

# Portland Maine Ostomy Support Group Newsletter

## The Visitor

September-October 2007

**Next Portland Meeting:**  
**Sunday, September 16 – 2:00 pm**  
**Auditorium**  
**Mercy Hospital**

**Program: TBD**

We meet on the third Sunday in  
 March, May, July, September, & November  
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Our Chapter Website: [www.uoaportland.com](http://www.uoaportland.com)

From the Editor – Peter McGinn

We had great weather for the July gathering at Two Lights State Park. We cooked on the grills and sat at the picnic tables and chatted. Someone even brought a watermelon for dessert. Then many of us went for a short walk along the paths with a view of the ocean before we went our separate ways.

In September we will be back in the auditorium at Mercy Hospital for a regular meeting. As you know, we try to arrange some find of program for each meeting, either a speaker or a presentation from an ostomy supplier. Of course the suppliers provide useful information, but the most helpful thing we can offer is to be there (along with always at least one of our dedicated ET nurses) to answer questions for folks who are just dealing with a new ostomy, or merely to be there so they know they too will get through it okay.

I expect to be there, though I may not stay long as we are returning that day or the night before from vacation, and I will want to spend more time with our daughter, who is not making the trip with us. I hope your summer is going well.

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As always, we would like to thank the American Cancer Society for copying and distributing this newsletter.

**Temporary Ostomies** (This is the first article I have seen about temporary ostomies, which more common these days – editor) by Nancy Brede, RN, ET, Via Philadelphia Ostomy Association

Temporary ostomies are surgically created with the intent of reconnecting in the future. The anatomy of the gastrointestinal system or urinary system is left intact.

Permanent ostomies are created with the intent that the ostomy surgery will not be reversed - usually the anatomy in the gastrointestinal or urinary system has been removed. Permanent ostomy surgery is usually performed when disease or injury prevents maintaining the anatomical structures needed for reversal.

A large number of temporary ostomies involving the colon are done on an emergency basis. The colon becomes obstructed or blocked, and stool cannot pass through. Because of the emergency nature of the surgery, the bowel cannot be cleaned and prepared ahead of time. Reversals - the normal anatomy backup - then can be done later, when infection is not as likely and proper healing can take place. The most common situations and diseases requiring a temporary colostomy are:

Cancer of the colon with obstruction - or other abdominal disease, a disorder or malfunction in infants that prevents the passage of stool. Due to a lack of nerve cells in certain areas of the large intestine, stool is not moved through and an ostomy is necessary.

Diverticulitis, a small out-pouching in the wall of the intestine, called diverticula, become infected. The diverticula may rupture or cause obstruction. Crohn's Disease may necessitate a temporary ostomy to allow the diseased bowel to heal.

Persons with temporary ostomies face many of the same problems permanent ostomates have. It's just as important for them to have support, reassurance, and teaching as it is for persons with permanent ostomies. They must learn proper skin care, stoma care, and pouching techniques. Often, stomas are not ideally situated on the abdomen, because of the urgency of the surgery. Thus, pouching and skin care can post difficult problems.

Following temporary surgery, measures need to be taken to improve the patient's health. He /she must be in the best condition physically. to undergo the major surgery for reconnection. There is also a time for the patient to deal psychologically with past surgery, upcoming surgery, and possibly a newly-diagnosed disease. It may be a difficult time with all the changes and new challenges. Often, there are many fears and unanswered questions. Other people with ostomies and ostomy nurses may provide reassurance and the answers to these questions.

#### Poor Ostomy Management Ideas Adapted by The New Outlook

The following are poor procedures we found some people implement to manage their ostomy system. They are not recommended because they will yield less than optimal results. Sometimes we all do things that seem logical at the time but inadvertently lessen our quality of life.

- Using alcohol regularly to clean the peristomal skin: This may result in itching, skin irritation and damage to sensitive tissue.
- Wrapping the drainable pouch tail around and around the clamp before closing it: This will not make the clamp work better. All it will do is

spring the clamp out of shape.

Replace your old clamp with a new one every month.

- Wearing a pouching system for as long as you can until it leaks... the actual goal is to change the skin barrier before it leaks. Two times a week is about average.
- Using the same pouching system too long: Seven days is the maximum recommended. Pouches can become saturated with odor, which cannot be removed.
- Ignoring skin problems: Always treat any skin irritations when you change your ostomy system. Barriers covering damaged areas are made actually to help heal them if used properly.
- Let the pouch get full before emptying it: Excess weight will separate a two-piece system and will put too much weight on the skin barrier resulting possibly in multiple problems. Empty the pouch at least when it is about one-third full.
- Not wearing seat belts in a car: A well-placed and adjusted seat belt should not cause a major interference with stoma function or damage your stoma. In an accident, it is possible that your stoma is injured, but it is much easier to repair a bruised stoma than a crushed skull.
- Living with unsatisfactory ostomy management: If you are unhappy with how your ostomy system works, make an appointment . . . now with a WOC nurse. Most WOC nurses really have great ideas.
- Not coming to your local ostomy association meetings: once you figured out this thing, sharing with others turns out to be a surprisingly good way to keep yourself proactive and happy

Babe Zaharias

Someone you should know about is Mildred Didrikson, a world-renowned athlete who had a colostomy due to colon cancer. In the world of golf she was known as Babe Zaharias. Many in both sports viewed her incorrectly as an upstart with no class because she was a competitive woman, but she is now regarded as the undisputed greatest all-around sportswoman of the first half of the 20th century.

Mildred won two Olympic titles, set world records in javelin and hurdles, established a US long jump best which survived for 23 years, and held the world mark, unofficially, for 100 yards.

It is 57 years since Babe won the 144-hole Golf Weathervane event in the US. During her amateur career, she won 17 tournaments. Not even Tiger Woods matched that. A founder of the WPGA, she scored 36 pro victories, including a record 14 in succession. Her third US Open title (by 12 shots) came a month after colostomy surgery, one of seven titles she won after cancer surgery.

Babe routinely drove 250 yards before new technology. Byron Nelson said only eight men could out-drive her. Babe's secret? "Loosen your girdle and really let the ball have it," she said. By the time she died at age 45 in 1956, she was widely revered. One respected golf writer said only Arnold Palmer was more beloved by the golf galleries. SOURCE: The New Outlook online, UOA Chicago, June 2007.

Medical Humor: At the beginning of my shift I placed a stethoscope on an elderly and slightly deaf female patient's anterior chest wall. "Big breaths," I instructed. "Yes, they used to be", replied the patient. Submitted by Dr. Richard Byrnes, Seattle WA

The Back Page- Fiction by Peter McGinn (The rest of this can be found at [www.uoaportland.com](http://www.uoaportland.com).)

## Chapter 12 - A Man to Man Talk

To Mom's credit, she seemed genuinely pleased to see Katt. Still, some things are for family only, so she didn't bring up the topic at hand until Katt discreetly took a bathroom break.

"She's nice, isn't she?" I said after Katt left the room.

Mom had her own question. "You're going to help me, right, Dale?"

"You don't like her," I said.

"Who? Katt? She's wonderful. A nice girl. But I just need to obsess over my own situation right now, if you don't mind. Will you help me?"

"How? Do you want me to hire a private detective?"

"Don't be silly. As if I'd need to have that get back to him. No, just talk to Martin, man to man."

I heard a giggle from the bathroom. Obviously Katt could hear us, and thought that this was all quite amusing. "This is probably just your imagination, Mom, like the thing with the travel insurance. You're going to feel pretty silly later on."

"I'd rather feel silly than the way I feel right now. Will you help me, or do I have to go outside and flag down a perfect stranger and ask him?"

I shook my head. "God, but you're persistent."

"So that's a yes?"

"Yes, that's a yes. I don't know what it is I'm doing, but I'll do it. Should I take him out and get him drunk?"

"Now who's being silly? Just talk to him."

"Have you told me yet what this certainty of yours is based on?"

"We're getting calls, starting once he got back. Hang-up calls, and once a woman asked for him and hung up. He

is distracted, too, acting guilty."

Katt must have heard enough, for I heard the flush. "Where is he?" I asked.

"He's out back, cleaning the pool. Thank you, Dale. I really appreciate it."

"Like I have a choice," I said. Katt came back into the room.

"I need to give Katt a tour of the house," Mom said, not too subtle.

"I'll go see the Maestro," I said dutifully and went to find him.

"He has a name!" Mom called out.

I found the Maestro, I mean Martin, sitting by the pool, the skimming tool nearby. "Hi," I said. "It looks good."

He scowled. "It does now. I guess you didn't find time to help out by cleaning it while I was away."

"No, I'm lazy," I said, "plus there was that major intestinal surgery I went through."

His expression was priceless. "Oh yes. Sorry, I forgot about that."

I poured it on. "That explains the lack of a phone call." As if I had wanted to hear from him. But putting him on the defensive was a rare pleasure.

"I meant to call," he said lamely. "It was a grueling tour. A real killer."

A movement caught my eye and I saw Katt standing in an upstairs window, She blew me a kiss and moved on. Martin saw it.

"Who is that?"

"Katt. My girlfriend."

"Congratulations," he said. "Very pretty."

"Speaking of girlfriends," I say, going for the gusto, "who is this woman of yours who has been calling here lately?" His expression was priceless.

"She has called here?" He looked miserable. "You have to help me with her, Dale."

I just stared at him, relieved that Katt wasn't there to hear all this. She'd probably never stop laughing.

**Next: Helping the Maestro**