
Antelope Valley Ostomy News

atw@antelecom.net

September 2006

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

Hello, everyone! I guess summer is officially over, and I hope each of you had a great one. Although we didn't get the beach bus gathering accomplished this year, we have some great meetings ahead, as well as our annual Christmas potluck in December.

On a sad note, we have lost a couple of friends this summer. Bill Kernig died in July after abdominal surgery. Bill and his daughter Nancy Caselli were frequent attendees at several meetings over the past few years. Our condolences to Nancy and her family.

The Ostomy world was very saddened by the death of Gene Galindo, founder of Nu-Hope. Gene had been fighting hard in his battle with cancer, and he died at his home August 8th, with his wife Estelle ("Mickey") at his side. Mickey, who is an ET (Enterostomal Therapy) Nurse, worked along-side Gene at the Nu-Hope shop in Pacoima. Gene's contributions to the Ostomy community were huge. If someone needed a custom pouch, or special support belt, Gene was the person to see! Nu-Hope will continue to be managed by Gene's nephew, Brad Galindo who is at the helm.

Our next meeting is set for **Sunday, September 17th**, 2006 at 2:00 pm at the Senior Center in Lancaster. We will be having a session called... **"What is this and What do I do With It?"** So, if you have Ostomy supplies or equipment and you have no idea what it is, or what it's used for,

please bring it to the meeting and we'll try and figure it out!! Bring questions, concerns and stories, too! We'll talk about irrigation and any other issues you want to discuss. So come on over to the meeting Sept. 17th!

"Why?...Because I Said So!"

That is what's embroidered on Evelyn Andersons 92nd birthday gift...a cute, animated teddy bear! Congratulations to Evelyn who turned 92 in August. Some of you may have seen an article in the Sunday, Sept. 3rd edition of the Daily News. Bettie Rencoret of the Daily News wrote a very nice spot-light piece about Evelyn which highlighted the many contributions Evelyn has made to the community over the years. We're very proud to have Evelyn as part of our Ostomy Support group, and I am very grateful to have her as a friend. We appreciate her insight, fun stories and wonderful door prizes she so graciously donates for each meeting. ***Thank you, and Happy Birthday, Evelyn!!!***



Evelyn Anderson and friend!

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

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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 ileal 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.

INFECTION IN UROSTOMIES *Via:*

Johnstown UOA Newsletter

Germs are all over the world, but when they are in the urinary tract, either in the conduit, the urethras or the kidneys, they're in an abnormal location and that is what promotes an infection. What causes the

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infection? The reasons are sometimes unclear.

Why do some people get more colds than others? Infections can be caused by an obstruction, kidney stones, tumors, cysts or scar tissues. Almost synonymous with obstructions is infection and then too often comes stone formation. You can't get rid of the infection. It's kind of a cycle that goes around and around. Infection can be caused by urine being forced back to the kidneys through the conduit. This could be done by falling asleep with the appliance full of urine and accidentally rolling over on the pouch, causing urine to be forced back into the stoma, through the urinary tract with tremendous pressure. Invariably the urine in the appliance will be contaminated. In general, to prevent and treat infections, you need a good flow of urine much like a stream. This means DRINK fluids (water is best)! Extra fluid not only dilutes the bacteria in the urine, but also helps wash out the bacteria. Two and one half quarts of liquids daily is required for the average adult.

ROLE OF THE ET

By Lynne Carpenter, RNET, edited by Ann Wright, RN, CWOCN, CNS

What is an E.T.? What does Enterostomal mean? Entero is Greek for intestine. Os means mouth or opening. An Enterostomal Therapist or E.T. is a person who specializes in the care and rehabilitation of people with ostomies. Ostomy is a general word indicating all artificial openings in the body such as colostomy, ileostomy, urostomy and ileal conduit. Much of the history of Enterostomal Therapy coincides with the origin of the United Ostomy Association (UOA). Historically there was a

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lack of instructional material, an inability to openly discuss problems, a lack of technical expertise, and a lack of proper equipment. Post World War II, the first group of ostomates met in Philadelphia at Valley Forge General Hospital. The United Ostomy Association was formed in 1962. In 1958 the first ET Nurse, Norma Gill, RNET, began practicing at Cleveland Clinic with Rupert B. Turnbull, M.D., who encouraged her to create this position. In 1961 they began to teach other people to be E.T.'s. The requirements were either to have a stoma or a family member with a stoma, and to have a commitment for employment as an E.T. in a hospital. The service that these first E.T.'s provided was just technical.

Since 1976 the requirements are that the E.T. must be a registered nurse with two years experience, and go through an accredited Enterostomal Therapy Educational Program. Now the focus of the E.T.'s role is much broader than in the beginning. The role of the E.T. is to assist ostomates pre- and post-operatively, and post-discharge to adjust to the change in body image; and to assist ostomates to have control of and confidence in their abilities with the new ostomy. The goal: resumption of a normal, active life. Current trends in ET Nursing include certification examinations. The Wound, Ostomy, Continence Nursing Certification Board develops and maintains a certification process whereby nurses trained at accredited ET schools are able to take an exam certifying their expertise in stoma related care. The term "ET Nurse" is still used, but the most current initials are "CWOCN" which means Certified Wound, Ostomy, Continence Nurse.

Malabsorption and the

Ostomate~from Dr. Robert Berger, MS, PhD and Keith Nevins, ostomate/naturopath from *The Phoenix*, summer 2006, pg. 50-51 Malabsorption is the failure of the gastrointestinal tract, usually the small intestine, to absorb one or more substances from the diet.

Malabsorption is generally the result of either a defect or damage to the mucosal lining of the small intestine where the majority of nutrient absorption takes place. The most recognizable symptoms of Malabsorption are diarrhea, bloating, flatulence, cramping and weight loss. Over a period of time, one may become deficient in iron, proteins, various vitamins and minerals and this, in itself, can lead to varying degrees of malnutrition as well as anemia. Calcium deficiency leads to weakening and demineralization of the bone, causing a condition called osteomalacia. Malabsorption of protein, fat and carbohydrate leads to loss of calories, malnutrition and possible diarrhea. Ostomates require nutrients in a highly absorbable form that they may not be able to obtain in adequate amounts from diet alone. This mainly concerns patients with ileostomies and urostomies, and to a lesser extent, patients with both transverse and ascending colostomies. Those with sigmoid colostomies are usually not affected by malabsorption. Almost all absorption occurs in the small intestine, but many Ostomy patients have no idea which portions of the bowel was removed. This caused uncertainty about how well nutrients are absorbed. However, it must be remembered that the nutritional needs of each individual will vary based on the

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section and amount of the bowel that was removed.

One of the major concerns for ileostomates is that he or she has lost the ileocecal valve that joins the ileum to the cecum and colon. The absence of this valve causes food to pass through the GI tract faster, and thus, nutrients are less well absorbed. The colon absorbs sodium and potassium (as well as water) from the stool. Although the ileum can assume some of this function, an ileostomate can still lose as much as 10 times more sodium and potassium than an individual with all or most of the colon. In these cases, diet, required supplements and proper electrolyte replacement are essential. The challenge for the ostomate with malabsorption is to get enough calories (energy) in order to overcome any malabsorption factor.

Dr. Berger and Mr. Nevins are formulators of over 200 pharmaceutical-grade products for the health field including Ileo-Vite and Colosto-vite.

FOOD CHALLENGES: *From ConvaTec's Health & Vitality, Fall 2003, Via: Hemet-San Jacinto* "If people living with an ostomy have deficiencies, it's because they're afraid to eat, and they impose too many restrictions on themselves," says Claudia Mueller, RD, a colorectal dietician at the Cleveland Clinic Foundation in Ohio. Trying to help each other, people with an ostomy often share war stories about the foods that bother them, creating a "do not eat" list of foods that can limit nutrient intake and compromise health. But it's important to try out these foods for yourself, since each digestive system reacts differently. Keep a

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food diary, testing one suspected food every 3 days. A registered dietician can help expand your food choices.

Following are the two most common food concerns: **Fear of Fiber** Fear of a fiber-clogging stoma is big. But fiber is usually only an issue for people who don't chew their food very well, Mueller contends, although corn, popcorn, and nuts may always be a problem for someone with an ileostomy. **The solution:** Take your time, and chew, chew, chew—at least 25 times with each bite of food you take. **Fear of Odor** **The challenge:** "Six to 12 months out, most people with an ostomy have achieved a good comfort level," says Leslie J. Bonci, RD, author of the American Dietetic Association Guide to Better Digestion, "and they're more concerned with odor". Fish, coffee, onions, garlic, chives, asparagus, and sometimes even poultry are the culprits. **The solution:** Try smaller portions, suggests Bonci, and include buttermilk or yogurt at the same meal to counter the odor-causing foods. Fresh parsley and spearmint help too—a reason to eat your garnishes.

Replaying A Few Zen Thoughts....

- *Change is inevitable, except from the vending machines.*
- *Plan to be spontaneous tomorrow.*
- *42.7 percent of all statistics are made up on the spot.*
- *If you think nobody cares, try missing a couple of payments.*
- *OK... so what's the speed of dark?*
- *When everything is coming your way, you're in the wrong lane.*

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- *Everyone has a photographic memory. Some just don't have film.*
- *Why do psychics have to ask you for your name?*
- *What happens if you get scared to death twice?*
- *How do you tell when you are out of invisible ink?*
- *I used to have an open mind, but my brains kept falling out.*

See you Sunday, September 17th! Senior Center in Lancaster:
777 West Jackman St.
Off 10th Street West, between Lancaster Blvd. and Ave. I

APPLICATION FOR MEMBERSHIP

Name _____
Date _____
Address _____
City _____ State _____
Zip _____ Home Phone _____
Business Phone _____
Date of Birth _____
Ostomy Type _____
Reason for Surgery _____
Year of Surgery _____

If you would like to join the Antelope Valley Ostomy Group, please send this application with a check for yearly dues of **\$10.00** (which will help support group meetings and 6 newsletters annually) 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.
For additional information contact:

Ann Wright, RN, CWOCN, CNS 269-9509 or
Gerri Godde 943-3508