good portion of the water is reabsorbed into the body. Most fiber is indigestible material (from plants) that acts like a sponge, soaking up water and increasing the bulk of the intestinal contents—making matter move through the system more quickly. In a person with a colon, fiber is essential to preventing constipation and keeping a person "regular." This is the main function of fiber. Another theory about fiber is that it promotes mucosal growth, thus keeping intestines healthier, promoting gut function. Usually, a person without a colon (ileostomy) doesn't have a problem with constipation, and may have mostly watery stools or diarrhea. Again, over time, a person may adapt, especially if the last

AV Ostomy News

section of the small bowel (ileum) is still intact. So, consuming too much fiber, or too much "insoluble" fiber may aggravate a person's diarrhea or watery stools. If this is the case, limiting insoluble fiber (bran, popcorn hulls, seeds, nuts, skin/seeds/stringy membrane parts of the fruits and vegetables) may be helpful. However, another type of fiber (soluble) may be beneficial to the ileostomate. The function of soluble fiber is to make intestinal contents "thicker" and can actually prevent diarrhea. This fiber is found in oatmeal, barley, dried beans, peas, Metamucil and in the pulp of fruits and vegetables. Most foods have a combination of both types of fiber, but the above examples show the differences. Just as a side note, I worked with a lady years ago who had "short bowel syndrome" - all of her colon and a significant part of the small bowel were removed. She found that adding pectin (Certo—used to make jam and jelly) to her daily diet helped to minimize diarrhea. She added a little to some applesauce every day.



Pouch Changes – How Often ? via Green Bay (WI) GB News Review and Seattle (WA) Ostomist

This question is among those most frequently asked, particularly by ileostomates and urostomy patients. Like many other questions, there is no one answer that applies to all ostomates.

An informal survey revealed that people change their appliances as often as 3 times a day, and as infrequently as every 2 to 4 weeks. Obviously, there are reasons for this great variation. After pointing out that the great majority of ileostomy and urostomy patients change in the range of once daily to once a week, let us explore some of the reasons. People on either side of this

3

spectrum can have a skin problem or skin which is nearly indestructible. Some of the reasons for the variation in time between changes include:

Stoma length: A short or recessed stoma exposes the adhesive material to moisture which decreases wearing time.

Amount or consistency of effluent: Profuse effluent tends to loosen the seal.

Skin Type: Moist or oily skin tends to decrease adhesion time.

Skin Irritation: Decreases adhesion. The appliance should be changed more frequently to evaluate the success of your attempts to heal the skin.

Experience: Good technique, such as allowing glue (adhesive) to dry well, increases adhesion.



Tender Loving Care – Your Stoma Needs it Too! ~ via Northern Virginia The Pouch

Most ostomy patients would agree that there is no substitute for TLC. Remember that your stoma needs TLC also. A few pointers might be helpful.

Generally speaking, it is good to set aside a time for giving priority to stoma care. It might be during your morning shower, after breakfast, or at bedtime. It's important to make it fit into your routine. Don't change your schedule for the stoma. Make it change for you. Having a regular time for pouch changing, etc. helps put some order into your schedule. It will also ensure that leakage or other problems can be kept to a minimum. If you know that your pouch always leaks on the fourth morning for

AV Ostomy News

instance, then begin changing it on the third night, if that time is convenient.

Don't be rough with your stoma. It's not unusual for it to bleed a little when washed. Just be careful not to be too brisk with the washcloth or whatever you use, as that might cause excessive irritation.

Eat a well-balanced diet; following special instructions from your physician, dietician, ostomy nurse, etc. Drink sufficient water and fluids unless you are medically restricted. Persons with ileostomies and colostomies should chew their food very well. Avoid eating too many hard to digest and gaseous foods at one meal.

Urostomy patients need to be sure to have sufficient fluids, unless told otherwise by the doctor, as fluids help prevent infections. Rinsing the pouch daily with a solution of 1/3 white vinegar and 2/3 water helps prevent crystals from building up on the stoma, and the wash will also keep the inside of the pouch acidic. Acid conditions prevent growth of bacteria.

Patients can usually shower with the pouch off or on unless instructed otherwise. Water will not hurt the stoma. Peristomal skin especially needs TLC. A properly fitting pouch, changed regularly, usually accomplishes this. Never tape the pouch if it is leaking. Change it!! If you have frequent leakage and have to change too often, call your ostomy nurse to make an appointment for re-evaluation. Perhaps another type of pouch would be better suited, or perhaps your stoma and peristomal skin need re-assessment. There might be some new products that will work for you. Don't hesitate to make an appointment.

Keeping Your Pouch Odor Proof

~by Victor Alterescu, RNET; via Quad City (IL) Newsletter and S. Brevard (FL) Newsletter

4

Rinsing a pouch out each time it is emptied is primarily a waste of time. For one thing, it takes longer to empty the pouch and you need more materials around you. You also leave more odor in the room since the pouch is kept open longer. The water, especially if it is warm, may open the pores of the pouch material and encourage odor permeation. Also, rinsing can affect the seal of your adhesive.

Rinsing a pouch after each emptying serves only an aesthetic purpose; the interior of the pouch may be clean but it does not serve a functional purpose. Frankly, it does not matter whether the interior of your pouch is clean any more than it matters if the interior of your colon is clean. The pouch is replacing an organ of storage, the colon and/or rectum.

The most important portion of the pouch that should be cleansed very thoroughly is the tip of the drainable pouch.

Rinsing the interior can only increase permeation but cleaning the exterior neck will avoid any odor that may be present as a result of having fecal residue on the end of the pouch. Therefore, I often recommend that a person carry an alcohol wipe (individually wrapped in foil) to clean the tip of the pouch. The pouch is emptied, the toilet flushed immediately, and the lower portion of the exterior pouch cleansed with toilet tissue and alcohol.

New Products (from *The Phoenix*, September 2007)

Ring Around the Rosie: The RCS

Company introduces a non-adhesive wafer which "custom fit" perfectly over all stomas up to 1- 3/4" diameter. The thin silicone wafer allows the ostomate to cut the exact size opening they need to accommodate their stoma, even irregularly shaped stomas! Unlike single-use adhesive wafers, the "Ring Around the Rosie" is

AV Ostomy News

re-usable, comfortable to wear and easy to clean. While this ring must be used with a belt and a 2-1/4" pouch, the advantage it offers certainly will outweigh any negativity of using this size pouch.

This FDA-approved wafer is \$50 (S & H included) and can be ordered by calling 419-358-8003 or by sending check or money order to the RCS company, P.O. Box 226, Bluffton, OH 45817. Medicare approval pending.

CalcionPlus™

CalcionPlus is a calcium supplement in crystalline form. Add one scoop to 8-10 ounces of water to make a great tasting raspberry lemonade drink packed with 500mg of elemental calcium. Sweetened with stevia and Lo-han (non caloric), CalcionPlus contains no sugar! Each dose contains elemental calcium, Vitamin C, Vitamin D3, magnesium, potassium and phosphorous. AN excellent way to take your daily calcium and to hydrate your body! Each jar contains 66 doses and costs \$11.95 plus S&H. Order from Parthenon Co. Inc. 3311 West 2400 South, Salt Lake City, UT. 84119. 800-453-8898 or www.parthenoninc.com.

Ask a kid...

How do you cook a turkey?

Moriah - First you cut the bones out. Then you put it in the oven for 10 hours at 600 degrees. Then you put it on the table and eat it.

Jeremy - You buy the turkey and take the paper off. Then you put it in the refrigerator and take it back out and cut it with a knife and make sure all the wires are out and take out the neck and heart. Then you put it in a big pan and cook it for half an hour at 80 degrees. Then you invite people over and eat.

Meghan H. - You cut it into 16 pieces and then you leave it in the oven for 15 minutes and 4 degrees. you take it out and let it cool and then after 5 minutes, then you eat it.

Happy Thanksgiving!!!

