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# Antelope Valley Ostomy News

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atw@as.net

<http://www.avosg.org>

November 2009

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

## *November greetings!*

I can hardly believe this is the last official newsletter of 2009! October has been a very busy month... On October 3<sup>rd</sup> we had a booth at the community health fair at Antelope Valley Hospital. Many thanks to Linda Lumley for getting copies made of our AVOSG brochure, and to Gerri Godde and Mike Garrison for their help and support at the booth! There was a very good turn-out and we were able to provide some much needed information to many people. I think our booth was a big success!

Thanks to Joe Adams, our **Christmas party** will be held **Sunday, December 13<sup>th</sup>** at the club house at Leisure Lake Mobile Home Estates on 20<sup>th</sup> Street West. It is a lovely venue for a gathering, overlooking the lake, and will be a wonderful place to celebrate! So, please plan to attend. We will be collecting gift cards for the teens in the Healthy Homes program, and I also understand they are in need of non-perishable food (including baby formula). Invitations will be mailed in December.

This past year has been very full...we have had wonderful meetings, good guest speakers and lots of fun in-between! Thank you all for making this a very special support group. Remember, **January is dues month**. Our dues are NOT going up – they remain **\$10.00 annually**. Also, if you would like to help save on postage, you may request an e-mail version of the newsletter, and I will send it to your

computer! The newsletter will also be posted on our web site.

We had some sad news this week. Our good friend, **Evelyn Anderson** passed away last week, October 22, 2009 at her home in Lancaster. She was 95 and had been a member of the AV Ostomy group since 1996.

## ***In Memoriam***



Evelyn was an avid supporter of the Ostomy Support group, and was also active in many other community outreach programs including Special Olympics. Evelyn's daughter, Donna called and wanted us to know how special the AV Ostomy group was to Evelyn. Evelyn was a good friend, and always very giving of her time and friendship. We could always count on her for some great door prizes, and we miss her bright smile at the meetings and Christmas gatherings. Evelyn died peacefully at her home with her family at her side. Her son, David is doing well, and will remain in the home for some time. The funeral will be held on Friday, October 30, 2009 in Lancaster.



## IT'S FLU SEASON...SOME PREVENTION TIPS ~

*Evansville Ostomy News,  
October, 2009*

The advice below is from an old friend who happens to be a doctor. The advice is free – make your own mind up about its relevance to you:

Thanks to media hype about H1N1, several people who trust me have either approached or called me to ask for advice. The hype in media about the utility of face masks and N95 respirators as a tool for general protection against H1N1 can't be deplored enough. Yesterday, a friend who listened wanted me to write down briefly what I advised so that he could tell others in similar words. Hence this short email to friends whom I have advised recently (and others whom I haven't yet). **Please realize that this is not an official advice, especially the one about face masks or N95.**

Most N95 respirators are designed to filter 95% particulates of  $0.3\mu$ , while the size of H1N1 virus is about  $0.1\mu$ . Hence, dependence on N95 to protect against H1N1 is like protecting against rain with an umbrella made of mosquito net. Tamiflu does not kill but prevents H1N1 from further proliferation till the virus limits itself in about 1-2 weeks (its natural cycle). H1N1, like other Influenza A viruses, only infects the upper respiratory tract and proliferates (only) there. The only portals of entry are the nostrils and mouth/ throat. In a global epidemic of this nature, it's almost impossible not coming into contact with H1N1 in spite of all precautions. Contact with H1N1 is not so much of a problem as proliferation is.

While you are still healthy and not showing any symptoms of H1N1 infection, there are some simple steps you can take to help prevention of the proliferation (growth) of the flu virus:

**1. Frequent hand-washing** (well

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highlighted in all official communications).

**2.** "Hands-off-the-face" approach. Resist all temptations to touch any part of face (unless you want to eat, bathe or slap).

**3.** Gargle twice a day with warm salt water (use Listerine if you don't trust salt). H1N1 takes 2-3 days after initial infection in the throat/ nasal cavity to proliferate and show characteristic symptoms. Simple gargling prevents proliferation. In a way, gargling with salt water has the same effect on a healthy individual that Tamiflu has on an infected one. Don't underestimate this simple, inexpensive and powerful preventative method.

**4.** Similar to 3 above, clean your nostrils at least once every day with warm salt water. Not everybody may be good at Jala Neti or Sutra Neti (very good Yoga asanas to clean nasal cavities), but blowing the nose hard once a day and swabbing both nostrils with cotton buds dipped in warm salt water is very effective in bringing down viral population.

**5.** Boost your natural immunity with foods that are rich in Vitamin C. If you have to supplement with Vitamin C tablets, make sure that it also has Zinc to boost absorption.

**6.** Drink as much warm liquid as you can. Drinking warm liquids has the same effect as gargling, but in the reverse direction. They wash off proliferating viruses from the throat into the stomach where they cannot survive, proliferate or do any harm. All these are simple ways to prevent, within means of most households, and certainly much less painful than to wait in long queues outside public hospitals.



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#### **ILEOSTOMY ABSORPTION CONCERNS**

*Via: Cleveland Ostomy Association*

Due to the absence of the colon and often altered transit time through the small intestine, the type of medication taken must be carefully considered when prescribing for the person with an ileostomy.

Medications in the form of coated tablets or time-release capsules may not be absorbed and therefore no benefit is received. Before the prescription is written, the patient with an ileostomy should inform the physician of his concern. If the medication required is available only in a certain form and the coating would not be destroyed by stomach juices, then the tablet may be crushed between two spoons and taken with water. This often results in an evil-tasting mixture, but absorption is ensured. However, check with your physician first. The best type of medication for the person with an ileostomy is either in the form of uncoated tablets or in liquid form. Although these are not the most palatable treatments, these dosage forms ensure that the medication prescribed will be absorbed. A pharmacist can assist in choosing the form of a medication that will be best absorbed. After ileostomy surgery, never take laxatives. For a person who has an ileostomy, taking laxatives can cause severe fluid and electrolyte imbalance.

#### **KEEPING WEIGHT DOWN~** *Via: Ostomy News Review, Green Bay WI*

Keeping weight down is especially important for ostomates. Even a few extra pounds can affect the fit of our appliance and cause the stoma to recess. For new ostomates, extra weight may put pressure on healing tissues. Here are a few ways to drop or maintain weight. Eat your biggest meal at noon and then have a very light dinner by 6 p.m. Eat an apple, or two bread slices, or other fiber-type food 20-30 minutes before dinner. It will help curb your appetite at the table. These foods, combined with a glass of water, will expand in your stomach and reduce your capacity

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to eat. Chew well and eat slowly. It takes up to 20 minutes for the brain to receive the messages of fullness from the stomach. Don't eat after 6 p.m. Resist snacking late at night, and your body will reward you with more restful sleep and lots more energy in the morning. Food eaten in late hours will generally go directly into fat production because the body's energy needs are low at night. Remember that vegetables are considered free of calories when not covered with dip, butter, or other extras-so you can have these healthier foods without guilt. Finally, instead of plunking down in front of the TV until bedtime, how about a relaxing evening stroll? You'll sleep better and feel better in the morning.



#### **NEW UROSTOMY PATIENTS~** *Via: Roanoke (VA) Valley News & South Brevard, FL*

Train yourself to shut the pouch valve as soon as you have emptied the pouch! If you forget, the resulting disaster within the next 10 minutes could ruin your day. Be sure to take the plastic waste basin and clear measuring container home from the hospital! They are very helpful as you establish a daily routine of washing your night time equipment. Gallon bottles of white vinegar and cheap liquid detergent make the daily washing-up an inexpensive chore. If you change the pouch first thing in the morning, there is less chance of the stoma misbehaving as you do the change. Irrigate the pouch daily with a solution of 4/5 water and 1/5 vinegar. A five quart pail with metal handle (Home Depot, Wal-Mart, etc \$1-\$2) is a great night bottle or bag container by the bed and also a safe way to carry this equipment to the bathroom in the

morning. The hospital plastic wash basin is an ideal container for supplies when traveling and can be used to hold the night drainage bag. In the morning, it is handy for washing-up wherever you are. It fits nicely into most carry-on bags and is not heavy. In most cases, urostomy patients enjoy a completely normal diet. Cranberry juice, yogurt, or buttermilk will help combat urinary odors. Asparagus should be avoided as it produces a strong odor in urine.

### **COLOSTOMY BLOCKAGE AND ITS CAUSES** ~ by: Dr. J. Hopkins, Asst. Prof. Surgery, Lanckenau Hospital, No. Alabama

Dr. Hopkins states that poor bowel habits probably begin in childhood with people being "bowel conscious." They erroneously think that a daily bowel movement is necessary for body and bowel functions. He states that four requirements for normal bowel passage are:

- 1) A balanced diet including some roughage. Attempting a rigid diet after a colostomy is futile and unnecessary. By trial and error one can eliminate those foods which may cause diarrhea and constipation.
- 2) Exercise to maintain a good body tone.
- 3) Effects of emotion. This may be difficult.
- 4) Adequate fluid intake. He says that colostomy blockage may be due to mechanical defects or failures. The most common cause of this type of stricture is a narrowing of the opening of the stoma. Another mechanical cause is herniation around the stoma. Blockage may also be the result of strangulation, or a sharp bend in the colon. The mechanical problems can be corrected by your surgeon. Other causes of blockage may be improper diet, medication and the effect of your emotions on your digestive system. Also the position in which one irrigates (somewhat doubled over, for instance) may result in difficulty in elimination. Exercising of abdominal muscles would not be harmful to the colostomy and would promote good muscle

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tone in the area. Dr. Hopkins recommends that his patients use the newer cones and tips for irrigations for safety.



### **QUESTIONS AND ANSWERS**

*Via: The Tomy Tabloid, Editor: Charlotte Allen, RNC, BSN, CETN*

**Q: Do you think it is a good idea to rinse out my colostomy bag when I empty it?**

*Answer: I usually teach my patients the proper procedure for rinsing out your pouch when emptying it, but then leave it up to you if you want to continue to rinse it or not. By proper procedure, I mean rinsing the pouch up to the level of the bottom of the stoma. I find sometimes people rinse the pouch too vigorously and cause the adhesive seal around the stoma to loosen from inside the pouch by introducing water at the seal. Some people feel more comfortable using an opaque colored pouch and not having to worry about rinsing it at all. Again, I think it is a personal preference with what you are most comfortable with. Many people get along just fine without ever rinsing the pouch.*

**Q: When a colostomate gets a blockage from eating too much food, should a laxative such as prune juice be taken? Should heat be applied? Would it be a good idea to irrigate?**

*Answer: When a colostomate gets a blockage, in most cases, it is due to constipation caused by eating constipating foods, a lack of physical activity, or use of pain medications. It is quite OK for a colostomate to take a mild laxative. The use of prune juice is an excellent suggestion. Foods with fiber, like bran, make the stools less constipating. For a person who has not irrigated, the other methods should be tried*

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*first.*

Ileostomates should take NOTE: Treatment for blockage for persons with an ileostomy is different from the above. AVOID laxatives, DO NOT irrigate, and consult with your ET nurse about the best procedures for you to take.

### **POWDER YOUR STOMA?** ~ By M.

*Schwankweiler, RN, ET Via: The Northern VA Pouch*

Powder is normally not required during the routine servicing of a stoma. As a matter of fact, most modern disposable barriers are designed to adhere to the skin by themselves. Powder is used to treat irritated skin or a fungal infection. Yeast (fungus, Candida) infections are very common, especially during summer or when one perspires during regular exercise. Micro granulated anti-fungal powder is used only when there are signs of a yeast infection, i.e., an itchy rash and raised red bumps. Use the powder until the infection clears, then discontinue. Pectin-based powders, such as Hollihesive, or Stomahesive, or Karaya-type powders are used to treat irritated skin. To apply any kind of powder, clean the peristomal skin well with plain water and then dry. The skin should be completely dry before applying the powder. Dust the skin with the powder, gently rub it around and then brush off the excess. The barrier can be applied directly over the powder. You may also seal in the powder by applying a skin sealant over the powder and allowing it to dry. Be careful. Skin sealants retard the adhesion of the new extended wear barriers— such as Durahesive and Flexextend— and are not recommended. If you use a standard wear barrier, then the barrier is applied over the sealant covering the powder.

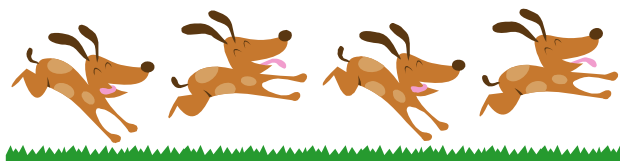
**NOVEMBER Meeting:** Sunday November 15, 2009 at 2:00 pm in the conference room at A.V. Home Care

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### This month's Laugh!



Hey....Yesterday I was at my local COSTCO buying a large bag of Kirkland Nutra Nuggets dog chow for my loyal pet, Brista, and was in the checkout line when woman behind me asked if I had a dog. ...What did she think I had, an elephant? So since I'm retired and have little to do, on impulse I told her that no, I didn't have a dog, I was starting the Purina Diet again. I added that I probably shouldn't, because I ended up in the hospital last time, but that I'd lost 50 pounds before I awakened in an intensive care ward with tubes coming out of most of my orifices and IVs in both arms. I told her that it was essentially a perfect diet and that the way that it works is to load your pants pockets with Purina nuggets and simply eat one or two every time you feel hungry. The food is nutritionally complete so it works well and I was going to try it again. (I have to mention here that practically everyone in line was now enthralled with my story.) Horrified, she asked if I ended up in intensive care because the dog food poisoned me. I told her no, I stepped off a curb to sniff an Irish Setter and a car hit us both. ...I thought the guy behind her was going to have a heart attack he was laughing so hard. Costco won't let me shop there anymore. Better watch what you ask retired people. They have all the time in the world to think of crazy things to say!



## **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

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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!!!**

**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!**

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**NOVEMBER Meeting: Sunday November 15, 2009 at 2:00 pm  
in the conference room at A.V. Home Care**

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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.

### **UPCOMING MEETING/ EVENT DATES**

Sunday, November 15, 2009 – Support Group Meeting

Christmas Party: Sunday, December 13, 2009 from 4:00 PM- 7:00 PM at the club house at Leisure Lake Mobile Home Estates, 48303 20<sup>th</sup> Street West, Lancaster



Sunday, January 17, 2010 – Support Group Meeting