

**Portland Maine
Ostomy Support
Newsletter**

The Visitor

July - August 2008

**Next Portland Meeting:
Sunday, July 20,
Two Lights State Park
Cape Elizabeth
Grove#2 - 11 to 4 (or whenever)**

We meet on the third Sunday in
March, May, July, September, & November
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**New!
An ostomy support group is now
meeting at the Goodall Hospital in
Sanford!**

When: The Third Monday of the Month
7:00 to 8:00 pm
Where: Founders Room,
Goodall Hospital
Contact: Kathleen Parsons @ 247-5774
for more information

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Our Website: www.uoaportland.com

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.

The May meeting was full of surprises. We had two presenters, reps from both Coloplast and Cymed. They described their product lines and showed samples and/or let us know how to get free samples to try out.

Another surprise was the turnout. I didn't count heads, but we had our largest turnout in a while.

The July meeting will be our second annual summer outing at Two Lights State Park. We have reserved Grove #2 again. I told them 11 to 4, but people can arrive earlier or stay later. The entrance fee is \$3 - free for those over 64 or under 5 years old.

There are now monthly support meetings being held at the Sanford Goodall Hospital on the third Tuesday of every month. See details in upper left hand column.

This issue has a lot about Urostomies – just how it worked out.

Ask the Ostomy Nurse – from Chicago Ostomy Website

Urostomy Question: *I am having problems with itching under my flange. It has been partially resolved since I started routinely cleansing the area with adhesive remover and washing it all with Ivory soap. I rinse the area well to remove the entire soap residue but also have a problem with the length of time my bag stays on.*

I use stoma paste around the cutout hole which is measured to snugly fit my stoma. I would appreciate any thoughts or suggestions you may have to help me get a week out of every change.

Answer: We have asked this same question to a variety of WOC nurses as well as some of the scientists at Hollister, Inc.

The consensus on the best method of changing an extended wear barrier—I believe you are probably using one—is a little different from your current routine. After removing the barrier, an adhesive remover should be used only sparingly, maybe once a month or so, because the alcohol in it will dry the skin and could make it itch. In addition, there is virtually no need ever to wash the skin around the stoma with any type of soap. Soap will usually dry out the skin and therefore make it itchy. Wash the skin that is under the skin barrier with only warm water and gentle hand rubbing, this is all that is necessary for most people.

You probably should not use paste with a urostomy. The residue from it may enter the stoma and cause a urinary tract or kidney infection. Many urostomy patients use a convex skin barrier with perhaps a belt to hold it in place to achieve satisfactory results from their pouching system without any leaking. Using a flat barrier may lead to leaks and not offer you the same wear

time. Cymed manufactures a product especially made for people with difficult to manage urostomies. Microskin. To protect the skin around a urostomy, one only needs to have a skin barrier made of this extremely thin skin covering; i.e., no other type of hydro collide skin barrier is needed. The Microskin may be applied right up to the stoma for a secure and comfortable fit. Microskin conforms to virtually any body type without other products needing to be added. Cymed was originally created to fulfill a need in this special application.

A pouching system managing a urostomy should be changed at least twice a week on average. If you are trying to make it last a week, it may not be prudent. The skin under the barrier needs to be checked every few days to make sure there is no damage from a minor leak. Just a drop of two of urine under the barrier will compromise the skin over time. It is best to catch these little problems early.

If there is still itching under the barrier—this can be very annoying and significantly diminish one's quality-of-life—a dermatologist or your doctor can prescribe Desonide lotion. Only a drop or two is necessary, and it will stop the itch. It is a steroidal-based product and is not recommended for every day use because it may thin the skin or be absorbed by the skin thereby entering the body. Regardless, it is a miracle for people with itching issues.

In addition, if there are any red pinhead sized bumps on the peristomal skin, this may mean the presence of fungus. This will cause itching. Using a micro-granulated anti-fungal powder when you change your barrier the next few times will usually solve this problem. Nystatin powder, a must for all people with ostomies.

More Ostomy Questions

Q. How can I keep my skin dry before changing my urostomy pouching system?

A. Bend forward several times before removing the skin barrier. It helps discharge the urine from the kidneys and ureters into the pouch.

Q. How may I slow the activity of my ileostomy before changing my pouching system?

A. Some people with ostomies eat peanut butter or marshmallows before changing to slow activity before showering or taking a bath. Many people with urostomies change their pouching system early in the morning on the "change" day at a time when urine discharge is less frequent.

Q. I have an ileostomy. On the left side of my stoma, I have an indentation. I am having trouble keeping my skin barrier in place. Effluent tends to leak out from under this area.

A. Indentations near the stoma can and cause imperfect seals with the skin barrier. Try using some paste or a seal, like a FlexTend seal from Hollister, Inc., or an Eakin seal, on the skin around the stoma. It is good for filling the nooks and crannies and makes your dent(s) level with the surrounding area.

Q. Where does the water go when it does not return with my evacuation when I irrigate my colostomy?

A. It is absorbed into your body and then eliminated via urination later.

Q. Why is the tea good to drink?

A. You can drink tea as an anti-spasmodic, which is soothing, to an upset stomach. It also provides fluid containing potassium and electrolytes so frequently lost from diarrhea.

Q. What is a simple way to control stoma noise?

A. Two or three tablespoons of applesauce with breakfast seem to

control stoma noise and the pectin in the applesauce seems to have a thickening affect on effluent from a fecal ostomy.

What is Normal for Your Stoma?

Coos Bay Ostomy Association

What is normal for my 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 about 1/16th of an inch from the base of the stoma—although the new extended wear barriers like the Hollister FlexTend and the ConvaTec Durahesive may touch the stoma. If I should turn black—very unlikely but it does happen occasionally—seek treatment at once. Go to your local hospital emergency room if you cannot readily locate your doctor. Be sure to remove the pouch and the skin barrier for them to examine the stoma and peristomal skin.

Always take at least one extra pouching system along.

I might bleed a little when cleaned. This is to be expected. Do not be alarmed. Just be gentle when you handle me. **If I am an ileostomy**, I will run intermittently nearly 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 seek help . . . call your WOC 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 WOC nurse, find one before you ever need help. Have his/her phone number in your wallet at all times—just in case. In addition, you should see your WOC nurse every year or two or three to have your stoma examined.

Urostomy Fluid and Infection

By Juliana Eldridge, WOC Nurse

People with urinary diversions no longer have a storage area, a bladder, for urine. Therefore, urine should flow from the stoma as fast as the kidneys can make it. In fact, if your urinary stoma has no drainage after even an hour, it is of serious concern. The

distance from the stoma to the kidney is markedly reduced after urinary diversion surgery. Any external bacteria have a short route to the kidney. Since kidney infection can occur rapidly and be devastating, prevention is essential.

Wearing clean pouches and frequent emptying are vital. Equally important is adequate fluid intake, particularly fluids that acidify the urine and decrease problems of odor. In warm weather, with increased activity, or with a fever, fluids should be increased to make up for body losses due to perspiration and increased metabolism.

It is important that you be aware of the symptoms of a kidney infection:

- Elevated temperature
- Chills
- Low back pain
- Cloudy, bloody urine
- Decreased urine output

All ileal conduits normally produce mucus in the urine, which give it a cloudy appearance. Blood in the urine *is* a danger signal. Thirst is a good index of fluid needs.

Note: If urine is collected for urinalysis, either routine, microscopic (R&M) or for culture and sensitivity (C&S); or if you are asked to give a sterile urine specimen, be sure your doctor and nurse know a sterile specimen must be taken directly from your stoma and not from the pouch. Bacteria build up in the pouch constantly. You will always get a false positive test result.

If they are not sure how to do this, do the following:

- Remove your pouch
- Clean your stoma
- Bend over
- Catch the urine in a sterile cup

(Ask your WOCN nurse if you have questions or would like more details)