
Antelope Valley Ostomy News

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

Hello, everyone!

Are we finished with the heat? I sure hope so, and that you are all doing well in spite of the hot weather!

Our next meeting is scheduled for **Sunday, September 16, 2007** at the conference room of A. V. Home Care, 44335 Lowtree, just a block east of 15th Street West and Ave. J ...in Lancaster. The meeting is at 2:00 PM and I hope to see you all there.

About 7 of us traveled on a very tall "Beach Bus" to Santa Monica pier. We had a nice time, and it was a beautiful day. Come to the meeting and we'll tell you all about it! ☺

Friends

The best known relief for mundane, everyday stress—the flat tire, breaking a dish, the batteries dying on the remote, and hundreds of other nits that pick at us—is nothing more complicated than someone to pal around with.

The basic human need for playmates—childhood or adult—serves us well in helping us deal with day-to-day troubles. We need emotional support from our friends in the stressful times of severe life situations, when some major life event occurs; such as, death of a loved one, losing a job or ostomy surgery.

In times of ordinary life, troubles are relieved more by companionship—going to a movie with a friend; visiting a museum with a buddy; and going to a UOAA meeting, etc. In those situations, talking doesn't reduce stress as much as doing something with an acquaintance.

In fact, talking too much about small troubles actually can make them worse. What we need instead is distraction, something that gets our minds on something else. A companion with shared interests is usually just the ticket.

See you September 16th!!



Ten Commandments for the New Ostomate~ By Anita Price, ET

1. There is no answer for "why me?" but it is normal to ask and you do need to work through this and other questions.
2. Stomas change in size and shape the first few months. The initial stoma swelling will decrease and your stoma diameter will decrease. Check the size of your stoma with a measuring guide each pouch change until the size stabilizes to its permanent size.

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3. Each person's ostomy is different, even as our fingerprints are different.
4. Support and information from someone who has an ostomy can be helpful. Ask your doctor or ET to arrange for an ostomy visitor.
5. It is your ostomy. Learn to manage your ostomy and do not let your ostomy manage you. It is normal for your new ostomy to be the center of your existence. However, with time and practice your ostomy and its care will become just a normal part of your daily life.
6. Fundamental management techniques can be learned. New experiences and problems that develop must be met and managed as they occur. As you learn and practice these new skills, you will become comfortable with your ostomy care. Do not confuse accidental leakage or spillage with what is normal.
7. One of the most important goals for healthy living is good nutrition. The difference in having an ostomy and setting your nutritional goals is that you need to take information provided for the general public and adapt it to your needs, keeping ostomy management in mind.
8. You are not alone! Surgeons make at least 65,000 ostomies every year. One out of 500 persons has an ostomy and over two million of us make up almost one percent (1 percent) of the U.S. population.
9. You're alive! You will get better and stronger as you recuperate from surgery. Give yourself time to get over your surgery and to adjust to this body change and adapt yourself to your ostomy.
10. Share what you have learned with another new ostomate, with your

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family, friends and others. It is up to you whom you tell that you have an ostomy. As you grow accustomed to living with an ostomy, there will be opportunities to help others along the way.



STOMAL STENOSIS~ Via: *Ralph Kaye* Chapter, *SanAntonio, TX*

Stomal Stenosis is a narrowing of the lumen of the stoma as it passes through what is referred to as the fascia (located an inch or so below the ostomy opening) or a narrowing of the ostomy opening due to a tightening of tissue about the ileum or ostomy. The peristomal hernia is a widening of the defect of the abdominal wall through which the ileum passes to reach the surface. If this defect becomes too large, then more ileum can move into the space between the skin and the lining of the abdominal cavity. The ileum in this space can then twist or kink on itself and cause a blockage. Any type ostomy can become stenosed. Your doctor can help resolve this by several methods. Stenosis that develops right after surgery is usually attributed to mucocutaneous separation—the stoma separating from the skin to which it is sutured. Stenosis that develops later may be caused by disease (Crohn's or tumor), excessive scar tissue formation at the skin or fascial level, trauma resulting from improperly fitting equipment, hyperplasia or chronic irritant dermatitis or peristomal skin. Preventive measures include maintenance of a secure pouch seal to prevent peristomal skin breakdown, urine acidification measures, prompt treatment of hyperplasia and awareness of signs and symptoms of partial stoma obstructions.



Hints and Tips...

- **Ostomy Powder** ~ *Karen Schankweiler RN, ET. UOAA UPDATE SEPT 07*

Powder is used to treat irritated skin or a fungal infection. Yeast (fungal) infections are very common, especially in the summer or when you perspire from regular exercise.

Micro granulated antifungal powder is used only when there are signs of a yeast infection present; i.e., an itchy rash, raised red bumps. Discontinue use when the fungus infection clears.

Powders with a pectin base—like Hollihesive or Stomahesive—or karaya type powders are used to treat irritated skin.

To apply any powder: Clean the peristomal skin well with plain water and 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 any 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 and are not recommended. The barrier is applied over the sealant covering the powder.

Powder is not needed routinely. Most modern, disposable barriers are designed to adhere to the skin by themselves. But keep some powder on hand for when you do need it.



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- **Push the Skin—Don't Pull the Tape!!**

Damaging the skin around a stoma (or anywhere else), is asking for infection. Don't peel your pouch away from your body. Hold the edge of the adhesive sections or tape, and **PUSH THE SKIN AWAY FROM THE TAPE.**

Take a good look at what is happening when you pull tape. The tape is pulled upwards, dragging the skin with it until it is pulling hard enough to break loose. It even looks painful. (Sometimes the skin breaks before the tape comes loose.)

Now look at what happens when you push the skin away from the tape. It doesn't hurt, the tape is separated from the skin gently and the outer layer of skin remains intact. People who think yanking it fast is best ought to take a good look at the skin afterwards. It is usually red and irritated.

If you have a leak, digestive enzymes in the discharge will excoriate your damaged skin quicker and deeper than if your skin is ok or protected with some sort of skin preparation. The farther away from the rectal area the stoma is in your intestines, the stronger the digestive enzymes in the discharge (leak), and the sooner your skin can become excoriated. Pulling the tape off the skin can do great damage. It is extremely difficult to keep a pouch on an oozing surface. Learn to treat skin gently. In a nutshell, when removing tape, push the skin away from the tape, do not pull

- **Exercise: The Final Ingredient in Ostomy Management**

Exercise has become "fashionable"—and that has probably done more to put people off it than anything else. If the thought of strobe lights, rowing machines and leotards gives you the shivers, then take heart. There is no end of easy, enjoyable ways to

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make you a little stronger, a little fitter. Just find the ones that are right for you.

Most of all, don't overdo it. Even light exercise is good exercise—for your heart, your joints, your muscles, your lungs and for your general sense of well being. Gently does it.

To begin with, don't confuse exercise with sports. There's more to getting healthier than chasing a ball around on a football field. Walking is a great place to start. Post-operatively, just walking to the next door neighbors or to the end of the garden is fine. When you begin to regain your strength, try to walk more—both for pleasure and as an alternative means of transport. And when you do, walk briskly—so you get slightly out of breath.

Gardening is great too. Digging, weeding, hoeing and mowing can constitute a superb day's workout. And of course you'll have a showpiece garden to show for it. Wait for about 3 months after surgery before beginning gardening. You'll be surprised at how quickly you feel the benefits. After a few aches in the early days, you'll begin to feel more supple, and be able to do more without getting out of breath.

Doctor's orders—All doctors agree on the benefits of exercise—but it's a good idea to talk to your doctor before starting an exercise program, especially if you're very out of practice or if you have other health considerations, like asthma or a heart condition. Your doctor will advise you to take it easy to begin with and to enjoy yourself. And you can't get better advice than that.

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HERBS AND THE INTESTINE

Via: Cheers & Tears, & Greater Cincinnati Chapter
Herbs have long been proclaimed nature's remedy for many of our maladies. The fact is that 40% of all prescribed drugs are based on chemicals from plants. The following are a few examples:

- * The juice of Aloe leaves is very helpful in caring for the skin around the stoma.
- * Bay leaves, added to slow cooking foods are said to "tone" the digestive tract. They also relieve cramps and expel wind from the stomach and bowels.
- * Cayenne is claimed to have such benefits as easing congestion, warming your feet, and aiding digestion.
- * Dill is an old remedy for stomach ulcers, probably because of its calming effect. But it will also reduce flatulence when used as a seasoning.
- * Garlic has long been proclaimed to be an aid to the immune system and effective against colds, flue and bronchitis. It, also strengthens the digestive system and helps in gastro-intestinal disorders. It works better raw than cooked.
- * Parsley is nature's finest deodorant. It is a breath freshener but also reduces odor in the stool. Chew a couple of sprigs of parsley, especially after eating Garlic.
- * Thyme in tea is proclaimed to be a cold remedy assist.

PARASTOMAL HERNIAS ~ *The British Hernia Center & GB News Review, Via: Loraine Co, OH*

When a stoma is brought out to the surface of the abdomen it must pass through the muscles of the abdominal wall, thus a potential site of weakness is immediately created. In the ideal situation, the

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abdominal wall muscles form a snug fit around the stoma opening. However, sometimes the muscles come away from the edges of the stoma thus creating a hernia-stoma where there is no muscle. Factors that can contribute to causing a stoma hernia to occur include coughing, being over-weight or having developed an infection in the wound at the time the stoma was made. The development of a stoma hernia is often a gradual phenomenon, with the area next to the stoma stretching and becoming weaker with the passage of time. This weakness, or gap, means that every time one strains, coughs, sneezes or stands up, the area of the abdomen next to the stoma bulges, or the whole stoma itself protrudes as it is pushed forward by the rest of the abdominal contents behind it. As with all hernias the size will increase as time goes by. Stoma hernias are rarely painful, but are usually uncomfortable and can become extremely inconvenient. They may make it difficult to attach a bag properly and sometimes their sheer size is an embarrassment as they can be seen beneath clothes. Although a rare complication, the intestine can sometimes become trapped or kinked within the hernia and become obstructed. Even more seriously, the intestine may then lose its blood supply, known as strangulation. This is very painful and requires emergency surgery to untwist the intestine and prevent the straightened part of the bowel from being irreversibly damaged. Regardless of inconvenience or pain, hernias are defects in the abdominal wall and should not be ignored simply because they might not hurt. There are surgeons who advocate that small stoma hernias that are not causing any symptoms do not need any treatment. Furthermore, if they do not need treatment it should not be by operation in the first instance but by wearing a wide, firm colostomy/ileostomy belt. This is probably

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true with small hernias, in people who are very elderly and infirm or people for whom anesthetic would be dangerous (serious heart or breathing problems, for example.) Operative repair of the stoma hernia may be given serious consideration to improve the quality of life, prevent progressive enlargement of the hernia with time and make it easier to manage the stoma.

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