

Portland Maine Ostomy Support Newsletter

The Visitor

May - June 2008



Our Website: www.uoaportland.com

Next Meeting:
Sunday, May 18, 2:00 p.m.
Mercy Hospital Auditorium
Program: Lisa Sheffield
Cymed Ostomy Products
 Makers of Micro Skin

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

If you would like to receive this newsletter by e-mail instead of regular mail, just send me your e-mail address. I am at narrator@maine.rr.com.

We had one of our round table discussions at the March meeting. There was no lack of topics, as we and one of our excellent WOCN nurses passed along advice, support and shared experiences. The time went quickly. It felt strange to me, as my daughter was at Maine Medical Center a few blocks away recuperating from her own ostomy surgery. She is doing very well at this time, thanks largely to home visits by Erica from VNA.

For the May meeting we are inviting the Cymed representative. I am not sure we have ever had Cymed at a meeting, so I would not miss the chance to see their products.

I am going to include a lot of tips and hints in this issue. As always, use your best judgment if something new will work for you, and when in doubt, check with your doctor or ostomy nurse before making any changes described herein.

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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!

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
 Preble Street Extension

General Ostomy Hints *From Chicago Ostomy Association Website*

- Do not behave as if having an ostomy makes you less of a person or some freak of nature. There are many of us and most of us are glad to the surgery kept us alive.
- Build a support system of people to answer questions when you have a problem. Consider your WOCN nurse, or other members of the ostomy support group.
- Do not play the dangerous game of making your pouching system last as long as possible by over-taping or putting off a change. There are not any prizes given for the longest wear time . . . except accidentally.
- Do not wait until you see the bottom of your supply box before ordering more. Always count on delays in shipping, holidays, etc. when calculating.
- Zip-lock sandwich bags are useful and odor proof for disposal of used ostomy pouches.
- Do not get hung up on odors. There are some great sprays and some internal deodorants. Remember, everybody creates some odors in the bathroom. Do not feel you are an exception.
- Hydration and electrolyte balance is of vital importance. Be sure to drink enough fluids to maintain good hydration.
- The bottom line is that we are alive and have been given a new life. Not long ago, this would not have been the case, as successful ostomy surgery techniques were only perfected after WWII. Before, people died. Ostomy surgery in the 1930's was generally a horrible

experience with few survivors.

Urostomy Hints

Univ. of Pittsburgh Medical Center

- Drink at least 6 to 8 glasses of water daily. This helps keep your urine at its proper acid level, reduces salt formation, and helps prevent the growth of bacteria.
- Foods like asparagus, garlic, onions, and fish produce odor. Although your pouch is odor-proof, if you eat these foods, you may notice a stronger odor when emptying your pouch.
- To reduce odor, rinse your pouch daily (if you are wearing a two-piece system). Rinse your drainage bag after emptying it. Once a week, wash out your night drainage bag using a few drops of liquid dish soap and warm water. Rinse the bag thoroughly with warm water. Mix 1/2 cup of white vinegar with 1/2 cup of water. Rinse the bag with this solution. You may leave the bag soaking in this solution during the day. This will help deodorize the bag and kill bacteria.
- Empty your pouch every 3 to 4 hours or when it is 1/3 full. When your pouch is over 1/3 full, the weight of the pouch may loosen the seal.
- Normally, your urine contains some mucus shreds. If mucus clogs the drain spout of your pouch, drink more fluids to help unclog it.
- The best time to change your pouch is in the morning before eating or drinking, or 2 to 3 hours after you have had fluids.

What is Normal for Your Stoma?

Coos Bay Ostomy Association –
from Chicago Website

What is normal for your stoma?
This is a frequently asked question.
Here are some answers from your
stoma to you.

My color should be a healthy
red; I am the same color as the
inside of your intestine. If my
color darkens, the blood supply
might be pinched off. First, make
sure your pouch is not too tight.
It should fit close to the base of
the stoma

I might bleed a little when
cleaned. This is to be expected. Do
not be alarmed. Please, just be
gentle when you handle me. If I am
an ileostomy, I will run
intermittently just about all the time
and stool will be liquid to semi-
solid.

If you should notice that I am
not functioning after several hours
and if you develop pain, I might be
clogged. Try sipping warm tea or
taking a little mineral oil and then
try walking or getting into a knee-
chest position on the floor.
Sometimes a hot shower with your
barrier removed will relax you
enough to loosen the obstruction. If
I do not begin to function after
about an hour of this, call your
physician. If you cannot locate
him/her, go to the emergency
room. In the meantime, I might
have begun to swell. Remove your
skin barrier and put on one with a
bigger opening.

If I am a colostomy located in
the descending or sigmoid colon, I

should function according to what
your bowel habits were before
surgery. I can be controlled in some
cases with diet and/or irrigation.
This is a personal choice. There is
no right or wrong to it, as long as I
am working well, my stool will be
solid.

If I am a urinary diversion, I
should work constantly. My urine
should be yellow, adequate in
amount and will contain some
mucous. If my mucous is very much
more excessive than usual, I might
have an infection. I will probably
also have an odor and possibly a
fever. Consult your physician if that
is the case. If at any time, you
doubt that your stoma is functioning
normally, please call your WOCN
nurse. The cause needs to be
evaluated. If your problem is a
serious one, it needs correction. If it
is not, you will be relieved to know
your stoma is alive and well.

*Note: If you do not have a
WOCN nurse, find one before the
time comes when you need help. In
addition, you should see your WOC
nurse every year or two or three to
have your stoma examined.*

More General Ostomy Hints

Two-piece users: Make sure the
pouch is snapped onto the flange
on the skin barrier securely. Take
that extra second to be sure.

• Once a year or so have your
stoma and your pouching system
checked by a WOC nurse.

(Continued on next page)

- Parsley is one of nature's best deodorants. Do not push it away on your plate.
- If you are having gas problems, do not take bismuth subcarbonate.
- Store pouching systems away from warm humid places. Melt out can render equipment ineffective. Most ostomy equipment does not have a specific shelf life, per se, if it is stored in the proper environment.
- Barriers and pouches leak for a variety of reasons. If yours does regularly, find out why. Do not settle for less than an excellent ostomy management system that provides you with confidence, security and comfort.
- If you have a hard time remembering the exact day you put on you system, write the day of the month you changed right on the pouch or barrier with a pen.
- Do not keep a lifetime supply of ostomy supplies on hand. Manufacturers are always making some improvement on the products they make. You want to be able to take advantage of these, so let your supplier keep inventory.
- Do not spread paste on the entire back of the barrier; it will produce less than satisfactory results. Use paste only sparingly to fill uneven areas and around the stoma. Paste is a great filler if used correctly.
- After bathing or showering with the barrier off, hold a cold compress or something similar over the peristomal area for a few seconds to close the pores before

putting on a new pouching system. Only put an adhesive barrier on skin that is bone-dry skin.

- After surgery, you were advised to chew-chew-chew and to drink-drink-drink. It still applies. Chew food thoroughly and never pass a water fountain without drinking.
- Do not try to set a world record for the longest time between changes and/or emptying. Therein lies the way to some of the most spectacular messes you have ever seen.
- Do not be so rigid about your stoma management program that the absence of one item throws you.
- Do not stay home. Travel and have fun. However, do not put all of your pouching systems in a suitcase that you check through the airline. Always bring some changes in your carry on luggage.
- Do not worry about accidents and problems that may never happen.
- Do not put limitations on yourself just because you have a stoma. You can do most anything anyone else can. An ostomy is seldom a good reason for not doing something, although it can seem like a good excuse.
- For a urostomy, when you hook up at night, leave enough urine in the pouch to fill the entire night-drain tube, eliminating air bubbles which prevent an even flow and can cause backup problems.