

Portland Maine Ostomy Support Newsletter

Preble Street Extension

The Visitor

March - April 2008



Our Chapter Website:
www.uoaportland.com

Next Meeting:
Sunday, March 16, 2:00 p.m.
Mercy Hospital Auditorium

We meet on the third Sunday in
March, May, July, September, & November
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From the Editor – Peter McGinn

We will still be meeting in the same place: the auditorium at Mercy Hospital, but they are no longer going to provide refreshments. The platters were always too large for our group anyway. So if you feel like bringing along something to eat, please do, but of course the refreshments are not the main reason we are there. We are there to share experiences and pass along advice to those who might need it.

That is also why we are less concerned with setting up programs and speakers these days. We will focus on arranging the ostomy manufacturing reps periodically so we can keep up with new products, and our normal round table meetings to help others.

Keeping Things Simple

*Sharon Williams RNET
UOAA UPDATE 2/2008*

Do you need 1 1/2 hours to change your pouch? Does your stock of ostomy supplies resemble the storefront of a local pharmacy? Do you need a "road map" to remember what product goes on first, second, third, etc.? If so, you may be the victim of the "too much of a good thing" syndrome.

Occasionally an individual will come to the Stoma Clinic carrying a large

Portland Support Group Contacts	
Paul Brady, Treasurer	934-4055 pbrady@maine.rr.com
Sally Hinckley, Secretary	799-2235 Hhinckl1@maine.rr.com
Peter McGinn, Website/Newsletter	854-1741 narrator@maine.rr.com
Peggie Delparte, Mercy Hospital	879-3190
Kate Hill, Mercy Hospital	879-3190
Barbara Gardner Visiting Nurse	780-8624

Take Steps for Crohn's & Colitis

is the nation's largest event dedicated to finding cures for digestive diseases. More than a walk, the evening includes great entertainment, food and fun!

Event Description:

Bring the whole family and help us be heard! Together we can achieve a better quality of life for patients and those who participate in their care. Better therapies and prevention are only a few steps away.

Saturday, May 31, 2008
Registration: 4:00 p.m.
Program: 5:30 p.m.
Back Cove Park

sack containing a vast array of skin care products. He explains "All items are needed in order to apply my pouch." Unfortunately, the reason the individual usually seeks assistance is due to a problem with pouch adhesion, skin breakdown or inability to afford ostomy products.

One particular gentleman who comes to mind was utilizing a special skin cleaner and cream, two types of skin cement, a double-faced tape disc, a paste, AND a popular skin-barrier wafer before the pouch was applied. He had started out with a fairly simple system of ostomy management. However, in his quest to achieve what he felt should be a seven-day wearing time with his pouch, he had been adding product after product. Besides the many items he was now using, he had what he described as a "closet full of products."

After checking his abdomen, it became obvious that what he needed was a product change in the convexity of his pouch and NOT the addition of another product. He also needed a more realistic view of wearing time for his particular situation. Realistically, not everyone may be able to achieve a seven-day, leak-free wearing time. It is much better to anticipate leakage and do it as soon as you need to. Here are a few hints to remember to help achieve a successful ostomy management system.

Keep it simple. Do not use extra cement, skin-care products, etc., unless absolutely necessary. Sometimes extra products actually interfere with appliance adhesion or create skin problems.

Plain water is still the best cleaning agent for skin around the stoma. Do not continue to use therapeutic products **after** the problem has been solved. As an example: Kenalog spray and Mycostatin powder should not be used routinely when changing the pouch.

These products are prescribed for particular skin problems. Kenalog is usually recommended for its anti-inflammatory effects and symptomatic relief of the discomfort associated with skin irritation. However, continued and prolonged use of Kenalog after the problem is resolved may lead to "thinning" of the outer layer of skin, thus making it more susceptible to irritations.

Mycostatin powder is useful for yeast infection. However, using Mycostatin after the infection clears serves no purpose. Seek advice.

See your physician or ET Nurse if you find yourself a victim of the syndrome. They can provide assistance in selecting the most appropriate and economical ostomy management system for your needs.

Average Person Interviews

UOAA Article

Ephraim Lazarus did a survey during which he asked if people knew what an ostomy was. Here are some of the answers he received to this question.

"I think it has to do with people who have trouble with their feet."

"I don't know what it is, but I understand those people don't have to go to the bathroom. They do it in a bag and throw it away."

"I think the former pope had one for a while when he was shot."

"My aunt has one, but we don't talk about it"

"People that have them are members of some political party."

"These are people who have had some kind of operation and they wear a bag under their clothes. They take it off when they have to go to a party."

"I saw some of them on television recently, and they were all happy

about something." **Page 2**

"I wouldn't want to have one, I hear it's bad."

"My neighbor has one. She goes to a party at Lutheran General Hospital every month. She says that she meets many friendly people there and they drink cranberry juice."

"I think it has something to do with farming. I heard two people with them talking about irrigation."

Infection with a Urostomy

Forward By *Metro Maryland*

Have you ever had a urinary infection? It can be most uncomfortable. You probably have no idea how you got it. Most urinary tract infections come from the ascending route—outside of the body—up the urethra, into the bladder, up the ureters and into the kidneys.

In the male, the length of the urethra is 6" to 8" long, and the antibacterial properties of prostate secretion are effective barriers to urinary tract infection via this route. These two factors explain why males have a much lower incidence of urinary tract infections than do females.

The female urethra is about 1" long. The common onset of urinary tract infections for woman is at the time of marriage or following the initiation of sexual activity, which points the ascending infection via the urethra route to the kidneys.

Germs are all over the world, but when they are in the urinary tract, either in the conduit, ureters, or kidneys. They are in an abnormal location and that causes an infection. Infection of the kidneys is the most serious long-

term complication. Urine, while in the body, is normally sterile.

What causes infection to proliferate in the body? Medical science does not have a single answer. Sometimes it could be similar to why do some people get more colds than others do. An obstruction, kidney stones, tumors, cysts or scar tissue can cause infections. Almost synonymous with obstructions is infection, and then too often after this comes stone formation. Once there is stone formation, the body cannot stop an infection. It creates a kind of a cycle that goes "around and around."

Infection can be caused by urine being forced back to the kidney through a urinary conduit. A person can do this with a urostomy by falling asleep with the pouching system full of urine, accidentally rolling over the pouch and causing urine to be forced back into the stoma through the urinary tract with tremendous pressure. Remember that urine in the body is sterile, but once it goes into the pouch, it becomes contaminated.

Treatment and Prevention:

1. Adequate hydration leads the list. In general, to prevent infection and to treat infection, you need a good flow of urine much like a stream. That not only dilutes the bacteria or germs in the urine but also helps wash them out—two quarts of water daily is the minimum required for the average healthy adult to maintain optimal health.

2. Antibiotic therapy: Antibiotics are used to fight infection for the short-term. Why not put a patient on a strong antibiotic and leave

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him/her on it indefinitely to prevent further infection? Most antibiotics will cause some drug resistant bacteria to develop over a time. In addition, your body would be overcome with fungus—when bacteria is destroyed, fungus takes its place—which may become life threatening. There are not any antibiotics currently manufactured that should be used long-term. Studies are being done to find a particular drug for this purpose; but so far, nothing has been found that can be successfully used long-term. This is important to remember because long-term antibiotic use can cause the most serious of health conditions to result; i.e., death.

The Back Page- Fiction by Peter McGinn

The early chapters of this can be found on our website at uoaportland.com.

Chapter 14 – Michelle's Threat

"I don't get it," Katt said as we back out to my father's old Mercedes. This admission of not knowing more about my life than I do, along with her taking my hand earlier was so powerful a combination that I felt practically giddy. While I enjoyed the unusual sensation, Katt went on.

"Then how can your mother not know the hang-up calls didn't come from your father's number?"

I chewed on that for a moment. "There is a number you can punch in so that your own number doesn't show up on the caller ID, or Michelle could have used a cell phone.

We were at the car now, but as she hadn't let go of my hand yet, I was more than happy to stand there.

"I suppose," she admitted. "But how can your step-father—"

"They aren't married yet," I advised her, though not as forcefully as I used to denounce him.

"Okay, how can your step-boyfriend not know that his Michelle is and your father's Michelle are the same person?"

"The Maestro is rather self-absorbed, Katt. He forgot I was having major surgery, after all. If my mother mentioned Michelle in reference to my dad, I am sure he filed it under the don't care category. And Michelle is a common enough name – not like Gisele or Katt."

"What are you going to do?"

"Talk to Michelle."

"You are more brave than you look. I imagine you won't want me with you to watch her bitch-slap you when you start asking her about her love life."

"I won't mind having a witness and I always want you with me."

"Oh well, that was me trying to get out of it. I'll tag along to pick up the pieces."

So I drove us back to Dad's place and Katt was just a few feet away when I approached Michelle sunning herself near the tennis courts. She shielded her eyes and looked up at me.

"What's up? Still nervous about Jake?"

"No, I haven't worried about him for a while, but thanks for reminding me. My mother's boyfriend has asked me to ask you to leave him alone."

"Oh please. What an idiot." This wasn't what I expected. She wasn't denying that she was bothering him or looking worried Dad would find out. She added, "He owes me money and if he doesn't pay, I will have a chat with your mother. Tell him that."

Next time: Money Matters